



# *The Hong Kong College of Obstetricians and Gynaecologists*

## *Gynaecological Oncology Subspecialty Logbook*

Name of Trainee: \_\_\_\_\_

Hospital: \_\_\_\_\_

Training Period: Year 1 \_\_\_\_\_

Year 2 \_\_\_\_\_

Year 3 \_\_\_\_\_



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# **Curriculum and Log of Competences**



## **HKCOG Gynaecological Oncology Subspecialty Training Log of Competences:**

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



**Name of Trainee:**

**Authorisation of signatures (to be completed by the clinical trainers)**

<b>Name of clinical trainer (please print)</b>	<b>Signature of clinical trainer</b>



## **Explanatory Notes:**

### **A. Sign-off of competency acquisition**

#### **Level 1 (previously referred to as 'observation')**

Trainees should be signed off at level 1 before moving to level 2, where the relevant clinical skill/problem will be undertaken under supervision.

To be signed off at level 1, the trainee should:

- Demonstrate a thorough understanding of the principles of the competence/clinical skill/situation, including the indication for the procedure and the common complications
- Be aware that, before undertaking any clinical skill under direct supervision, if possible they'll have observed the procedure on a number of occasions
- Use other methodologies (OM; e.g. drills, simulation, e-learning and case-based discussion assessments) if direct experience of the procedure or clinical problem hasn't been possible

Anchor statement, level 1

'The trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.'

#### **Level 2 (previously referred to as 'direct supervision')**

Trainees must be observed directly in different clinical situations before being signed off at level 2.

To be signed off at level 2, the trainee should:

- Perform the clinical skill/manage the case under supervision
- Be aware that the number of times the competence/clinical skill/situation needs to be assessed depends on the complexity of the case and individual aptitude
- Be aware that there's therefore no limit to the number of times the procedure can be supervised and there's no advantage in having a module signed off until there's certainty the trainee can safely perform the procedure in a number of different clinical situations and levels of complexity
- Be able to manage any unexpected complications but know when to summon senior help

Anchor statement, level 2

'The trainee is capable of performing the task or managing the clinical problem but with senior support.'



### **Level 3 (previously referred to as 'independent practice')**

Progression to independent practice may be the most difficult for trainees. Once signed off for direct supervision, the trainee should start the process of performing procedures with less and less supervision, as agreed by their trainer.

To be signed off at level 3, the trainee should:

- Demonstrate the ability and confidence to perform the clinical skill/situation competently when senior staff aren't immediately available, e.g. out of the hospital
- Show a willingness to move on to experiential learning with further case exposure
- Demonstrate a willingness to keep a record of the number of cases/procedures subsequently managed, including any complications and their resolution
- Remember that competency is a baseline level for safe independent practice, with further exposure and experience leading to proficiency and subsequently expertise

Anchor statement, level 3

'The trainee can manage the majority of cases with no direct supervision or assistance, while having the insight to recognise that senior support will be needed in certain complex cases/complications.'

### **B. Workplace-based assessments (WPBA)**

Workplace-based assessments (WPBAs) are used to evaluate your progression through the specialty training programme. The assessments aim to link teaching, learning and assessment in a structured way.

WPBAs aren't necessarily used to demonstrate that you're completely competent in a procedure, but rather to identify strengths and weaknesses. This helps your Educational Supervisor give you the necessary support. To gain an accurate picture of your abilities, several WPBAs will be evaluated together at your routine appraisals.

You should take assessments throughout the training year as they'll provide you with valuable feedback.



## **Different types of WPBA**

There are three types of WPBA in O&G training:

- OSATS (objective structured assessment of technical skills)
- Mini-CEX (mini clinical evaluation exercise)
- CbD (case-based discussion)

WPBAs are either:

- Formative (assessments for learning), used to provide feedback.
- Summative (assessments of learning), used to allow you to demonstrate competence in a given clinical situation

The O&G training programme includes both formative and summative OSATS. Mini-CEX and CbDs are formative only.

## **OSATS (objective structured assessment of technical skill)**

A small number of procedures are so fundamental to the practice of O&G that we've developed an objective assessment tool to aid the review process. OSATS are validated assessment tools that assess your competency in a particular technique.

### **Formative OSATS (supervised learning event, or SLE)**

Formative OSATS give you the opportunity to practise and get feedback for a given procedure. You should take as many SLEs as necessary until you feel you're sufficiently competent in a procedure to request an assessment of performance (summative OSATS). There is no minimum requirement for the number of formative OSATS undertaken.

### **Summative OSATS (assessment of performance, or AoP)**

Summative OSATS allow you to demonstrate your competence in a procedure and progress in your training. You'll complete OSATS throughout your training until you're competent to practise independently.

When you feel ready to take an OSATS, you'll meet with your clinical trainer, who will assess the procedure and complete the relevant OSATS form. You must declare in advance whether an OSATS is summative or formative and there must always be a distinction between the two. You won't be able to 'upgrade' a formative assessment that's gone well.





## **Subspecialty OSATS**

You have to be competent in the below:

### **A. Major gynaecological oncology procedures**

#### **Item under observation:**

- Appropriate pre-operative counselling
- Appropriate choice of procedure
- Appropriate investigations
- Appropriate positioning of patient
- Choice of incision
- Adequate intra-operative assessment
- Adequate field exposure
- Appropriate operative steps
- Management of anatomical abnormalities/variations
- Appropriate dissection/tissue handling/suture/stapling/techniques (PTO)
- Care for haemostasis
- Communication with Anaesthetists/assistants/nursing staff
- Wound closure/drains etc
- Note keeping/post-operative instructions



## **B. Pelvic lymph node dissection (laparoscopic/open)**

### **Item under observation:**

- Opening of pelvic side wall
- Exposure of iliac vessels with landmarks for dissection identified
- Identification of obturator nerve
- En-bloc dissection
- Haemostasis, lymphostasis
- Identification of specimen

## **C. Ureteric dissection**

### **Item under observation:**

- Round ligament, grasped, divided and ligated close to pelvic side wall
- Opening of broad ligament to expose retroperitoneal structures, including the ureter attached to the medial aspect
- Development of vesicouterine and vesicocervical spaces with sharp and blunt dissection
- Further exposure of ureter with sharp dissection from the peritoneum
- Identification, ligation and cutting of uterine vessels close to their origins at the internal iliac vessels
- Deroofing of ureteric tunnels
- Exposure of ureter and separation from parametrial tissues



#### **D. Radical hysterectomy**

##### **Item under observation:**

- Open up para-vesical and para-rectal space
- Open up vesical-rectal space
- Open up vaginal rectal space
- Identification, ligation and cutting of uterine vessels close to their origins at the internal iliac vessels
- Deroofing of ureteric tunnels
- Exposure of ureter and separation from parametrial tissues
- Division of anterior parametrium
- Division of posterior parametrium
- Division of lateral parametrium
- Transection of vagina
- Closure of vagina

##### **Mini-CEX (mini clinical evaluation exercise)**

The mini-CEX is a generic tool used to assess many different and varied competencies as set out in the curriculum. It enables your trainer to directly observe and assess you in the process of history-taking, clinical examination, formulating management plans and communicating with your patient. Each mini-CEX is designed to take around 20 minutes to complete and your trainer should provide feedback and discuss the results with you immediately after the assessment.

##### **CbD (case-based discussion)**

The CbD is a generic tool used to formalise hypothetical case discussions between you and your trainer that are relevant to the knowledge criteria and competencies in the curriculum. The CbD is used to document objective assessments of discussions about cases, looking at clinical decision-making, knowledge and application of knowledge. Each CbD should involve slightly different clinical situations in the competency area being tested and the discussion should focus on the information that you'd give to the patient and record in her notes.



## Module 1: General Assessment of a Gynaecological Oncology Patient

### Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>A broad knowledge of the pattern of presentation of gynaecological malignancies</p> <p>Knowledge of investigations required to confirm the diagnosis of gynaecological malignancy</p> <p>Assessment of patient referred by 2-week wait (rapid referral). Knowledge of care pathways for suspected gynaecological cancer</p> <p>Preoperative investigation of patients, including radiology, assessment of fitness for surgery</p> <p>Understanding of the indications and limitations of screening for gynaecological cancer:</p> <ul style="list-style-type: none"> <li>• Cervix</li> <li>• Ovary (general and high-risk populations)</li> <li>• Endometrium (hereditary nonpolyposis colorectal cancer)</li> </ul>	<p>Take an appropriate history:</p> <ul style="list-style-type: none"> <li>- Symptoms and comorbidity</li> <li>- Family history and genetic susceptibility</li> </ul> <p>Perform a clinical examination</p> <p>Counsel patients about the diagnosis, investigations and appropriate treatments for gynaecological cancer including adverse effects and complications of treatment</p> <p>Communicate to patients the results of investigations and treatment, including prognosis</p> <p>Anticipate results of radiological investigations</p> <p>Counsel appropriately about screening and interpret screening results</p>	<p>Ability to take a history and perform an appropriate examination</p> <p>Ability to counsel patients regarding a diagnosis of gynaecological malignancy and the subsequent management</p> <p>Ability to initiate preoperative-up and staging investigations</p> <p>Ability to identify the high-risk surgical patient and liaise with anaesthetists</p> <p>Ability to liaise with clinical oncology, medical oncology and palliative care colleagues when appropriate</p> <p>Counselling skills and knowledge of screening process</p>	<p>Observation of Assisting and discussion with senior staff</p> <p>Communication skills course</p> <p>Specific task training and supervision</p> <p>Appropriate postgraduate course</p>	<p>Logbook</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



Module 1 General Assessment of a Gynaecological Oncology Patient	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>General Assessment of a gynecological oncology patient</b>							
Initiate appropriate investigations to assess fitness for surgery							
Identify and manage surgical patients with complex needs (e.g. multiple comorbidities)							
Liaise with anaesthetic colleagues about surgical patients with complex needs							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 1**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 2: Pre-, Peri, and Postoperative Care Objectives

### Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitude in relation to patients undergoing surgery for gynaecological malignancies:
  - plan appropriate surgery
  - identify surgical and anaesthetic risks
  - prepare patient s for surgery
  - manage per-, intra- and postoperative complications
  - nutrition and total parenteral nutrition (TPN)


Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Type of surgery appropriate for each gynaecological cancer (see separate modules)	Counsel patients regarding diagnosis, management and risks of treatment	Ability to interpret preoperative investigations and liaise with the anaesthetic department	Direct supervision from senior colleagues	Logbook
Fluid and electrolyte balance	Recognise and manage intraoperative complications	Ability to counsel patients regarding treatment options	Attendance at Multidisciplinary Team meetings	Multidisciplinary team attendance
Elemental feeding and TPN	Postoperative care and complications arising	Ability to select and perform appropriate surgical management of gynaecological cancer according to patient's needs	Ward attendance	Mini-CEX
	Manage the following clinical problems: Intraoperative: <ul style="list-style-type: none"> <li>haemorrhage</li> <li>bowel resection</li> <li>unexpected finding</li> <li>inoperability</li> </ul>	Ability to manage postoperative care and complications thereof	Supervision in operating theatre	Case-based discussions
	Postoperative: <ul style="list-style-type: none"> <li>thrombosis</li> <li>infection</li> <li>bowel obstruction</li> </ul>	Ability to counsel patients and relatives regarding diagnosis, investigations and to discuss treatment options, advantages and disadvantages of each	Intensive care and high-dependency unit ward rounds	Audit of complications
	Inform patient of results	Ability to convey decisions of multidisciplinary team meeting to patients and relatives, including prognosis and palliative care		
	Appropriately order and interpret investigations: <ul style="list-style-type: none"> <li>Haematological investigations</li> <li>Manage fluid balance perioperatively</li> </ul>	Ability to liaise with colleagues and other health professions regarding coordinating investigations and management strategies pertinent to individual patients		
	Order and supervise appropriate the thromboprophylaxis			
	Liaise with nutritional support team			





Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
	<b>Decide when TPN or enteral feeding is appropriate</b>	<p>Ability to order and interpret:</p> <ul style="list-style-type: none"> <li>• Fluid balance</li> <li>• Blood investigations: U&amp;E, FBC, LFT</li> </ul> <p>Ability to prescribe thromboprophylaxis</p> <p>Ability to assess patient and establish when enteral feeding or TPN is required</p> <p>All Gynaecological Oncologists should be competent to deal with vascular, bowel and urinary tract injury. Limits of practice will depend upon support available and experience. The ability to use discretion, recognise their limitations and summon help from other specialties when needed is essential</p>		



Module 2: Pre-, Peri- and Postoperative Care		Competence level				Not required 	
		Level 1		Level 2		Level 3	
		Date	Signature	Date	Signature	Date	Signature
Preparation for operating theatre							
Selection of procedure							
Consent							
Bowel Preparation							
Thromboprophylaxis							
Incision and exposure							
Management of complications							
Haemorrhage	Intraoperative						
	Postoperative						
Bowel	Small bowel injury						
	Mesenteric injury						
	Large bowel injury						
Urinary	Bladder injury						
	Ureteric injury						
	Urinary injury						
Appropriate postoperative care							
Nutrition							
Infection							
Wound complications							
Lymphoedema							
Communication							
Communication with patient							
Communication with relatives							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 2**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



### Module 3: General Skills in Gynaecological Oncology

#### Learning outcomes:


- To 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 of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system and the course of the ureter	<p>Surgical diagnosis and management of gynaecological cancer</p> <ul style="list-style-type: none"> <li>- Ovary</li> <li>- Endometrium</li> <li>- Cervix</li> <li>- Vulva</li> <li>- Vagina</li> <li>- Fallopian tube</li> </ul> <p>Liaison with surgical colleagues for assistance in complicated cases</p>	<p>Ability to perform hysterectomy (open and laparoscopically)</p> <p>Ability to perform radical hysterectomy</p> <p>Ability to perform pelvic lymph node dissection</p> <p>Ability to para-aortic lymph node dissection</p> <p>Ability to perform infracolic and supracolic omentectomy</p> <p>Ability to perform peritoneal stripping</p> <p>Ability to perform fine-needle aspiration or Trucut biopsy</p> <p>Ability to perform (with the assistance of surgical colleagues if necessary; see modules 13 and 14):</p> <ul style="list-style-type: none"> <li>- Exenterative surgery</li> <li>- Urinary diversion procedures</li> <li>- Splenectomy</li> <li>- Bowel resection</li> <li>- Ileostomy/colostomy</li> </ul>	<p>Observation of assisting and discussion with senior staff</p> <p>Direct and indirect surgical supervision of surgical skills to appropriate competency by surgical staff</p> <p>Specific task training and supervision</p> <p>Appropriate postgraduate course</p>	<p>Logbook of competences and experience</p> <p>OSATS</p> <p>Case-based discussions</p> <p>Surgical logbook</p> <p>Audit of complications</p>



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
		<ul style="list-style-type: none"> <li>- Diaphragmatic resection / mobilization of the liver</li> <li>- Panniculectomy</li> </ul> <p>Ability to perform partial vaginectomy (vaginal and abdominal approach) and radical excision of the vagina</p> <p>Ability to organize anterior, posterior and total exenteration, including leading the surgical procedure</p> <p>Ability to initiate discussion of management at multidisciplinary team meeting</p>		



Module 3: Generic Surgical Skills in Gynaceological Oncology		Competence level				Not required 	
		Level 1		Level 2		Level 3	
		Date	Signature	Date	Signature	Date	Signature
Generic Surgical Procedures							
Groin node dissection							
Laparoscopic hysterectomy (LAVH or TLH)							
Laparoscopic oophorectomy							
Abdominal Hysterectomy (open)							
Radical hysterectomy							
Pelvic lymph node dissection							
Para-aortic lymph node dissection							
Laparoscopic pelvic lymph node dissection							
Procedures (continued)							
Fine-needle aspiration / Trucut biopsy							
Infracolic and supracolic omentectomy							
Peritoneal stripping							
Adhesiolysis							
Appendicectomy							
Exenteration	Gynaecological contribution (e.g. vaginectomy, radical hysterectomy, vulvectomy)						
	Urological contribution (e.g. cystectomy, ileal conduit)						
	Other surgical contribution (e.g. AP resection, myocutaneous skin flaps)						

The competencies in this module where Level 2/3 is not required (blacked out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer

OSAT	Each OSATS should be successful completed for Independent Practice on 3 occasions before the module can be signed off					
Pelvic Lymph Node Dissection	Date		Date		Date	
	Signature		Signature		Signature	
Major Gynaecological Oncology Procedure (Para-aortic Lymph Node Dissection)	Date		Date		Date	
	Signature		Signature		Signature	
Radical Hysterectomy	Date		Date		Date	
	Signature		Signature		Signature	
Major Gynaecological Oncology Procedure	Date		Date		Date	
	Signature		Signature		Signature	





**COMPLETION OF GENERIC MODULE 3**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 4: Ovarian Cancer

### Learning outcomes:


- To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of presumed ovarian cancer (risk of malignancy index greater than 250):
  - initial assessment and investigations of suspected ovarian cancer
  - plan subsequent management of suspected ovarian cancer
  - perform appropriate diagnostic or treatment surgery
  - communicate with multidisciplinary team and organized adjuvant treatment
  - plan follow-up

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Aetiology and clinical presentations of ovarian cancer	Counsel patient and relatives about: <ul style="list-style-type: none"> <li>- Diagnosis and further therapy</li> <li>- Surgical options and complications</li> <li>- Medical options</li> <li>- Prognosis</li> </ul>	Ability to counsel patients sensitively about the options available and to respect patient confidentiality	Observation of, assisting and discussion with senior medical staff	Direct observation of clinical practice by trainers
Pathology of ovarian cancer		Ability to explain clearly and openly about treatments, complications and adverse effects of surgical treatment	Theatre attendance	Logbook of competences and experience
Indications, techniques, limitations and complications of surgical treatment of ovarian cancer	Discuss results of the surgery with patient and relatives and carers	Ability to formulate and implement a plan of management and modify if necessary	Clinical pathology meetings and multidisciplinary team meetings	OSATS
Surgical pathway of suspected ovarian cancer (imaging, tumour markers)	Communicate with referral unit and primary care	Ability to liaise effectively with colleagues in other disciplines, clinical and non-clinical	Personal study	Case-based discussions
Medical pathway of suspected ovarian cancer (histological and cytological diagnosis, neoadjuvant and adjuvant treatment)	Perform appropriate surgery for diagnosis and surgical management of ovarian cancer, including optimal debulking surgery. (see module 3)	Ability to appropriately stage ovarian cancer	Postgraduate education courses	Chemotherapy module
Multidisciplinary team meeting discussions and management planning	Management of recurrent disease	Ability to perform optimal debulking surgery for ovarian cancer	Medical oncology sessions	Colorectal module
Radiological assessment for preoperative diagnosis and guided biopsy	Discharge from hospital and procedure appropriate follow-up plan	Ability to decide appropriate surgery, including resection of bowel and formation of stoma	Intensive care and high-dependency unit ward rounds	
Role of laparoscopy in assessment Surgery: <ul style="list-style-type: none"> <li>- Case selection</li> <li>- Primary surgery</li> <li>- Interval debulking surgery</li> <li>- Fertility conserving</li> </ul>	Detect and manage physical and psychosexual morbidity (e.g. referral to lymphedema specialist nurse, psychotherapist or counsellor)	Ability to select patients form conservative surgery, e.g. unfit, stage-4 disease, very young(less than 35 years)		



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Medical management of ascites, pleural effusions and bowel obstruction</p> <p>Consideration of all management options including best supportive and palliative care</p> <p>Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment</p>		<p>Ability to perform a laparoscopic assessment and biopsy in suspected advanced ovarian cancer to obtain histology</p> <p>Ability to counsel patients regarding entry into clinical trials</p>		



Module 4: Ovarian Cancer		Competence level				Not required 	
		Level 1		Level 2		Level 3	
		Date	Signature	Date	Signature	Date	Signature
Epithelial ovarian, primary peritoneal and fallopian tube cancer	Understanding of pathology						
	Counsel patient about management						
	Discuss medical and surgical options						
	Follow-up of treated patient						
	Management of recurrent disease						
Gem cell and sex cord / stromal ovarian cancer	Understanding of pathology						
	Counsel patient about management						
	Discuss medical and surgical options						
	Follow-up of treated patient						
	Management of recurrent disease						
Borderline ovarian tumour	Understanding of pathology						
	Counsel patient about management						
	Discuss medical and surgical options						
	Follow-up of treated patient						
	Management of recurrent disease						
Pseudomxyoma peritoneal	Understanding of pathology						
	Counsel patient about management						
	Discuss medical and surgical options						
	Follow-up of treated patient						
	Management of recurrent disease						

The competencies in this module where Level 3 is not required (blackened out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer

OSAT	Each OSATS should be successful completed for Independent Practice on 3 occasions before the module can be signed off					
Major Gynaecological Oncology Procedure (Debulking Operation)	Date		Date		Date	
	Signature		Signature		Signature	



**COMPLETION OF GENERIC MODULE 4**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 5: Cancer of the Uterus

### Learning outcomes:

- To understand and demonstrate appropriate skills and attitudes in relation to managing a patient with a diagnosis of uterine cancer:
  - undertake primary surgical management
  - understand management options to address co-morbidity
  - manage recurrent disease

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Aetiology factors leading to endometrial cancer, including obesity, estrogens, genetic predisposition</p> <p>Histological types of endometrial cancer and prognostic implications</p> <p>Preoperative investigation of patients, including radiology, assessment of fitness for surgery</p> <p>Risk of major surgery (surgical and anaesthetic)</p> <p>Preoperative care of patient undergoing major surgery for gynaecological cancer</p> <p>Type of surgery appropriate for endometrial cancer</p> <p>Role of radiotherapy in the treatment of endometrial cancer</p> <p>Inpatient clinical trials</p> <p>Recruitment into clinical trials</p> <p>Risk factors for recurrent disease</p> <p>Patterns of recurrent disease</p> <p>Management options for recurrent disease</p> <p>Rare uterine tumours, e.g. sarcomas</p>	<p>Take a history and investigate patients with suspected and proven endometrial cancer</p> <p>Histological diagnosis of endometrial cancer</p> <p>Order and interpret investigations of endometrial cancer (e.g. magnetic resonance imaging)</p> <p>Formulate a management plan</p> <p>Ability to liaise with anaesthesia department</p> <p>To counsel patients regarding diagnosis, management and risks of treatment</p> <p>Perform appropriate surgery including:</p> <ul style="list-style-type: none"> <li>- Opening and closing middling laparotomy</li> <li>- Laparoscopic assessment of abdominal cavity</li> <li>- Defining ureters and gonadal vessels</li> <li>- Pelvic node dissection/sampling</li> <li>- Para-aortic node biopsy</li> <li>- Panniculectomy</li> <li>- Salpingo-oophorectomy (bilateral)</li> <li>- Total hysterectomy</li> </ul> <p>Recognise and manage intraoperative complications</p> <p>Postoperative care and complications arising</p> <p>FIGO staging of tumour</p>	<p>Ability to take history of investigate appropriate</p> <p>Ability to recognize histological patterns of disease</p> <p>Ability to interpret preoperative investigations and liaise with anaesthetic department</p> <p>Ability to counsel patients regarding treatment options and history</p> <p>Ability to select and perform appropriate surgical management of endometrial cancer according to patient's needs</p> <p>Ability to undertake:</p> <ul style="list-style-type: none"> <li>- Total abdominal hysterectomy and bilateral salpingo-oophorectomy</li> <li>- Pelvic node dissection/sampling</li> <li>- Para-aortic node biopsy</li> <li>- Laparoscopy-assisted vaginal hysterectomy</li> </ul> <p>Ability to manage postoperative care and complications thereof</p> <p>Ability to define FIGO stage of tumour</p>	<p>Direct supervision from senior colleagues</p> <p>Attendance at multidisciplinary team and pathology department</p> <p>Attendance at multidisciplinary team with radiologist</p> <p>Ward attendance</p> <p>Supervision in operating theatre</p> <p>Intensive care and high-dependency unit ward rounds</p> <p>Multidisciplinary team attendance</p> <p>Clinical oncology module</p> <p>Joint clinic attendance</p>	<p>Logbook</p> <p>Mini-CEX</p> <p>OSATS</p> <p>Multidisciplinary team attendance</p> <p>Laparoscopic skills course</p> <p>Audit of complications</p>



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
	<p>Inform patient of results</p> <p>Understand need for postoperative radiotherapy</p> <p>Liaise with clinical oncology</p> <p>Follow-up care</p> <p>Recognition of recurrence of disease</p> <p>Investigation of suspected recurrent disease</p> <p>Management of recurrent disease</p>	<p>Ability to decide need for adjuvant therapy</p> <p>Ability to follow up patients appropriately</p>		





Module 5: Cancer of Uterus	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Understanding of pathology of endometrial cancer							
Understanding of pathology of uterine sarcoma							
Counsel patient about surgical management							
Discuss medical and surgical options							
Follow-up of treated patient							
Management of recurrent disease							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer

OSAT	Each OSATS should be successful completed for Independent Practice on 3 occasions before the module can be signed off					
Ureteric Dissection	Date		Date		Date	
	Signature		Signature		Signature	
Pelvic Lymph Node Dissection	Date		Date		Date	
	Signature		Signature		Signature	
Major Gynaecological Oncology Procedure (Para-aortic Lymph Node Dissection)	Date		Date		Date	
	Signature		Signature		Signature	



**COMPLETION OF GENERIC MODULE 5**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 6: Cancer of the Cervix

### Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to managing a patient with a diagnosis of cancer of cervix
  - Diagnose, investigate and manage a patient with cancer of the cervix
  - Perform an appropriate and manage a patient with cancer of the cervix

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Detailed knowledge of the anatomy of the female pelvis, including blood supply, nervous system and lymphatic drainage of the region	Take an appropriate history	Ability to take history and examination	Observation of, assisting and discussion with senior staff	Logbook
Knowledge of the course of the ureter throughout the pelvis	Perform a clinical examination	Ability to perform colposcopy		OSATS
Understanding of the epidemiology and aetiology of cervical cancer	Perform colposcopy	Ability to perform cervical biopsy and LLETZ	Direct and indirect surgical supervision of surgical skills of appropriate competency by surgical staff	Mini-CEX
Understanding the pathophysiology of cervical intraepithelial neoplasm (CIN)	Perform cervical biopsy including punch biopsy, large-loop excision of the transformation zone (LLETZ), ablation therapy in appropriate cases	Ability to perform clinical staging, including cystoscopy and biopsy		Case-based discussions
Understanding of the role of human papillomavirus (HPV) in the aetiology and development of CIN and cervical cancer	Perform clinical staging for invasive cervical cancer	Ability to perform fertility sparing procedures (trachelectomy, cone biopsy)	Specific task training and supervision	Audit project
Knowledge of the presentation and diagnosis of cervical cancer	Perform total hysterectomy	Ability to perform hysterectomy (open, vaginally and laparoscopically)	Appropriate postgraduate course	Multidisciplinary team attendance
Pathology of cervical cancer	Perform radical hysterectomy	Ability to perform radical hysterectomy (open and laparoscopically)	Appropriate modules of training:	Personal audit of complications
Understanding of staging of cervical cancer	Perform para-aortic lymph node biopsy	Ability to perform pelvic lymph node dissection (open and laparoscopically)	- Radiology	Completion of Radiotherapy module
Knowledge of staging of cervical cancer	Counsel patients about the diagnosis, investigations and appropriate treatments for cervical cancer including adverse effects and complications of treatment	Ability to perform para-aortic lymph node dissection (open)	- Radiotherapy	Logbook of cases with competency level to which each procedure performed
Knowledge of the management of all stages of cervical cancer including surgery and chemoradiation	Communicate to patients' results of investigations and treatment, including prognosis and palliative care	Ability to insert brachytherapy applicators	- Chemotherapy	
In-depth knowledge of radiotherapy principles of treatment and appropriate application to cervical cancer	Interpret results of radiological investigations appropriate to cervical cancer	Ability to assist with external beam radiotherapy and chemotherapy	- Urology	
	Assist in delivery of brachytherapy	Ability to interpret:	- Palliative care	
	Assist in delivery of chemoradiation therapy	- Chest X-ray	- Tailored clinical experience	
		- Intravenous urogram		
		- Pelvic MRI		
		- Computed tomography scan		



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Knowledge of appropriate chemotherapy for cervical cancer</p> <p>Knowledge of complications and adverse effects of treatment of cervical cancer, both short- and long-term</p> <p>Knowledge of pattern of disease recurrence and appropriate management</p> <p>Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment</p>	<p>Manage adverse effects and recognize complications of treatment</p> <p>Diagnosis, investigate and manage recurrent cervical cancer</p> <p>Select patients for exenterative surgery</p> <p>Detect and manage physical and psychosexual morbidity (e.g. referral to lymphedema specialist nurse, psychotherapist or counsellor)</p>	<p>Ability to organise anterior, posterior and total exenteration, including leading the surgical procedure</p> <p>Ability to initiate discussion of management at multidisciplinary team meeting</p> <p>Ability to counsel patients and relatives regarding diagnosis, investigations and discuss treatment options and advantages and disadvantages of each</p> <p>Ability to convey decisions of multidisciplinary team to patients and relatives, including prognosis and palliative care</p> <p>Ability to liaise with colleagues and other health professionals regarding coordinating investigations and management strategies pertinent to individual patients.</p>		



Module 6: Cancer of Cervix		Competence level						Not required ■	
		Level 1		Level 2		Level 3			
		Date	Signature	Date	Signature	Date	Signature		
Cervical cancer prevention	Understanding of vaccination programme								
	Principles of cervical screening								
Understanding of premalignant disease process									
Understanding of pathology of cancer of the cervix									
Counsel patients about surgical management									
Discuss medical and surgical options									
Follow-up of treated patient									
Management of recurrent disease									
Cervical cone biopsy									
Staging procedures									
Radical hysterectomy									
Radical Trachelectomy									

The competencies in this module where Level 2/3 is not required (blacked out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer

OSAT	Each OSATS should be successful completed for Independent Practice on 3 occasions before the module can be signed off					
Radical Hysterectomy	Date		Date		Date	
	Signature		Signature		Signature	



**COMPLETION OF GENERIC MODULE 6**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>





## Module 7: Cancer of the Vulva

### Learning outcomes:

- To diagnose, investigate and manage a patient with cancer of the vulva:
  - Competently perform appropriate surgery in a patient with vulva cancer
  - Manage complications of treatment

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Anatomy of vulva, femoral triangle, vaginal region and lower abdominal wall, including blood supply, nerve distribution and lymph drainage of the region	Take an appropriate history	Ability to take history	Observation of assisting and discussion with senior medical staff	Logbook of competences and experience
Epidemiology and aetiology of vulval cancer	Perform appropriate clinical investigations	Ability to perform appropriate examination	Task-specific job training	OSATS
Histopathology of vulval cancer	Perform a biopsy of vulva	Ability to investigate and counsel patients regarding treatments	Personal study	Mini-CEX
Pattern of spread of vulval cancer	Perform vulvoscopy	Ability to select and perform competently diagnostic and therapeutic surgery for vulval cancer	Appropriate postgraduate course	Case-based discussions
Staging of vulval cancer	Perform a wide local excision of vulva	Ability to manage patient's postoperative care	Tailored clinical experience	Surgical logbook
Diagnosis and investigations for vulval cancer	Perform a simple vulvectomy	Ability to manage complications of treatment	Supervised surgical training to appropriate competency level by senior staff	
Principles of treatment of all stages of vulval cancer	Perform a radical vulvectomy	Ability to organise anterior, posterior and total exenteration, including leading the surgical procedure	Multidisciplinary team attendance	
Complications of treatment and appropriate management of all stages of vulval cancer	Perform groin node dissection			
Pattern of recurrence of vulval cancer	Developments in the surgical treatment of vulval cancer, including sentinel node detection and biopsy			
Recognition and management of recurrent cancer of the vulva	Liaise with plastic surgeon regarding selected patients, such as those requiring major skin flaps to close vulval wounds and those with malignant melanoma			
Long-term complications of treatment of vulval cancer:	Liaise with clinical oncology re-adjuvant and non-adjuvant radiotherapy			
- Lymphocysts	Perioperative management of vulval cancer patients			
- Lymphoedema	Manage recurrence of vulval cancer			
- Neuralgia	Long-term management of vulval cancer patients			



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Knowledge of the psychosexual morbidity of cancer diagnosis and treatment	Detect and manage physical and psychosexual morbidity (e.g. referral to lymphedema specialist nurse, psychotherapist or counsellor)			



Module 7: Cancer of the Vulva	Competence level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Understanding of pathology of vulval cancer							
Staging of vulval cancer							
Counsel about complications of treatment							
Management of VIN							
Management of late-stage vulval cancer							
Management of recurrent vulval cancer							
Management of malignant melanoma							
Wide local excision of vulva							
Simple vulvectomy							
Groin lymph node dissection							
Radical vulvectomy							
Skin graft of vulva (full thickness / advancement / rotational grafts)							
Plastic reconstruction (e.g. gracilis muscle graft of vulva, transposition of the rectus abdominis muscle)							
Sentinel node detection and biopsy							

The competencies in this module where Level 2/3 is not required (blacked out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 7**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 8: Vaginal Cancer

### Learning outcomes:

- To understand and demonstrate appropriate knowledge, skills and attitudes in relation to managing a patient with a diagnosis of vaginal cancer:
  - Undertake primary surgical management
  - Understand management options to address co-morbidity
  - Manage recurrent disease

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Aetiology of vaginal cancer, including sarcoma botryoides, melanoma and metastatic lesion	Take a history and perform an appropriate examination	Ability to perform vaginal biopsy	Observation and discussion with senior staff	Logbook of competences and experience
Benign conditions	Perform vaginoscopy and vaginal biopsy	Ability to perform partial vaginectomy <ul style="list-style-type: none"> <li>- Abdominal approach</li> <li>- Vagina approach</li> </ul>	Senior supervision	Mini-CEX
Pathophysiology of vaginal intraepithelial neoplasia	Arrange staging and imaging investigations	Ability to perform radical excision of vagina (exenterative surgery; see modules 3, 6 and 7)	Multidisciplinary team meeting	Case-based discussions
Multifocal lower genital tract malignancy	Arrange and aid delivery of radio or chemotherapy		Radiotherapy/clinical oncology module	Multidisciplinary team attendances
Clinical presentation, investigation and FIGO staging	Counsel and take consent from patient		Direct observation by senior staff	Surgical logbook
Detailed management of vaginal cancer	Perform partial vaginectomy			
Physical and psychosexual morbidity of cancer diagnosis and treatment	Perform radical vaginectomy			
	Detect and manage physical and psychosexual morbidity (e.g. referral to lymphedema specialist nurse, psychotherapist or counsellor)			



Module 8: Vaginal Cancer	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Understanding of pathology of vaginal cancer							
Investigation and staging of vaginal cancer							
Vaginoscopy and vaginal biopsy							
Partial vaginectomy (vaginal approach)							
Partial vaginectomy (abdominal approach)							
Radical excision of vagina							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer





**COMPLETION OF GENERIC MODULE 8**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 9: Medical Oncology

### Learning outcomes:

- To understand the role of chemotherapy in the management of gynaecological cancers:
- To understand the pharmacology of the major drugs used in chemotherapy
- To understand the role and latest trial results of chemotherapy in gynaecological tumours

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Relevant cell biology including:</p> <ul style="list-style-type: none"> <li>- Cell-cycle kinetics</li> <li>- Log kill hypothesis</li> <li>- Cycle and phase specificity</li> </ul> <p>Classes of chemotherapeutic agents and their mechanisms of action</p> <p>Pharmacology of the main agents used in gynaecological cancers</p> <p>Principles of dose calculation of scheduling</p> <p>Understand the benefits and limitations of single-agent and combination chemotherapy</p> <p>Guidelines and definitions for evaluation of response</p> <p>Principles of phase I, II and III clinical trials</p> <p>Conversation with seminal chemotherapeutic trials in gynaecological cancer</p> <p>Understand the concept of adjuvant and nonadjuvant therapy</p> <p>Short- and long-term toxicity, both general and drug-specific</p>	<p>Take an appropriate history</p> <p>Perform a clinical examination</p> <p>Knowing the indications for chemotherapy</p> <p>Assessment of response to chemotherapy</p> <p>Counsel patients about the basics of chemotherapy, including adverse effects and complications of treatment</p> <p>Knowing the limitations of chemotherapy and when to change or stop treatment</p> <p>Recognition, assessment and management of acute and chronic toxicity</p>	<p>Ability to discuss management at multidisciplinary team meeting, including most appropriate chemotherapy regimen, according to patient's disease and medical status</p> <p>Ability to counsel patients about the basics of chemotherapy, including adverse effects and complications of treatment</p> <p>Ability to liaise with colleagues and other health professionals regarding coordinating investigations and management strategies pertinent to individual patients</p> <p>Ability to recognize, investigate and management of toxicity</p> <p>Ability to counsel patients about clinical trials</p>	<p>Observation of assisting and discussion with senior staff</p> <p>Specific task training and supervision</p>	<p>Logbook of competences and experience</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Chemotherapeutic management of gestational trophoblastic disease  The role of hormonal and other agents  Therapeutic options for recurrent disease				



Module 9: Medical Oncology	Competence level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Main agents used in gynaecological oncology							
Principles of dosage and administration							
Prevention of complications of chemotherapy							
Recognition of complications of chemotherapy							
Management of complications of chemotherapy							
Indications for administration							
Management of recurrent disease							
Medical oncology ward rounds							
Medical oncology clinics							
Chemotherapy administration							



Attendance at medical oncology ward rounds Module 9		
Ward/Hospital	Date	Comments



Attendance at medical oncology clinics Module 9		
Clinic	Date	Comments



Attendance at chemotherapy administration sessions Module 9		
Clinic/hospital	Date	Comments



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer





**COMPLETION OF GENERIC MODULE 9**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 10: Clinical Oncology

### Learning outcomes:

- To have sufficient familiarity with principles and practice to inform patients appropriately and recognize complications

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Cell-cycle kinetics	Understand principles of radiotherapy	Ability to select patients for radiotherapy	Multidisciplinary team meeting attendance	Logbook of competences and experience
Radiation effects	Understand how radiotherapy affects organs and radiosensitivity and different cancers	Ability to counsel patients regarding radiotherapy treatment	Combined oncology clinics	Mini-CEX
Recovery and repair of tissues	Select patients for radiotherapy according to disease, tumour type and stage	Ability to plan radiotherapy treatment	Radiotherapy planning clinics	Case-based discussion
Potentiation of effects	Understand how to plan patients for radiotherapy	Ability to counsel patients regarding complications	Clinic oncology operating theatre sessions	Multidisciplinary team attendance
Protection	Counsel patient on how radiotherapy works, how it will affect them and what complications may occur	Ability to recognize and manage adverse effects of radiotherapy:		
Sensitivity of different organs	Understand the different between curative and palliative treatment	<ul style="list-style-type: none"> <li>- Skin</li> <li>- Urinary tract</li> <li>- Gastrointestinal tract</li> <li>- Vagina: <ul style="list-style-type: none"> <li>- dryness</li> <li>- hormone replacement therapy</li> <li>- dilators</li> </ul> </li> <li>- Psychosexual</li> </ul>		
Different types of radiation	Management of long-term effects of radiotherapy	Ability to recognize and manage major complications of radiotherapy in liaison with other colleagues:		
Inverse square law	<ul style="list-style-type: none"> <li>- Vaginal stenosis</li> <li>- Ovarian failure</li> <li>- Oedema</li> <li>- Osteopenia</li> <li>- Fistula</li> </ul>	<ul style="list-style-type: none"> <li>- fistula</li> <li>- vaginal stenosis</li> <li>- oedema</li> <li>- osteopenia</li> </ul>		
Time-dose relationships	Recognition, investigations and management of recurrent gynaecological cancer following primary radiotherapy and chemoradiation	Ability to recognize and investigate tumour recurrence		
Half-life isotopes				
Lonistion and modifying factors				
Radiation units				
Isodose curves				
Principles of fractionation				
Orthovoltage and supravoltage				
CT planning and dosimetry				
Types of fields				
Types of sources and methods				



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Use of chemotherapy as an adjuvant  Complications in: <ul style="list-style-type: none"> <li>- Gastrointestinal tract</li> <li>- Urinary tract</li> <li>- Skin</li> <li>- Bone marrow</li> <li>- Kidney</li> <li>- Ureter</li> <li>- Central nervous system</li> <li>- Genital tract</li> </ul>				



Module 10: Clinical Oncology	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Indications for radiotherapy							
Planning radiotherapy							
Counselling and consenting for radiotherapy							
Administration of radiotherapy							
Recognition of complications of radiotherapy							
Management of complications of radiotherapy in conjunction with other specialties when necessary							



Attendance at radiotherapy theatre lists Module 10		
Clinic	Date	Comments



Attendance at radiotherapy planning clinics Module 10		
Clinic	Date	Comments



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 10**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>





## Module 11: Radiology

### Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Main imaging modalities in gynaecological oncology: <ul style="list-style-type: none"> <li>Physics</li> <li>Indications</li> <li>Limitations</li> </ul> Nuclear medicine Intervention radiology: <ul style="list-style-type: none"> <li>Guided biopsies</li> <li>Stenting</li> <li>Caval filters</li> <li>Embolisation</li> </ul> Sentinel node assessment	Assessment and interpretation with relevance to clinical scenario: <ul style="list-style-type: none"> <li>Standard plain ultrasound</li> <li>Cross-sectional imaging</li> <li>Nuclear</li> </ul> Ability to recognize the indications for interventional radiology	Discussion of images with relevance to clinical scenario with radiologist/trainers	Attendance at multidisciplinary team meeting	Logbook of competences and experience Mini-CEX Case-based discussions



Module 11: Radiology	Competence level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Requesting and interpretation of images</b>							
Chest X-rays							
Abdominal X-rays							
Spine and pelvic X-rays							
Computed tomography (CT) of chest, abdomen and pelvis							
Magnetic resonance imaging							
Radioisotope scan (renal; bone; lung; heart)							
Ultrasound of abdomen							
Ultrasound and pelvis							
Positron emission tomography CT scan							
Doppler							
Caval filter							
Blood vessel embolisation							

The competencies in this module where Level 3 is not required (blackened out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 11**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 12: Palliative Care

### Learning outcomes:

- To understand the concept and delivery of care to patients with terminal gynaecological malignant disease:
  - Decision for palliative care
  - Holistic approach (physical /psychological/ social/spiritual) to the symptoms and anxieties of the patient and their relatives.

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Role of palliative care team in gynaecological malignancy:</p> <ul style="list-style-type: none"> <li>How to break bad news to a patient</li> <li>Symptoms associated with terminal malignancy</li> <li>Causes of and patterns of pain</li> <li>Therapies for pain relief and how they work</li> <li>Choice of appropriate analgesic</li> <li>Pain services available</li> <li>Pathophysiology of nausea and vomiting</li> <li>Anxiety and depression</li> <li>Counselling for patient and family</li> <li>Pathophysiology of oedema</li> <li>Therapies for relief of oedema</li> <li>Palliative care team in hospitals , hospice and community</li> </ul> <p>Community support roles of :</p> <ul style="list-style-type: none"> <li>General practitioner</li> <li>District nurse</li> <li>Cancer specialist nurse</li> <li>Family</li> <li>Religion</li> <li>Cancer support groups/ Macmillan</li> <li>Social services</li> </ul> <p>Role of palliative care in multidisciplinary team function</p>	<p>Effective and sympathetic communication skills</p> <p>Recognise when a patient should have palliative care input into management</p> <p>Recognise and appropriately manage symptoms in a palliative care setting</p> <p>Recognise anxiety and depression and psychosexual problems and involve appropriate teams in management</p> <p>Work within a palliative care team in hospital , hospice and community</p>	<p>Ability to communicate with patients and give information about disease process, including bad news</p> <p>Ability to appropriately involve members of palliative care team in patient management</p> <p>Ability to manage patients' symptoms in liaison with palliative care team</p> <p>Ability to work as part of a palliative care team in hospital , hospice and community</p> <p>Ability to involve palliative care team in multidisciplinary team framework</p>	<p>Working in supervised environment with senior team</p> <p>Communicating with patients and managing their care on a day-to-day basis</p> <p>Palliative care clinics</p> <p>Working within multidisciplinary team</p> <p>Attendance with specialist oedema physiotherapist</p>	<p>Logbook of competences and experience</p> <p>Mini-CEX</p> <p>Case-based discussions</p> <p>Multidisciplinary team attendance</p>



Module 12: Palliative Care	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Counselling</b>							
Counselling of patients							
Counselling of relatives							
<b>Management of :</b>							
Pain relief							
Nausea/vomiting							
Nutrition							
Ascites							
Bowel obstruction							
Urinary obstruction							
Depression							
Psychosexual problems							
Oedema							



Attendance at palliative care sessions Module 12		
Clinic	Date	Comments



Training Courses or sessions		
Title	Signature of subspecialty training programme supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer





**COMPLETION OF GENERIC MODULE 12**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 13: Urology

### Learning outcomes:

- To have an understanding of the impact of gynaecological cancer and its treatment in the renal tract:
  - Aware of possible urological complications
  - Identify and manage urological complications

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Anatomy and physiology of kidney, ureter, bladder and urethra</p> <p>Effects of gynaecological malignancy upon urinary tract</p> <p>Effects of treatment for gynaecological malignancy or urinary tract ;e.g. radical surgery, radiotherapy</p> <p>Communication with patients and family about the effects of gynaecological malignancy and treatments on urinary system ; e.g. fistula , obstruction, bladder disorders</p> <p>Interpret investigations ordered</p> <p>Recognition and management of injury to urinary tract</p> <p>Principles of repair of injury to:</p> <ul style="list-style-type: none"> <li>Ureter</li> <li>Bladder</li> <li>Urethra</li> </ul> <p>Selection of patients who would benefit from intervention surgery involving the urinary tract ;e.g. Urethral stenting , fistula repair, exenterative surgery</p> <p>Pre- and postoperative care of patients undergoing urology procedure</p> <p>Pre- and postoperative care of patients undergoing urology procedure</p>	<p>Ability to appropriately investigate and diagnose disorders of the urinary tract in a gynaecological cancer setting</p> <p>Appropriate ordering of investigation and liaison with urology team</p> <p>Investigation of diseases of urinary tract :</p> <ul style="list-style-type: none"> <li>Urine (microscopy, culture and sensitivity ; biochemistry )</li> <li>Haematology</li> <li>Ultrasound</li> <li>X-ray</li> <li>Magnetic resonance imaging</li> <li>Cystoscopy</li> <li>Ureteroscopy</li> </ul> <p>Knowledge of damage to ureter and bladder due to disease process or surgery ;e.g. fistula, obstruction, surgical injury</p> <p>Perform:</p> <ul style="list-style-type: none"> <li>Cystoscopy</li> <li>Repair to bladder</li> <li>Dissection of ureter</li> </ul>	<p>Effectively manage patients with suspected disorders of urinary tract</p> <p>Order and interpret investigations of urinary tract</p> <p>Appropriate selection of patients for intervention surgery involving the urinary tract</p> <p>Surgical procedures gynaecological oncologists are expected to practice independently include:</p> <ul style="list-style-type: none"> <li>Cystoscopy</li> <li>Surgical repair of bladder injury</li> </ul> <p>Gynaecological oncologists should have experience of the following but independent practice is not essential. Limits of practice will depend upon support available and experience</p> <ul style="list-style-type: none"> <li>Ureteroscopy</li> <li>Repair of ureter</li> <li>Ureteric reimplantation</li> <li>Primary anastomosis of ureter</li> <li>Cystectomy</li> <li>Ileal conduit</li> <li>Continent urinary diversion</li> <li>Insertion of ureteric stent</li> </ul>	<p>Working under senior supervision</p> <p>Radiotherapy module</p> <p>Multidisciplinary team</p> <p>Urology module</p> <p>Gynaecological multidisciplinary team and urology multidisciplinary team</p>	<p>Logbook</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



Module 13:Urology	Competence level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Order and interpret investigations of urinary tract							
Manage obstruction uropathy							
Identify and manage urinary tract injury							
Cystoscopy							
Ureteroscopy							
Ureteric stent							
Surgical repair of bladder injury							
Repair of ureter							
Ureteric reimplantation							
Primary anastomosis of ureter							
Cystectomy							
Ileal conduit / Continent urinary diversion							

The competencies in this module where Level 2/3 is not required (blacked out) are desirable / aspirational and not mandatory



### Attendance at urology theatre lists Module 13



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 13**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 14: Colorectal Surgery

### Learning outcomes:

- To understand the role of fluid balance and nutrition in the surgical patient
- To understand the indications and principles of bowel resection and repair in the context of gynaecological oncology:
  - Accidental bowel injury
  - Elective bowel resection

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Anatomy and physiology of gastrointestinal tract</p> <p>Pathophysiology of intestinal function</p> <p>Care of critically ill patient</p> <p>Principles of surgery of gastrointestinal tract, including exposure handling and injury to tissues</p> <p>Principles of resection and repair of Intestinal tissues:</p> <ul style="list-style-type: none"> <li>- Primary repair</li> <li>- Secondary repair</li> <li>- Ileostomy</li> <li>- Colostomy</li> </ul> <p>Indications to perform bowel surgery in a gynaecological oncology setting</p> <p>Use of radiology in investigation and management of gastrointestinal tract disorders</p> <p>Appropriate selection of patients who will benefit from bowel surgery</p> <p>Preoperative preparation required for a patient who may or will have bowel surgery</p>	<p>Perform rigid sigmoidoscopy</p> <p>Counsel patients preoperatively and postoperatively regarding bowel surgery and stoma management, including benefits, risks and complications</p> <p>Perform laparotomy and identify abnormalities throughout abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas and large and small bowel</p> <p>Oversee serosa injury to bowel</p> <p>Repair mucosal injury to small bowel</p> <p>Select area to be resected and perform primary anastomosis of small bowel</p> <p>Select area and perform ileostomy</p> <p>Perform appendicectomy</p> <p>Select appropriate tissue and resect large bowel with formation of colostomy</p> <p>Mark stoma site appropriately</p> <p>Order and interpret appropriate investigations preoperatively</p> <p>Order appropriate bowel preparation preoperatively</p> <p>Select patients preoperatively and intraoperatively who will benefit from bowel surgery</p> <p>Manage postoperative care of patients following bowel surgery</p>	<p>Ability to perform sigmoidoscopy</p> <p>Ability to counsel patient regarding bowel surgery and stoma management, including preoperatively</p> <p>Ability to select and mark stoma site</p> <p>Gynaecological oncologists should have experience of the following but independent practice is not essential</p> <p>Limits of practice will depend upon support available and experience:</p> <ul style="list-style-type: none"> <li>- Primary anastomosis of large bowel</li> <li>- Abdominal perineal resection</li> </ul>	<p>Colorectal outpatient clinic</p> <p>Attend intensive care unit ward rounds</p> <p>Attend dietician ward rounds</p> <p>Observation and assisting senior staff</p> <p>Senior staff supervision</p> <p>Colorectal attachment</p> <p>Attendance with stoma therapist</p>	<p>Logbook</p> <p>Mini-CEX</p> <p>Case-based discussions</p>



Module 14: Colorectal Surgery	Competence level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Select and mark stoma site							
Plan and prescribe total parenteral nutrition with assistance from TPN specialist pharmacist							
Manage enteric fistula							
Oversew bowel serosa							
Repair small bowel injury							
Resect and reanastomose small bowel							
Perform ileostomy							
Resect large bowel							
Perform colostomy							
Primary anastomosis of large bowel							
Abdominal perineal resection							

The competencies in this module where Level 3 is not required (blackened out) are desirable / aspirational and not mandatory





Attendance at colorectal theatre lists Module 14		
Clinic	Date	Comments



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 14**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>




## Module 15: Plastic Surgery and Wound Care

### Learning outcomes:

- To understand the principles of plastic surgery and its indication in the management of gynaecological malignancy:
  - Surgical procedures
  - Management of wound complications

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Physiology of wound healing and factors influencing healing  Surgical site infection  Recognise and manage wound dehiscence  Management of incisional hernia  Anatomy of vulva , perineum and groin  Techniques of vulval repair and reconstruction  Vaginal reconstruction	Management of surgical site infections  Management of recognised wound dehiscence  Management and performance of appropriate repair  Repair of incisional hernia , including use of mesh  Selection of patients for appropriate surgical intention using : <ul style="list-style-type: none"> <li>- Split-thickness skin graft</li> <li>- Rotational flaps</li> <li>- Advancement grafts</li> <li>- Myocutaneous flaps</li> <li>- Vaginal reconstruction</li> </ul>	Ability to close wound, including choice of suture material  Ability to diagnose infections, select antibiotics and identify need for incision and drainage	Direct observation by senior staff  Colorectal module	Logbook of competences and experience  Mini-CEX  Case-based discussions



Module 15:Plastic Surgery and Wound Care			Competence level						Not required 	
			Level 1		Level 2		Level 3			
			Date	Signature	Date	Signature	Date	Signature		
Repair										
Repair of wound dehiscence										
Repair of incisional hernia	Without mesh									
	With mesh									
Selection of patients for appropriate surgical intervention										
Split thickness skin graft										
Rotational flaps										
Advancement flap										
Myocutaneous flaps										
Williams procedure										
Myocutaneous grafts										
Repair of wound dehiscence										

The competencies in this module where Level 2/3 is not required (blacked out) are desirable / aspirational and not mandatory



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 15**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Module 16: Gestational Trophoblastic Disease

### Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Definition and classification of gestational trophoblastic disease</p> <p>Epidemiology and aetiology of gestational trophoblastic disease</p> <p>Histopathology of gestational trophoblastic disease</p> <p>Clinical features and behavior of different entities of gestational trophoblastic diseases</p> <p>Principles and pitfalls in the measurement of human chorionic gonadotrophin</p> <p>Histopathological features of gestational disease</p> <p>Role of surgery and radiotherapy in the management of gestational trophoblastic neoplasia</p> <p>Genetic and molecular markers and their potential clinical applications</p>	<p>Diagnosis and staging of gestational trophoblastic neoplasia</p> <p>Recognise complications of treatment and management of gestational trophoblastic disease and neoplasia</p> <p>Management of chemoresistant and relapsed gestational trophoblastic neoplasia</p> <p>Role of surgery and radiotherapy in the management of gestational trophoblastic neoplasia</p>	<p>Ability to take history and perform appropriate physical examination</p> <p>Ability to counsel patients about a diagnosis of molar pregnancy and its subsequent management</p> <p>Ability to perform suction evacuation, including preoperative, intraoperative and postoperative management</p> <p>Ability to counsel patients on contraception and pregnancy outcome following molar pregnancy</p> <p>Ability to counsel patients about a diagnosis of gestational trophoblastic neoplasia</p> <p>Ability to carry out appropriate investigations for staging of gestational trophoblastic neoplasia and to classify patients into low- or high-risk groups</p> <p>Ability to counsel patients on the possible adverse effects of treatment</p> <p>Ability to manage complications of treatment</p> <p>Ability to register patients at supraregional centre for follow up</p>	<p>Discussion with senior medical staff</p> <p>Personal study</p> <p>Attachment to medical oncology unit</p> <p>Review histology with pathologist</p> <p>Attendance at multidisciplinary team</p>	<p>Mini-CEX</p> <p>Case-based discussion</p> <p>Logbook</p>





Module 16: Gestational Trophoblastic Disease	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Aeitiology and pathology of</b>							
Partial mole							
Complete mole							
Choriocarcinoma							
<b>For all grade of disease</b>							
Counselling of patients							
Principles of investigation, treatment and follow up							



Training Courses or sessions		
Title	Signature of subspecialty training programme supervisor	Date

Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 16**

**I confirm that all components of the module have been successfully completed:**

<b>Date</b>	<b>Name of subspecialty training programme supervisor</b>	<b>Signature of subspecialty training programme supervisor</b>



## Module 17: Genetic Predisposition to Gynaecological Cancer

### Learning outcomes:

- To diagnose, investigate and manage a patient with a genetic predisposition to gynaecological cancer:
  - Management of patients with a family history suggesting genetic predisposition to gynaecological cancer
  - Understanding of familial ovarian cancer syndromes, BRCA and hereditary nonpolyposis colorectal cancer
  - Concepts of cancer screening
  - Issues surrounding prophylactic surgery

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Background for a patient with a genetic predisposition to gynaecological cancer	Take an appropriate history	Ability to take history and perform appropriate physical examination	Observation or assisting and discussion with senior medical staff	Mini-CEX
Epidemiology and aetiology of a genetic predisposition to gynaecological cancer	Determine a patient's pedigree	Ability to counsel well patients regarding a diagnosis and subsequent management of patients with a genetic predisposition to gynaecological cancer	Personal study	Case-based discussion
Molecular biology and histopathology of a genetic predisposition to gynaecological cancer	Counsel a well patient with a known predisposition to gynaecological cancer	Ability to perform preoperative, intraoperative and postoperative managements as required	Supervised surgical training to appropriate competency level by senior staff	Logbook of competences and experience
Clinical features and behaviour of different genetic predispositions	Perform appropriate clinical examination and investigations	Ability to counsel patients on hormonal and other medication in relation to outcomes after screening or treatment		
Principles of management of different entities for these genetic predispositions	Perform prophylactic surgery involving laparoscopic techniques as required	Ability to organise appropriate investigations for screening if conservative approach taken		
Principles and pitfalls in the assessment of the molecular biology techniques presently available	Work with other disciplines to ensure appropriate management	Ability to recognize the requirement for failsafe for conservative management		
Complexity of counselling and complications of subsequent management of patients with a genetic predisposition to gynaecological cancer	Liaise with medical genetics department to assess risk of developing cancer	Ability to counsel patients on the possible adverse effects of treatment		
Role of prophylactic surgery in the management of patients with a genetic predisposition to gynaecological cancer and the specific problems for follow-up in relation to hormonal psychological and reproductive sequelae		Ability to manage complications of treatment		
		Ability to perform prophylactic surgery for gynaecological cancer		



Module 17: Genetic Predisposition to Gynaecological Cancer	Competence level						Not required <input type="checkbox"/>
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
<b>Investigations</b>							
Take appropriate history and formulate family tree							
Identify high risk patients/families							
<b>Counsel patients regarding</b>							
Risk of cancer							
Cancer screening							
Prophylactic surgery							
Hormone replacement therapy							



Attendance at cancer genetics clinics Module 17		
Clinic	Date	Comments



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainers (please print)	Signature of clinical trainer



**COMPLETION OF GENERIC MODULE 17**

**I confirm that all components of the module have been successfully completed:**

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor





# **Generic Subspecialty Curriculum and Logbook**



## Generic Module 1: Communication, team working and leadership skills

### Learning outcomes:

- To demonstrate effective communication with patients and colleagues
- To demonstrate good working relationships with colleagues
- To demonstrate the ability to work in clinical teams and have the necessary leadership skills

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Communicate :</p> <ul style="list-style-type: none"> <li>• How to structure a patient interview to identify: <ul style="list-style-type: none"> <li>• Concerns and priorities</li> <li>• Expectations</li> <li>• Understanding and acceptance</li> </ul> </li> <li>• Breaking bad news</li> <li>• Bereavement process and behavior</li> </ul> <p>Team working:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities of team members</li> <li>• Factors that influence and inhibit team development</li> <li>• Ways of improving team working including: <ul style="list-style-type: none"> <li>• Objective setting and planning</li> <li>• Motivation and demotivation</li> <li>• Organization</li> <li>• Respect</li> </ul> </li> <li>• Contribution of mentoring and supervision</li> </ul> <p>Leadership:</p> <ul style="list-style-type: none"> <li>• Qualities and behavior</li> <li>• Styles</li> <li>• Implementing change of change management</li> </ul>	<p>Communicate both verbally and in writing with patients and relatives, including:</p> <ul style="list-style-type: none"> <li>• Breaking bad news</li> <li>• Appropriate use of interpreters</li> </ul> <p>Communicate effectively with colleagues both verbally and in writing</p>	<p>Ability to communicate effectively with:</p> <p>Colleagues</p> <p>Patients and relatives</p> <p>Ability to break bad news appropriately and to support distress</p> <p>Ability to work effectively within a subspecialty team.</p> <p>Ability to lead a clinical team.</p> <p>Ability to respect others' opinions.</p> <p>Ability to deal with difficult colleagues</p>	<p>Observation of and discussion with senior medical staff</p>	<p>Annual Assessment Review Form</p>



Module 1: Communication, team working and leadership skills					
Year 1					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement Needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts within own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time efficiently					



Comments	



Module 1: Communication, team working and leadership skills					
Year 2					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement Needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts within own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time efficiently					



Comments	



Module 1: Communication, team working and leadership skills					
Year 3 (if applicable)					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement Needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts within own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time efficiently					



Comments	
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COMPLETION OF GENERIC MODULE 1		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 2: Good Medical Practice and Maintaining Trust

### Learning outcomes:

- To inculcate the habit of lifelong learning and continued professional development
- To acquire the knowledge, skills and attitude to act in a professional manner at all times

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Continuing professional development Doctor-patient relationship Personal health Ethical principles: <ul style="list-style-type: none"> <li>• Respect for autonomy</li> <li>• Beneficence and non-maleficence</li> <li>• Justice</li> </ul> Informed consent Confidentiality Legal issues: <ul style="list-style-type: none"> <li>• Death certification</li> <li>• Mental illness</li> <li>• Advance directives, living wills</li> </ul>	Recognise and use learning opportunities Gain informed consent for: <ul style="list-style-type: none"> <li>• Patient care and procedures</li> <li>• Research</li> </ul>	Ability to recognize and use learning opportunities Ability to learn from colleagues and experience Ability to work independently but seek advice appropriately Ability to deal appropriately with challenging behaviour Ability to understand: Ethical issues relevant to subspecialty Legal responsibility Ability to recognise: Own limitations When personal health takes priority over work pressure Ability to gain informed consent	Observation of and discussion with senior medical staff	Annual Assessment Review Form



COMPLETION OF GENERIC MODULE 2		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 3: Teaching

### Learning outcomes:

- To understand and demonstrate appropriate skills and attitudes in relation to teaching

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Teaching strategies appropriate to adult learning</p> <p>Identification of learning principles, needs and styles</p> <p>Principles of evaluation</p>	<p>Prepare and deliver a teaching session:</p> <ul style="list-style-type: none"> <li>Small group (less than 10 people)</li> <li>Large group (more than 20 people)</li> <li>At the bedside</li> </ul> <p>Teach practical procedures, including ultrasound</p>	<p>Ability to communicate effectively</p> <p>Ability to teach postgraduates on topic(s) relevant to subspecialty using appropriate teaching resources</p> <p>Ability to organize a programme of postgraduate education, e.g. short course or multidisciplinary meeting</p>	<p>Observation of and discussion with senior medical staff</p> <p>Appropriate postgraduate courses</p>	<p>Log of experience and competence</p>



Module 3: Teaching			
Teaching	Date	Signature	Comments
Prepare and deliver a teaching session: small group			
Prepare and deliver a teaching session: large group			
Organise short course or multidisciplinary meeting			



**COMPLETION OF GENERIC MODULE 3**

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 4: Research

### Learning outcomes:

- Understand and demonstrate appropriate skills and attitudes in relation to research relevant to the subspecialty

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Epidemiological techniques, population parameters, sampling techniques and bias</p> <p>Randomised trials and meta-analysis</p> <p>Statistical tests:</p> <ul style="list-style-type: none"> <li>Parametric tests</li> <li>Non-parametric tests</li> <li>Correlation and regression</li> <li>Multivariate analysis</li> <li>Chi-squared analysis</li> </ul>	<p>Perform a scientific experiment:</p> <ul style="list-style-type: none"> <li>Review advice</li> <li>Develop a hypothesis and design experiment to test hypothesis</li> <li>Define sample</li> <li>Conduct experiment</li> <li>Perform statistical analysis of data</li> <li>Draw appropriate conclusions from results</li> </ul>	<p>Ability to design and conduct a scientific experiment</p> <p>Ability to critically appraise scientific studies</p> <p>Ability to write up research</p> <p>Ability to present a piece of scientific research</p>	<p>Discussion with senior medical staff (clinicians, scientists, statisticians)</p> <p>Attendance at scientific meetings</p> <p>Personal study</p> <p>Appropriate postgraduate courses (e.g. research methods, statistics)</p>	<p>Peer-reviewed publications and/or higher degree</p>



Generic Module 4: Research	
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Papers published in citable refereed MEDLINE journals during training

[illegible][illegible]



[illegible]

[illegible]



COMPLETION OF GENERIC MODULE 4		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 5: Clinical Governance and Risk Management

### Learning outcomes:

- To understand and demonstrate appropriate knowledge and skills in relation to clinical governance and risk management

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Clinical governance:</p> <ul style="list-style-type: none"> <li>Organisational framework at local, strategic health authority and national levels</li> <li>Standards, e.g. National Service Framework, National Institute for Health and Clinical Excellence, RCOG guidelines, HKCOG Guidelines</li> </ul> <p>Clinical effectiveness:</p> <ul style="list-style-type: none"> <li>Principles of evidence-based practice</li> <li>Types of clinical trial and evidence classification</li> <li>Grades of recommendation</li> <li>Guidelines and integrated care pathways <ul style="list-style-type: none"> <li>Formulation</li> <li>Advantages and disadvantages</li> </ul> </li> <li>Clinical audit</li> <li>Patient/user involvement</li> </ul> <p>Risk management:</p> <ul style="list-style-type: none"> <li>Incident and near-miss reporting</li> <li>Complaints management</li> <li>Litigation and claims management</li> </ul> <p>Appraisal and revalidation:</p> <ul style="list-style-type: none"> <li>Principles</li> <li>Process</li> </ul>	<p>Perform clinical audit:</p> <ul style="list-style-type: none"> <li>Define standard based on evidence</li> <li>Prepare project and collate data</li> <li>Reaudit and close audit loop</li> <li>Formulate policy</li> </ul> <p>Develop and implement a clinical guideline:</p> <ul style="list-style-type: none"> <li>Purpose and scope</li> <li>Identify and classify evidence</li> <li>Formulate recommendations</li> <li>Identify auditable standards</li> </ul> <p>Participate in risk management:</p> <ul style="list-style-type: none"> <li>Investigate a critical incident</li> <li>Assess risk</li> <li>Formulate recommendations</li> <li>Debrief staff</li> </ul> <p>Perform appraisal</p>	<p>Ability to practice evident-based medicine</p> <p>Ability to perform a clinical audit relevant to subspecialty</p> <p>Ability to develop and implement a clinical guideline relevant to subspecialty</p> <p>Ability to report and investigate a critical incident</p> <p>Ability to respond to a complaint in a focused and constructive manner</p> <p>Ability to perform appraisal</p>	<p>Observation of and discussion with senior medical staff and clinical governance team</p> <p>Attendance at risk management meetings</p>	<p>Log of experience and competence</p> <p>Annual Assessment Review Form</p>



Generic Module 5: Clinical Governance and Risk Management

Generic Module 5: Clinical Governance and Risk Management			
Audit(s)			
Title	Date	Signature	Comments

[illegible]



Module 5: Clinical Governance and Risk Management			
	Date	Signature	Comments
Report and investigation of a critical incident			
Respond to a complaint in focused and constructive manner			
Performance of appraisal			



COMPLETION OF GENERIC MODULE 5		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor





## Generic Module 6: Administration and Service Management

### Learning outcomes:

- To understand and demonstrate appropriate skills and attitudes in relation to administration and management

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Management clinical network for subspecialty service</p> <p>Management:</p> <ul style="list-style-type: none"> <li>Strategy develop</li> <li>Business planning</li> <li>Project management</li> </ul> <p>Financial resource management</p> <p>Human resources:</p> <ul style="list-style-type: none"> <li>Team building</li> <li>Appointments procedures</li> <li>Disciplinary procedures</li> </ul>	<p>Develop and implement organisational change:</p> <ul style="list-style-type: none"> <li>Develop strategy</li> <li>Formulate a business plan</li> <li>Manage project</li> </ul> <p>Participate in recruitment:</p> <ul style="list-style-type: none"> <li>Job specification</li> <li>Interview</li> <li>Selection</li> </ul>	<p>Ability to develop and implement organizational change</p> <p>Ability to collaborate with:</p> <p>Other professions</p> <p>Other agencies</p> <p>Ability to develop interviewing techniques and those required for performance review</p>	<p>Observation of and discussion with senior medical and management staff</p> <p>Attendance at directorate management meetings and interview</p> <p>Management course</p>	<p>Logbook of experience and competence</p> <p>Annual Assessment Review Form</p>



**COMPLETION OF GENERIC MODULE 6**

I confirm that all components of the module have been successfully completed:

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



## Generic Module 7: Information use and management

### Learning outcomes:

- To achieve competence in the use and management of health information

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Input, retrieval and use of data recorded on clinical systems relevant to subspecialty</p> <p>Main local and national projects and initiatives in information technology(IT) and its applications</p> <p>Human resources:</p> <ul style="list-style-type: none"> <li>Principles and implementation</li> </ul>	<p>Be able to use relevant:</p> <ul style="list-style-type: none"> <li>Software</li> <li>Databases</li> <li>Websites</li> </ul>	<p>Ability to apply principles of confidentiality in context</p>	<p>Observation of and discussion with senior medical staff</p>	<p>Annual Assessment Review Form</p>



COMPLETION OF GENERIC MODULE 7		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



# **Log of extended experience**



## GENERAL INSTRUCTIONS

**Please note:**

- 1 These instructions apply to all Subspecialty Trainees.**
- 2 Regulations governing the Subspecialty Training Programmes are located in the relevant Subspecialty Handbook.**

The Log Book should be used in conjunction with the Subspecialty Training Forms including OSATS, Generic Technical Skills Assessment Form, Specialty Training Assessment Questionnaire and the Annual Assessment Review Form issued by the College.

The Log Book has been designed to enable trainees to record a summary of all necessary training and assessment experiences required for the Subspecialty Training Programme specifically for assessment purposes. It helps both your trainers and the College to monitor and assess the adequacy of your training at intervals and prior to Exit Assessment.

At appropriate intervals, trainees should make a summary of the assessment experiences and submit them to your supervisor for review and verification. Progress of training should be brought up for discussion, especially in areas of inadequacy.

The Log Book should be reviewed and signed by your Programme Director every 6 months and submitted to the corresponding Subspecialty Board for review annually. The subspecialty reserves the right to ask for a 6 monthly report when considered necessary. The Training Assessment Log Book will be sent back to you after assessment.

Every year, application to continue subspecialty training has to be approved by the Subspecialty Board before training can proceed. Approval for continuation of training should be based on satisfactory logging of experience and the trainers' assessment.

Trainees will not be issued with a new Log Book each year. The book will need to be kept by the Trainee for the duration of the Training Programme being completed. Trainee should number the pages where appropriate and bind the sheets securely and properly before submission. Please make photocopies if the sheets initially supplied are found to be inadequate.

Please write or print legibly when entering information in the log book.

Trainees must not identify patients by name or full Hong Kong Identify Card Number.

Cases should be recorded by appropriate hospital or clinic reference numbers.

Please contact the corresponding Subspecialty Board if you have any queries.



## **TRAINING ASSESSMENT LOG BOOK**

Surname:		Given Name:	
Sex:		Date of Birth:	
ID No:			
Address			
Telephone			
Fax			
Email			

Name of the Training Centre: \_\_\_\_\_

Name of Training Programme Director: \_\_\_\_\_

Signature of Training Programme Director: \_\_\_\_\_



## WEEKLY / MONTHLY TIMETABLE

(For the six-month period \_\_\_\_\_ to \_\_\_\_\_ )

*The Weekly Timetable is for recording a typical week of activities for the week of activities being completed.*

*If there was a significant change in the training programme during the six-month period, please indicate this by producing an additional Weekly Timetable for the period.*

**\*\* Please photocopy this page as necessary.**

Day of the Week	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		





## Trainee Training Record

Trainee: \_\_\_\_\_

Training Year	Training Institution	Type of Training (See below)	Training Period	Total number of months of training

### Key to Type of Training

Clinical - 1

Research - 2

Combined research and clinical position – 3



## **LOG OF COMPETENCES ACCORDING TO THE FOLLOWING 17 MODULES**

- Module 1: General Assessment of a Gynaecological Oncology Patient
- Module 2: Pre-, Peri- and Postoperative Care
- Module 3: Generic 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

## **LOG OF EXPERIENCE**

Use the log of experience to keep a unified log of all the procedures you undertake.

## **GENERIC SUBSPECIALLY CURRICULUM AND LOGBOOK 7 MODULES**

- Module 1: Communication, team working and leadership skills
- Module 2: Good Medical Practice and Maintaining Trust
- Module 3: Teaching
- Module 4: Research
- Module 5: Clinical Governance and Risk Management
- Module 6: Administration and Service Management
- Module 7: Information use and management



## **MINI-CLINICAL EVALUATION EXERCISES (Mini-CEXs) AND CASE-BASED DISCUSSIONS (CbDs)**

Please complete at least 5 Mini-Clinical Evaluation Exercises (mini-CEXs) and at least 5 Case-based Discussions (CbDs) with gynaecological malignancies every six months.

<b>Period</b>	<b>Number of Mini-CEX</b>	<b>Number of CbD</b>



## Surgical Training Summary

Trainee: \_\_\_\_\_

Training Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year of Training \_\_\_\_\_

Surgical procedures	No. assisted this year	Cumulative assisted	No. performed under supervision this year	Cumulative performed under supervision	No. performed independently	Cumulative performed independently	No. supervised this year	Cumulative supervised



*GO (2016)*



## **Certificate of Accuracy**

I certify that the information contained in the Log Book covering the period from \_\_\_\_\_ to \_\_\_\_\_ is a true and accurate record of my training experiences.

Signature of Trainee : \_\_\_\_\_

Name in Block Letter : \_\_\_\_\_

Date : \_\_\_\_\_



# Log of experience

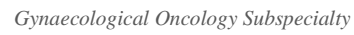


## Abdominal hysterectomy

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice

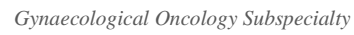




### Laparoscopic hysterectomy (LAVH or TLH)

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



## Radical hysterectomy

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



**Wide local excision of vulva / Simple vulvectomy / Radical vulvectomy**

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



## Groin lymph node dissection

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



### Pelvic lymph node dissection (open / laparoscopic)

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



### Para-aortic lymph node dissection (open / laparoscopic)

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



**Debulking surgery / Peritoneal stripping / Omentectomy / Appendicectomy / Splenectomy / Diaphragmatic resection / Mobilisation of liver**

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice



**Miscellaneous (list any procedures which do not fit into any of the categories above, e.g. bowel surgery, urinary tract surgery, vaginectomy, trachelectomy, sentinel node biopsy, reconstructive surgery, exenteration etc)**

[illegible]

Level of Supervision: Observation / Direct Supervision / Independent Practice





# **Generic Technical Assessment**



### GENERIC TECHNICAL SKILLS ASSESSMENT

Name of Trainee: \_\_\_\_\_ Year of training: \_\_\_\_ Hospital: \_\_\_\_\_

Training Supervisor: \_\_\_\_\_ Procedure being assessed: \_\_\_\_\_

Assessor, please ring the candidate's performance for each of the following factors:

<b>Respect for tissue</b>	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments.	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage.
<b>Time, motion and flow of operation and forward planning</b>	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
<b>Knowledge and handling of instruments</b>	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
<b>Suturing &amp; knotting skills</b>	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
<b>Technical use of assistants</b>	Consistently placed assistants poorly or failed to use assistants.	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
<b>Relations with patient and the surgical team</b>	Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team		
<b>Insight/Attitude</b>	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
<b>Documentation of Procedures</b>	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr .....

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.

<p><i>Needs further help with:</i></p> <p>*</p> <p>*</p> <p>Date</p> <p>Signed (trainer)</p> <p>Signed (trainee)</p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p>Date</p> <p>Signed</p> <p>Signed</p>
--	---

\*Delete where applicable, and date and sign the relevant box



# OSATS formative



## **OSATS Supervised Learning Event**

<b>Trainee name:</b>	<b>Year:</b>	<b>Date:</b>
<b>Trainer name:</b>		
<b>Procedure:</b>		
<b>Clinical details and complexity:</b>		

This is a **formative** tool designed to give feedback to the trainee about their performance in **this** procedure. Please provide specific, constructive **feedback** to the trainee in verbal and written forms in the box below that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

The following areas are suggestions to consider about the **overall** observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

**Feedback** (continued overleaf):

What went well?
-----------------



What could have gone better?

Learning Plan:

**Trainee signature:**

**Trainer signature:**

Trainee Reflection:



# OSATS summative



## OSATS Assessment of Performance

<b>Trainee name:</b>	<b>Year:</b>	<b>Date:</b>
<b>Trainer name:</b>		
<b>Procedure:</b>		
<b>Clinical details and complexity:</b>		
<b>Degree of difficulty:</b> Basic/Intermediate/Advanced		<b>Encounter requested in advance:</b> Yes / No

This assessment is a **mandatory, summative** tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed:  
**competent** or **working towards competence**.

Trainees require a minimum of three procedures deemed competent per core procedure. This judgement is **specific to this assessment only**.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed overleaf.

For the trainee considered **competent** in the observed procedure it would generally be expected that:

- The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

For the trainee considered to be **working towards competence** it would generally be expected that:

- The trainee required significant help throughout or with the majority of steps
- The trainee was unable to perform any of the necessary procedures to be safe and competent at this stage

**This trainee performed this observed procedure competently\***

**This trainee is working towards competence in this procedure\***

\*Delete as appropriate

**Please provide written feedback for the trainee regarding their performance in the box provided overleaf in addition to your direct verbal feedback.**



**The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.**

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

**Feedback:**

What went well?
What could have gone better?
Learning plan:

**Trainee signature:**

**Trainer signature:**





# **Mini-Clinical Evaluation Exercise (CEX)**

**Mini-Clinical Evaluation Exercise (CEX)**

Trainee name: \_\_\_\_\_

Trainer name: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Year of Training: \_\_\_\_\_

**Clinical Setting:**      Acute Admission      OPD      In-patient      Other  
☐      ☐      ☐      ☐

**Clinical Problem:**      New Patient      Follow Up (remission)      Follow-up (relapse)      Palliative Care  
☐      ☐      ☐      ☐

Primary Site/Details: .....

**Focus of clinical encounter:**      History      Diagnosis      Management      Explanation  
☐      ☐      ☐      ☐

**Complexity of case:**      Low      Average      High  
☐      ☐      ☐

Please grade the following areas using the scale below	Below Expectations	Borderline	Meets Expectations	Above Expectations	U/C*
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Examination Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Organisation/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall Clinical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

<b>Anything especially good?</b>	
<b>Suggestions for development:</b>	

<b>Agreed action:</b>

Trainer signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Case-based Discussion (CbD)**

**Case-based Discussion (CbD)**

Trainee name: \_\_\_\_\_

Trainer name: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Year of Training: \_\_\_\_\_

**Clinical Setting:** Acute Admission ☐ OPD ☐ In-patient ☐ Other

**Clinical Problem:** New Patient ☐ Follow Up (remission) ☐ Follow-up (relapse) ☐ Palliative Care ☐

Primary Site/Details: \_\_\_\_\_

**Focus of clinical encounter:** History ☐ Diagnosis ☐ Management ☐ Explanation ☐

**Complexity of case:** Low ☐ Average ☐ High ☐

Please grade the following areas using the scale below	Below Expectations	Borderline	Meets Expectations	Above Expectations	U/C*
1. Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment					

<b>Anything especially good?</b>	
<b>Suggestions for development:</b>	

<b>Agreed action:</b>

Trainer signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **Annual Assessment Review Form**



## ANNUAL ASSESSMENT REVIEW FORM

**To be completed by the Trainee and Subspecialty Training Programme Supervisor (STPS)**

Name of Trainee: \_\_\_\_\_

Name of Hospital or Institution (current appointment): \_\_\_\_\_

Training Programme Registered: (please choose one of the followings)

1. Two years of clinical training in Gynaecologic Oncology, plus one year of research related to Gynaecologic Oncology ☐
2. Two years of clinical training in Gynaecologic Oncology (the research year was exempted with one of the followings achieved - MD or PhD thesis, or has published two first author papers in citable refereed journals relevant to the subspecialty of Gynaecologic Oncology) ☐
3. Three years of combined clinical and research training in Gynaecologic Oncology ☐

Date of Commencement of Training: \_\_\_\_\_

Expected Date of Completion of Training: \_\_\_\_\_

Year of Subspec Training: \_\_\_\_\_

This is the \*1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / \_\_\_\_ Report by Trainee

Name of Programme Director: \_\_\_\_\_

Name of Assessors: \_\_\_\_\_

Date of Review: \_\_\_\_\_



**The followings documents are to be submitted with this report:**

**Logbook:**

1. Basic information of trainee
2. General instructions
3. Weekly time-table
4. Summary of training centres involved (i.e. the institution and the period)
5. Log of competences (17 modules)
6. Log of experience
7. At least 5 Mini-Clinical Evaluation Exercises (mini-CEXs) and at least 5 Case-based Discussions (CbDs) with gynaecological malignancies every six months
8. List of extended experiences
9. Summary of procedures with cumulative numbers

**Subspecialty Training Assessment Questionnaire**

**Successfully completed at least three Objective Structured Assessment of Technical Skills (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



The following review of educational progression must be made after discussion with all consultants involved with the clinical supervision of the trainee. The results will be discussed with the trainee before the review is convened.

**A = Areas of concern**

**S = Meets standards for year of training**

**G = Good standard for year of training**

<b>1. GOOD CLINICAL CARE</b>	<b>A</b>	<b>S</b>	<b>G</b>	<b>Comments</b>
History & Examination				
Patient Management				
Clinical/Professional judgment				
Reliability/Conscientiousness				
Responsibility				

<b>2. DEVELOPING AND MAINTAINING GOOD MEDICAL PRACTICE</b>	<b>A</b>	<b>S</b>	<b>G</b>	<b>Comments</b>
Clinical knowledge				
Self Motivation				
Self Reflection/Insight				
IT skills and development				
Administrative tasks				
Attendance at local educational meetings				





### Assessment of Trainee on the Knowledge in Gynaecologic Oncology

Please complete each section by putting a circle around the number that you feel is most appropriate

- Code: 1. Needs Serious Attention  
2. Some deficiency and progress needed  
3. Fine without problems  
4. Outstanding and well done

Knowledge	Assessment
Aetiology, epidemiology, screening and prevention of gynaecological malignancies.	1 / 2 / 3 / 4
Indications for and interpretation of – haematological and biochemical tests and radioimmunoassays, cytology, ultrasonogram, CT, lymphangiogram, radioisotope scanning and other imaging techniques.	1 / 2 / 3 / 4
The diagnosis and assessment of gynaecological malignancies, including staging and decisions regarding the most appropriate management methods.	1 / 2 / 3 / 4
Pathology relevant to the subspecialty.	1 / 2 / 3 / 4
Parenteral nutrition and intensive care management.	1 / 2 / 3 / 4
Management of pain and care of terminally ill patients.	1 / 2 / 3 / 4
Indications, principles, methods and techniques, and complications of radiation therapy and its management.	1 / 2 / 3 / 4
Clinical pharmacology, practical use and management of toxicities of cancer chemotherapy.	1 / 2 / 3 / 4
The organization of an oncology service and audit of the clinical service.	1 / 2 / 3 / 4

3. WORKING WITH COLLEAGUES	A	S	G	Comments
Relationship with staff				
Teamworking				
Leadership				
Referral & delegation				



4. TEACHING AND TRAINING	A	S	G	Comments
Clinical teaching				
Presentation skills				

5. PROBITY	Area of concern	No known areas of concern
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6. HEALTH	Area of concern	No known areas of concern
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7. SPECIALTY SKILLS	A	S	G	Comments
Operating skills				



### Surgical Skills Assessment Summary for Subspecialty Training in Gynaecologic Oncology

ASSESSMENT TO BE COMPLETED BY THE END OF EACH YEAR OF TRAINING				
Procedure being assessed	Date assessed as competent	Name of Assessor	Assessor's signature	Training Supervisor's signature
Entrance to peritoneal cavity (laparotomy)	___/___/___			
Pelvic lymphadenectomy	___/___/___			
Para-aortic lymphadenectomy	___/___/___			
Groin lymphadenectomy <sup>#</sup>	___/___/___			
Debulking operation	___/___/___			
Radical hysterectomy	___/___/___			
Bowel resection +/- reanastomosis <sup>#</sup>	___/___/___			
Vulvectomy <sup>#</sup>	___/___/___			
Pelvic exenteration <sup>#</sup>	___/___/___			
Colposcopy (if not accredited as specialist colposcopist)	___/___/___			
Cystoscopy	___/___/___			

***The Generic Technical Skills Assessment Form should be completed for each of the above procedures for at least three times during the training period, all the forms should be retained by the trainee and submitted to the Subspecialty Board at the end of the training before the Exit Assessment.***

*# These procedures need not to be done independently at the time of completion of training. The trainee would be considered as competent if he/she attained the surgical skills that should be expected at a certain stage*



### 8. OSATS:

Where there are areas of major concern, please supply additional information. In this case it is the responsibility of the STPS to alert the assessors.

When a specific competence has been signed off in the logbook, the trainee should continue to record all procedures undertaken in their log of experience and an occasional OSATS in each skill should still be undertaken, as appropriate.

OSATS	Number undertaken in last year	Number completed at standard required for independent practice in last year	Date competence signed off in logbook (DD/MM/YY)
Major Gynaecological Oncology Procedures			
Pelvic Lymph Node Dissection (Laparoscopic / Open)			
Para-aortic Lymph Node Dissection			
Debulking Operation			
Radical Hysterectomy			
Ureteric Dissection			
<i>Areas of concern etc</i>			



<b>9. MINI CLINICAL EVALUATION EXERCISE (Mini CEX) AND CASE-BASED DISCUSSIONS (CbDs)</b>	
<b>Number of Mini CEX (Gynaecological Oncology) undertaken in last year</b>	
	<b>Any specific comment:</b>
<b>Number of Case-based Discussion (Gynaecological Oncology) undertaken in the last year</b>	
	<b>Any specific comment:</b>
Other Comments	



10. LOGBOOKS– please enter date when module was signed off				
No.	Module	Date		
		In progress	Completed	Comments
1	General Assessment of a Gynaecological Oncology Patient			
2	Pre-, Peri- and Postoperative Care			
3	Generic Surgical Procedures			
4	Ovarian Cancer			
5	Cancer of the Uterus			
6	Cancer of the Cervix			
7	Cancer of the Vulva			
8	Cancer of the Vagina			
9	Medical Oncology			
10	Clinical Oncology			
11	Radiology			
12	Palliative Care			
13	Urology			
14	Colorectal Surgery			
15	Plastic Surgery and Wound Care			
16	Gestational Trophoblastic Disease			
17	Genetic Predisposition to Gynaecological Cancer			
18	Generic Module			
Comments:				



**11. AUDIT AND TEACHING (undertaken since last Assessment)**

**12. On-Call Commitment**

What on-call shift system is the trainee working?

What is the estimated training time lost due to this shift system?

Is the trainee covering :

- a) Emergency gynaecology?
- b) Emergency obstetrics?

**13. RESEARCH**

Total number of relevant publications as defined by the Subspecialty Committee:

Does the trainee plan to submit a thesis?

Does the trainee have a thesis submitted?

Comments:



## Research Progress Report

To be completed by Trainee

1. **Project Title:**
2. **Project Objectives:**
3. **Starting date:**
4. **Expected duration of this project:**
5. **Report on Project Progress:**

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- 5.1 Objectives revised      Yes/No

Reasons for the change: \_\_\_\_\_

- 5.2 Objectives achieved      Yes/No      \_\_\_\_\_% achieved

Reasons if objectives not achieved:

---

---





## Research Progress Report

**To be Completed by Training Supervisor**

Has the trainee been actively involved in the research project?	*Yes / No
Has the research project changed from the original proposal?	*Yes / No
Has the trainee provided adequate information of the progress of data collection? If no, please comment:	*Yes / No
Has the trainee provided adequate information on the progress of data analysis? If no, please comment:	*Yes / No
Has the trainee made a satisfactory progress in the past year? If no, please comment:	*Yes / No
Do you expect the trainee to achieve the minimum requirement before the completion of training? If no, please comment:	*Yes / No



<b>14. ANY OTHER ISSUES OF CONCERN (please outline nature of problems and action plan)</b>					
<b>15. SUBSPECIALTY TRAINING PROGRAMME SUPERVISORS REPORT</b> Give a brief overview of the Trainee's main strengths and weaknesses and whether the Trainee is competent to continue with subspecialty training					
Progress to next year of Subspecialty training (tick)	YES		NO		



If there is NO disagreement between the trainee and the assessor about the trainee's progress, please sign below

Signature of STPS: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of trainee: \_\_\_\_\_

Date: \_\_\_\_\_

Or

If there IS disagreement between the STPS and the trainee about the problem areas or lack of progress, this section should be completed and the documentation from the interview be passed to the HKCOG Gynaecological Oncology Board. Both STPS and trainee should sign to indicate the disagreement.

*I do not agree that I have problems in the area(s)/modules identified.*

Areas:

Modules:

Signature of trainee: \_\_\_\_\_

Date: \_\_\_\_\_

I have studied the documentation attached and believe that the problems have been accurately identified.

Signature of STPS: \_\_\_\_\_

Date: \_\_\_\_\_



16. ASSESSORS COMMENTS				
No.	Module			
		In progress	Completed	Comments
1	General Assessment of a Gynaecological Oncology Patient			
2	Pre-, Peri- and Postoperative Care			
3	Generic Surgical Procedures			
4	Ovarian Cancer			
5	Cancer of the Uterus			
6	Cancer of the Cervix			
7	Cancer of the Vulva			
8	Cancer of the Vagina			
9	Medical Oncology			
10	Clinical Oncology			
11	Radiology			
12	Palliative Care			
13	Urology			
14	Colorectal Surgery			
15	Plastic Surgery and Wound Care			
16	Gestational Trophoblastic Disease			
17	Genetic Predisposition to Gynaecological Cancer			
18	Generic Module			
Comments:				



Have there been any changes to the centre since the last visit?

If yes, please specify:

Have there been any changes to the programme since the last visit?

If yes, please specify:

Strengths identified by the assessors relating to trainee:

Problems identified by the assessors relating to trainee:



Remedial action suggested by the assessors:

**Please note:** The Subspecialty Training Programme Supervisor needs to report in writing to the HKCOG Gynaecological Oncology Board how the above recommendations made have been addressed within 3 months of the review.

Are there specific problems with the training programme?

If yes, were these of significant severity that these needed to be highlighted to the HKCOG Gynaecological Oncology Board for action?

Signature of Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_

Date: \_\_\_\_\_



# **Assessment Questionnaire**



## Subspecialty Training Assessment Questionnaire

This questionnaire needs to be completed with the Annual Assessment Review Form. These questionnaires will be reviewed by the HKCOG Subspecialty Committee and used to audit the standard of training.

Please be honest and objective in your answers. Your views of training will help the programme improve and allow future trainees to be placed into the best training units

Name		GO / UG / RM / MFM (circle)	Year of training 1 / 2 / 3
Training centre relevant to this report		dates	

This form should help identify those who are enthusiastic educational supervisors, strong clinical trainers or those who would be better not training. The trainer does not have to be a consultant. Please list those people responsible for your training below.

	name	specialty
Training Programme Director		
Trainer 1		
Trainer 2		
Trainer 3		
Trainer 4		

Induction, unit based training and appraisal	very poor	poor	satisfactory	good	excellent	n/a
Hospital induction						
Unit induction						
Regular appraisals by TPD and trainers						
Obtaining study leave						
Funding for study leave						

What courses have you attended in the last 12 months?

--

Are there any further courses that you would wish to be available to trainees in your subspecialty?

--

### Working Pattern and Rota

Do you participate in an out of hours (OoH) rota?	yes / no	full shift / on-call (resident) / on call (non-resident)
How many sessions per week do you lose because of OoH commitments?	0 / 1 / 2 / 3 / 4 / 5 / 6	
My OoH commitment includes (please tick):	Obstetrics	Gynaecology
	strongly disagree	strongly agree
My timetable allows team working and continuity of care	disagree	agree
My OoH commitment has a negative impact on my training	ambivalent	strongly agree
I regularly miss specific training sessions to cross cover commitments for others planned leave		

My schedule was tailored to my learning objectives					
The rota allows the opportunity to undertake all aspects of my subspecialty training programme					
I was able to develop admin./management skills					





<b>Clinics</b>	strongly disagree	disagree	ambivalent	agree	strongly agree	n/a
I find clinics a useful training opportunity, with adequate exposure to new referrals						
I have the opportunity to demonstrate my patient communication/counselling skills to my trainer						
I have adequate opportunity to discuss cases with my trainer						
<b>Ward</b>	strongly disagree	disagree	ambivalent	agree	strongly agree	n/a
I am involved in regular constructive consultant teaching ward rounds						
I am able to obtain senior advice easily						
<b>Operative/Procedure Training</b>	strongly disagree	disagree	ambivalent	agree	strongly agree	n/a
I was given clear objectives at my induction and subsequent interviews for my surgical/practical training						
I believe my surgical/practical ability is appropriate for my year of training						
I am given appropriate supervision for surgical/practical procedures						
I am given adequate opportunity to perform surgical/practical procedures						
The case load of this unit provides a broad spectrum of surgical/practical procedures						
Comments:						
<b>Management, leadership, research and audit</b>	strongly disagree	disagree	ambivalent	agree	strongly agree	n/a
I am given opportunities to lead ward rounds/meetings appropriate for my subspecialty training						
I feel part of the multidisciplinary team						
My schedule allows the opportunity to develop administration/consultant skills						
There is support and opportunity for conducting audit and research within this training unit						
<b>Quality of Trainers</b>						
	name					
Training Programme Director		very poor	poor	satisfactory	good	excellent
Approachability						
Supportive						
Teaching						
Regular and constructive appraisals						
Trainer 1		very poor	poor	satisfactory	good	excellent
Approachability						
Supportive						
Teaching						
Regular and constructive appraisals						
Trainer 2		very poor	poor	satisfactory	good	excellent
Approachability						
Supportive						
Teaching						
Regular and constructive appraisals						



Trainer 3		very poor	poor	satisfactory	good	excellent	n/a
Approachability							
Supportive							
Teaching							
Regular and constructive appraisals							
Trainer 4		very poor	poor	satisfactory	good	excellent	n/a
Approachability							
Supportive							
Teaching							
Regular and constructive appraisals							
<b>Summary</b>							
What have you most liked about the post?							
What have you most disliked about the post?							
				yes	no	not sure	
Would you recommend this post to prospective subspecialty trainees?							
Overall rating of this unit:							
Very good training and supportive trainers							
Good training							
Average training							
Poor training							
Significant problems with training							
Further comments:							