RANZCOG
Excellence in Women's Health

RANZCOG | CGO
Certification in
Gynaecological Oncology

Training Program Handbook

# Certification in Gynaecological Oncology (CGO)

ranzcog.edu.au

THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS
ABN 34 100 268 969

COLLEGE PLACE
1 Bowen Crescent
Melbourne, VIC 3004
Australia

tel +61 3 9417 1699
fax +61 3 9419 0672
email ranzcog@ranzcog.edu.au
web ranzcog.edu.au

# IMPORTANT NOTICE:
# INFORMATION AND REGULATIONS IN THIS HANDBOOK

### RANZCOG Regulations

Every effort has been made to ensure that the information and Regulations in this Handbook were correct at the time it was produced. The Regulations are available on the RANZCOG website via the following link:

RANZCOG Regulations

### RANZCOG Policies Relating to Training

For all the RANZCOG policies governing the CGO Subspecialty Training Program refer to the RANZCOG website via following link:

RANZCOG Policies and Procedures Directory

### Updates

A regularly updated version of the Handbook is available on the RANZCOG website, and readers should always consult the website version when checking information or Regulations.

Published by

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 1 Bowen Crescent, Djeembana, (Naarm) Melbourne, Victoria, 3004, Australia

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# College Vision, Mission and Values

## Vision

Excellence and equity in women's health

## Mission

To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health

## Values

**Advocacy**

We are a leading voice for equity, social justice, fairness and evidence-based policy

**Education**

We embrace the opportunity to learn, share knowledge and experience through innovation, discovery and research

**Excellence**

We are committed to performance at the highest standard in our work, training, research and support.

**Integrity**

We act honestly, ethically and with accountability towards everyone and in everything we do

Kindness

We act with compassion and care towards ourselves and one another.

Respect

We expect and promote inclusivity, valuing individual rights, beliefs and choices

# College Information

## Staff Contact Details

### CGO Subspecialty Training Program Coordinator

Phone: +61 3 9412 2924

Email: cgo@ranzcog.edu.au

### Examinations Department

Email: assessment@ranzcog.edu.au

### Training and Support Unit

**Email: traineeliaison@ranzcog.edu.au**
**Phone: +61 8 6102 2096**
**Website:** RANZCOG Member Wellbeing and Support

## College Training and Education Committees

Standing Committees of the Board have been established to formulate and review training and assessment requirements leading towards the attainment of Subspecialty certification. Board Committees usually meet in March, July and November.

### Certification in Gynaecological Oncology (CGO)Subspecialty Committee

**Chair: Dr Archana Rao**

The CGO Subspecialty Committee is responsible for overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Gynaecological Oncology Subspecialty Certification of the College. It reports to the RANZCOG Board via the Subspecialties Committee and Education Standards Committee (ESC). Recommendations on assessment matters are referred to the RANZCOG Board through the Subspecialties Committee and the Examinations and Assessment Committee; recommendations on training and accreditation matters are referred to the RANZCOG Board through the ESC and Subspecialties Committee. Recommendations concerning Specialist International Medical Graduates (SIMG) assessments for RANZCOG subspecialty recognition are referred by the Committee through the Subspecialties Committee, ESC and SIMG Committee to the RANZCOG Board for consideration.

The CGO Subspecialty Committee is also the Board's expert representative on matters pertaining to their Subspecialty. As such the CGO Subspecialty Committee may be asked to provide advice or contribute to requests as appropriate.

All correspondence pertaining to the work of these Committees should be forwarded to the Chair of the relevant Committee at the address below.

RANZCOG, Djeembana
1 Bowen Crescent
Naarm (Melbourne), Victoria, 3004
Email: cgo@ranzcog.edu.au

### Subspecialties Committee

**Chair: A/Prof Michael Rasmussen**

The Subspecialties Committee, through its five (5) subcommittees, is responsible for overseeing the formulation and review of the training, assessment and accreditation policies leading towards the attainment of Subspecialty certification of the College.

Recommendations on assessment matters are referred to the RANZCOG Board in conjunction with the Education & Assessment Committee.

Recommendations on training and accreditation matters are referred directly to the RANZCOG Board.

The Committee is responsible for the assessment of Specialist International Medical Graduates (SIMGs) for RANZCOG Subspecialist recognition and reports directly to the RANZCOG Board on this matter.

Such training, assessment and accreditation matters include, but are not limited to -

- Overseeing the process of ongoing development, coordination and maintenance of the College's Subspecialty Training Programs, the assessment of the trainees enrolled in those programs and approval of Training Supervisors.
- Making recommendations to the RANZCOG Board, in conjunction with the College Education & Assessment Committee, on matters relating to the College assessment process, including the Research Project, Written and Oral Examinations and the In-hospital Clinical Examinations.

- Overseeing the process of selection of Subspecialty trainees.
- Making recommendations to the RANZCOG Board of new training posts and the re-accreditation of existing training posts.
- Reporting to and liaising with the Training Accreditation Committee on matters pertaining to Subspecialty Training.
- Making recommendations to the Continuing Professional Development Committee on matters pertaining to recertification.
- Overseeing the process of assessment of International Subspecialists applying for Subspecialty recognition in Australia and New Zealand.

### Education & Assessment Committee (EAC)

**Chair: Dr Nisha Khot**

The EAC is responsible for ensuring, maintaining and enhancing the integrity, validity and reliability of the individual and collective education and assessment components and associated processes pertaining to training programs run and administered by the College.

Such assessment components include, but are not limited to:

- Certificate in Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP), RANZCOG Associate Training Program (Advanced Procedural) (APTP), FRANZCOG and Subspecialty Written Examinations
- APTP , FRANZCOG and Subspecialty Oral Examinations
- In-hospital Clinical Assessments (IHCAs) and In-hospital Clinical Examinations (IHCEs)
- research component of the FRANZCOG Curriculum and Subspecialty Programs
- trainee competence in defined O&G surgical procedures.

### Education Standards Committee (ESC)

**Chair: A/Professor Michael Rasmussen**

The ESC oversees the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. The Committee is responsible for the College's training programs, including regular monitoring and evaluation and is delegated by the Board to make decisions relating to its area of responsibility.

The responsibilities of ESC include the following:

- oversight of all education, training, assessment and accreditation of RANZCOG Programs to ensure contemporary and high quality delivery;
- consideration of ongoing developments in specialist medical education and training, ongoing monitoring of assessment processes and developments in training modalities, including simulation and other initiatives and consideration of possible application to College education and training programs;
- formulation of recommendations and development of discussion papers regarding strategic initiatives in line with the College's strategic objectives;
- development, implementation, monitoring, and evaluation of the currency, reliability and validity of all components of the RANZCOG Training and Assessment processes;
- reviewing and responding to contemporary practices and AMC and MCNZ Standards for Specialist Medical Training in consultation with key stakeholders as appropriate;
- establishing Recognition of Prior Learning (RPL) panel from its members to assess, review and recommend assessment criteria for applicants who are prospectively approved to commence

the FRANZCOG Training Program and see to obtain recognition of relevant training, which predates the commencement of their FRANZCOG Training; and

- establishing prevocational pathway panels as required to review requirements for prevocational trainees (as set by AMC/MCNZ), oversee quality assurance and continuous improvement of the RANZCOG PVP (including update of educational content), and ensure completion of the PVP is aligned to FRANZCOG selection requirements.

## Bullying, Harassment and Discrimination in the Workplace Policy

This policy relates to the behaviour of members, Fellows, and trainees of the College in roles pertaining to RANZCOG Training, including supervision, oversight, reporting and assessment.

The purpose of this policy is to protect RANZCOG trainees, members and Fellows against bullying, harassment and discrimination in the workplace. The workplace includes training sites in public and private hospitals, private practice settings and the College environs.

The College is committed to ensuring fair and equitable workplace practices and does not tolerate bullying, harassment or unlawful discrimination in any workplace. Discrimination, bullying and harassment are prohibited by law and workplace participants who engage in such conduct may be held personally liable for their actions. This includes threatening behaviour, intimidation, exclusion or physical violence.

The full *Bullying, Harassment and Discrimination in the Workplace Policy* is available on the RANZCOG website via the following link: RANZCOG Policies and Procedures Directory

## Trainee Support

### Training Support Unit (TSU)

RANZCOG is committed to supporting trainees and therefore has established the TSU. This is a safe, professional and impartial service for trainees to contact should guidance and support, be required.

The Trainee Liaison has a background in mental health, counselling and public health services. The TSU encourages trainees, consultants and training supervisors to reach out at times of difficulty. The TSU can also assist with the following:

- processes for management of complaints
- development of resources
- referral to appropriate internal and external support resources and services
- identification of a range of potential intervention strategies

Trainees are encouraged to contact Carly Moorfield, Senior Coordinator, Trainee Liaison in times of personal or professional stress, anxiety or poor health.

**Senior Coordinator, Trainee Liaison**
**Email: traineeliaison@ranzcog.edu.au**
**Phone: +61 8 6102 2096**
**Website:** RANZCOG Member Wellbeing and Support

## Converge International

To further support Trainees the TSU has established a partnership with Converge International. (Vitae is the NZ equivalent).

**Converge International is a confidential support service that is open to our Trainees, 24/7 365 days a year. This service can be utilised for any personal or work-related matter.**

- support is confidential and private
- EAP Counselling, Family Assist and Crisis Telephone Counselling Sessions (these are funded by RANZCOG)
- support that can be tailored to meet our Trainees needs (face-to-face, telephone or online)
- services are available across Australia and New Zealand (Vitae – NZ equivalent)

For more information please contact: Converge International on:

Phone: 1300 687 327 (Australia)
Phone: +64 0800 666 367 (New Zealand)
Phone: +61 386 205 300 (International)
Website Converge International

## RANZCOG Exceptional Circumstances and Special Consideration

This policy outlines the criteria and processes by which those individuals subject to RANZCOG regulations and/or policies pertaining to a range of requirements, including those associated with training and assessment, may apply for variation to the normal requirements on the grounds of exceptional circumstances that may justify special consideration.

As such, the application of this policy includes the following groups:

- Applicants for a position on a RANZCOG Training Program
- Trainees undertaking the Basic training or advanced training components of the FRANZCOG Training Program
- Trainees undertaking a RANZCOG Subspecialty Training Program
- Trainees undertaking the Certificate of Women's Health, RANZCOG Associate Training Program (Procedural) or the RANZCOG Associate Training Program (Advanced Procedural)
- Specialist International Medical Graduates (SIMG) being assessed for comparability to a RANZCOG trained specialist in Obstetrics and Gynaecology or suitability for an area of need position, or undertaking training / assessment / supervision requirements as part of a pathway to obtain RANZCOG Fellowship
- SIMG being assessed for comparability to a RANZCOG trained Subspecialist or undertaking training / assessment requirements as part of a pathway to obtain certification by RANZCOG as a Subspecialist
- Fellows and other College members required to undertake a continuing professional development (CPD) program.

Exceptional Circumstances Special Consideration Policy is available on the RANZCOG website via the following link:

Exceptional Circumstances and Special Consideration Policy

This policy should be read in conjunction with RANZCOG reconsideration review and appeals procedures, and the processes described therein. This is available on the RANZCOG website via the following link:

Reconsideration Review and Appeal of Decisions Policy

# Training Administration

## Components of the CGO Subspecialty Training Program

The CGO Subspecialty Training program consists of three (3) clinical years, all of which must be prospectively approved. It includes the following elements:

### Gynaecological Oncology

Trainees must actively participate in the work of an approved Gynaecological Oncology unit for a minimum of two (2) years. Because of difficulties in obtaining specific advanced training posts in 'general surgical units', it will be usual for trainees to spend three (3) years in Gynaecological Oncology units.

### General Surgery

It is desirable, but not mandatory, that there be participation in the work of a general surgical unit, particularly in the areas of gastrointestinal and urological surgery, for one (1) year. The work should be at an advanced level and this should be reflected in a logbook of cases.

### Medical Oncology

It is desirable, but not mandatory, that there be sufficient participation in the medical oncology management of patients to provide an appropriate training. A specific attachment to a medical oncology unit is not required, but if obtained, no more than three (3) months will be accredited.

### Radiotherapy

It is desirable, but not mandatory, that trainees participate as a member of a team in planning radiotherapy and performing radiation treatment. A specific attachment to a radiation oncology unit is not required, but if obtained, no more than three (3) months will be accredited.

### Pathology Sessions

Trainees must participate in pathology sessions, including tumour board meetings, as related to gynaecological oncology.

### Surgical Skills

**Trainees must demonstrate surgical competence in the following procedures by the end of Year 2 of training:**

- PSW exploration and dissection / exposure (open)
- PSW exploration and dissection / exposure (laparoscopic/minimal access)
- PSW exploration/lymphadenectomy (laparoscopic/minimal access)
- Ureteric tunnel dissection
- Omentectomy
- Radical hysterectomy
- Vulvectomy and repair (primary or flap)
- Hysterectomy (laparoscopic/minimal access)
- Operative colposcopy

**Trainees must demonstrate surgical competence in the following procedures by the end of Year 3 of training:**

- Pelvic lymphadenectomy (open)
- Pelvic lymphadenectomy (laparoscopic/minimal access)
- Para-aortic exploration/lymphadenectomy
- Groin node dissection
- Extensive adhesiolysis > 45 minutes (laparotomy or laparoscopic/minimal access)
- Pelvic peritonectomy – open or minimal access

### Desirable But Not Compulsory

- Formation of a stoma
- Resection and anastomosis of small bowel
- Resection and anastomosis (any method) of large bowel

### Important Points

1. A maximum of three (3) months each may be accredited for a specific rotation in medical oncology, radiation oncology, palliative medicine, or a related clinical discipline. No more than two (2) such rotations will be accredited, i.e. a maximum of six (6) months in total. Such a rotation should be for a minimum period of three (3) months. Prospective approval should be sought for such a program. A logbook of cases seen, a weekly program, and a summary of training will need to be provided for this discretionary time to be accredited.
2. Specific training in research or for higher degrees not involving clinical Gynaecological Oncology is encouraged but not considered to be part of the subspecialty training program and no application for reduction in the duration of the subspecialty training program will be entertained in this respect.

## A Year-By-Year Guide for Trainees

<table>
<tr><th></th><th>Year 1 (46 weeks)</th><th>Year 2 (92 weeks)</th><th>Year 3 (138 weeks)</th><th>Post Year 3</th></tr>
<tr><td>Prospective Approval of Training</td><td colspan="3">Statement of Understanding (SoU)<br>Registration (Form A)<br>Prospective Approval (Form B)<br>Submit annually (each calendar year), eight weeks prior to commencement of training year</td><td>Statement of Understanding (SoU)<br>Registration (Form A)<br>Submit annually prior to 31 January</td></tr>
<tr><td rowspan="3">Clinical Training Program Requirements</td><td colspan="3">Gynaecological Oncology (compulsory)<br>Minimum of two (2) years in a Gynaecological Oncology unit</td><td rowspan="5">Post-Year 3 Progress Report (replaces TAR)<br>Submit report, six (6)-monthly until completion of all training program components</td></tr>
<tr><td colspan="3">General Surgery (desirable) -One (1) year at an advanced level<br>Medical Oncology (desirable) -No more than three (3) months<br>Radiotherapy (desirable) -No more than three (3) months</td></tr>
<tr><td colspan="3">Pathology Sessions<br>Attendance at pathology sessions, including tumour Board meetings</td></tr>
<tr><td rowspan="3">Clinical Training Program Assessments</td><td colspan="3">Training Assessment Record (TAR) 1 per Semester<br>Submit within six weeks of the end of each relevant six (6)-month period the following: (Add blurb from CGO timetable for CTS)<ul><li>Summative Assessment Report</li><li>Clinical Training Summaries (CTS) one for the period covered by this TAR and one cumulative from commencement of training.</li><li>Surgical Skills Summative Assessment Forms<br>Eight (8) compulsory surgical skills assessments must be completed by the end of Year 2 of clinical training<br>Six (6) must be completed by the end of Year 3 of clinical training</li><li>Scholarly Elective Research Stream Progress Report</li><li>Online Trainee Feedback Survey</li></ul></td></tr>
<tr><td colspan="3">Formative Appraisal Report (FAR) 1 per Semester<br>Within four (4) weeks of the end of each relevant three (3)-month period</td></tr>
<tr><td>Multi-Source Feedback (MSF) Semester 2</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Examinations</td><td></td><td colspan="2">Written Examination<br>(first attempt after forty-six weeks (46) FTE satisfactory training)</td></tr>
<tr><td colspan="2"></td><td>Oral Examination<br>(first attempt after ninety-two (92) weeks FTE satisfactory training)</td></tr>
<tr><td rowspan="2">Scholarly Elective</td><td>Scholarly Elective (Research Project) Proposal and Timeline<br>Semester 1</td><td colspan="3" rowspan="2">Scholarly Elective (Research Project)<br>The research project must be submitted for assessment within one (1) year of completion of clinical training and satisfactorily assessed within three (3) years of completion of clinical training.</td></tr>
<tr><td>Scholarly Elective (Research Project) Proposal & Timeline<br>(final) including ethics committee approval (if required)<br>Semester 2</td></tr>
</table>

## Requirements of the CGO Subspecialty Training Program

### Clinical Training Program Requirements

- Each year of clinical training must be prospectively approved
- Year 1 of clinical training must be spent in a prospectively approved RANZCOG accredited CGO Subspecialty Training unit in Australia or New Zealand and may be completed either as part-time (minimum 0.5 FTE) training or full-time training.
- Subsequent years may be completed either full-time or part-time, with a maximum of two (2) years extended leave.
- Two (2) years must be spent in an Australian/New Zealand Training position
- Must be undertaken in a minimum of two (2) accredited CGO Training units during the three-year training program unless otherwise prospectively approved by the CGO Subspecialty Committee. The minimum time in one (1) unit will be the equivalent of six (6) months' full-time training
- A trainee must complete two (2) years full-time (or its part-time equivalent) in a public hospital training site, minimum of four (4) hours per fortnight scholarly elective (research) time and minimum of four (4) hours per fortnight training/teaching time, minimum of four (4) hours per week administrative time (both clinical/nonclinical)
- It is desirable that part of the program is in a prospectively approved unit outside Australia or New Zealand
- Clinical Training must be completed in five (5) years (excluding extended leave)
- Participation in Gynaecological Oncology unit for minimum of two (2) years
- Trainees will be expected to present their ongoing research at a minimum of one (1) scientific meeting, but are encouraged to present at two (2) scientific meetings, over the three-year training program
- Participation in pathology sessions related to gynaecological oncology, including compulsory participation in tumour board meetings
- Participation in surgical unit, particularly gastrointestinal and urological, for one (1) year (not compulsory)
- Sufficient participation in medical oncology management of no more than three (3) months (not compulsory)
- Participation as team member planning radiotherapy and performing radiation treatment of no more than three (3) months (not compulsory)

### Clinical Training Program Assessments

- Assessment of eight (8) compulsory surgical skills must be completed by the end of Year 2 of clinical training, and a further six (6) must be completed by the end of Year 3 of clinical training
- Multi-Source Feedback (MSF) in semester 2 of Year 1 training
- Completion of a Scholarly Elective
- Trainees are required to complete and submit the following documents as part of their CGO Subspecialty Training:
    - Prospective Approval (PA) – Annually
    - Formative Appraisal Report (FAR):- mid semester
    - Training Assessment Record (TAR) – six-(6) monthly
    - Post Year 3 Clinical Training Progress Report: six-(6) monthly

## Eligibility to Commence Training in the CGO Subspecialty Training Program

Following the Subspecialty Selection process and after being deemed eligible for CGO Training, to become a CGO trainee, doctors must:

- Have the FRANZCOG or have the following:
  - For those trainees who commenced the FRANZCOG Training Program during the period 1 December 2003 to 30 November 2013 they must have successfully completed all requirements of Basic training in the FRANZCOG Training Program as well as the FRANZCOG Written and oral examinations, and advanced surgical skills assessment.
  - For those who commenced the FRANZCOG Training Program after 1 December 2013 they must have successfully completed all requirements of Basic training in the FRANZCOG Training Program, which includes the FRANZCOG Written and oral examinations, as well as satisfactorily completed the research component of the FRANZCOG Training Program.
- Current Medical Registration medical registration with the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ) as per *Regulation C1.2.2.3*
- An appointment to an accredited CGO Training position
- Submission and approval of the Prospective Approval (PA) Application

## Prospective Approval (PA)

Following confirmation of being selected eligible to join the CGO Subspecialty Training Program, trainees must complete a prospective approval of training at least eight (8) weeks prior to the commencement of training. Only training that has been prospectively approved will be credited by RANZCOG.

To be prospectively approved, applicants applying to commence the CGO Subspecialty Training Program should complete the following:

- Statement of Understanding (SoU);
- Registration Form A (Reg); and
- Prospective Approval Form B (PA)

These forms can be found on the RANZCOG website via the following link:

CGO Subspecialty Training Documents and Resources

In some circumstances, a trainee who was selected as eligible to join the CGO Subspecialty Training Program, may be eligible to begin their training in August of the year they were interviewed provided the applicant:

- Is already working in an accredited training position with an accredited position available for them to commence in August.
- Has completed eligibility requirements for commencement of Subspecialty Training as per the RANZCOG Regulations, or is a FRANZCOG

In such a case, a SoU, Reg and PA must still be submitted eight (8) weeks prior to commencement of training. If commencing in August, this Prospective Approval will apply for six (6) months (one (1) semester only).

All CGO Trainees are required to apply for prospective approval of training for each calendar year of clinical training. Application for SoU, Reg and PA must be submitted at least eight (8) weeks prior to commencement of the relevant training period.

Some trainees find that circumstances and opportunities change from their prospectively approved position during the CGO Subspecialty Training Program. The trainee and the Training Supervisor should communicate this to the CGO Subspecialty Committee Chair as soon as possible.

## Applying for Part-Time Training

For trainees in CGO Subspecialty Training Program, Years 1-3 may be undertaken as part-time training.

All part-time training must be at least half of the full-time training requirement (0.5 FTE) for the relevant training period. The duration of the Subspecialty Training Program will be extended for that trainee. All part-time training must include a range of experience appropriate to the trainee's year level and must include as appropriate supervision.

## Applying for Leave from CGO Subspecialty Training

**Annual Leave and Professional Development Leave (PDL)**

The maximum number of weeks able to be credited in any period covered by a six (6) monthly summative assessment is twenty-six (26) weeks FTE with a maximum of forty-six weeks (46) FTE of training able to be credited for training undertaken in a 'Subspecialty Training year'.

A 'Subspecialty Training year' consists of two (2) consecutive 'six (6) month training blocks' based around (but not confined to) a calendar year and is determined by the CGO Subspecialty Committee. This applies irrespective of any government or hospital leave entitlements which may operate in a particular state or region.

In addition to the six (6) weeks leave per year allowed, trainees are permitted up to two (2) weeks (ten days) of study-conference leave per year, which is recognised as part of active clinical services professional development.

With each six (6)-monthly summative assessment, the trainee and their supervisor must sign off on the number of weeks of leave taken during the six (6)-month training period. The nature of the leave must also be indicated.

**Extended Leave**

Trainees may interrupt their training to take extended leave from the training program for a maximum of 104 weeks cumulative, but only 52 weeks' leave can be approved at any one (1) time and includes parental leave taken while on the training program.

All extended leave must be prospectively approved by the Chair of the CGO Subspecialty Committee and as from 1 August 2019 the 'clock will stop' when a trainee applies for extended leave and will not be included in the aggregate of all time requirements in the CGO Subspecialty Training Program.

The application for extended leave approval must be made with the knowledge and agreement of the Training Supervisor.

## Accredited Training Units

Prospective candidates should note that trainees commencing Subspecialty Training in all subspecialties must undertake Subspecialty training in a minimum of two (2) training units with different Training Supervisors during the three (3)-year clinical training program. For CGO trainees, training must be in two (2) accredited CGO training units unless otherwise prospectively approved by the CGO Subspecialty Committee. The minimum time in one (1) unit will be the equivalent of six (6) months' full-time training.

The intent of the requirement s to ensure that trainees are exposed to educational and training diversity with a variety of procedures and methods that are obtained with different Training Supervisors preferably in different geographical locations. If the CGO Subspecialty Committee

considers that the intended second training unit is not substantially different from the first training unit, the application may be declined, and the trainee will require to find another unit either in Australia and New Zealand or overseas.

Further information on Subspecialty accredited training units can be found on the RANZCOG website via the following link:

Subspecialty Accredited Training Units

### Training in an Overseas Training Unit

All overseas training must be prospectively approved and assessed by the CGO Subspecialty Committee. Trainees must provide a plan for completion of training on return to Australia and New Zealand and commitment of support from an Australian or New Zealand Training Supervisor.

As with training in Australia or New Zealand, trainees overseas are required to submit all training documentation within the specified timelines to the CGO Subspecialty Training Program Coordinator. The guidelines and regulations that govern registration, fees and training documentation also apply to trainees overseas.

In some overseas hospitals, the consultants with whom the trainee works, and the Training Supervisor may not be familiar with the forms and training documentation requirements. Trainees will need to provide consultants and their Training Supervisors with the necessary documentation and explain how it is used.

## Training Documentation

### Years 1 – 3 Clinical Training

### Online Logbook

Trainees are required to keep a logbook of their daily training for each year of clinical training. The online logbook can be found via the my.ranzcog training platform at the following link:

Members Portal - Home (ranzcog.edu.au).

The contents of the logbook must be reviewed online by the Training Supervisor. The trainee logbook must record:

- Clinical experience

This record of experience has several functions:

  - It provides trainees with a personal record of clinical experience, which can be used to plan further training with the trainee, Training Supervisor or other mentors
  - It provides trainees with the information required to complete the six (6)-monthly summary of training experiences which trainees are obliged to submit
  - The six (6)-monthly summaries are used by the Training Supervisors, Program Director and the CGO Subspecialty Committee Chair to monitor the trainee's experience and ensure that it is appropriate for the trainee's year of clinical training
  - They are used by RANZCOG to monitor the experience provided for the trainee by the training units
  - It makes up a component of the formal proof of training, which trainees are obliged to provide to RANZCOG when requested
  - The Chair of the CGO Subspecialty Committee, or Training Supervisor, or Program Director may view the logbook for verification or clarification of details in the training period

- Attendance at meetings
- Research activities

### Completing the Online Logbook

- The online logbook is used by each trainee as a personal record of all required procedural and other training experiences in every year of Subspecialty clinical training. Use of the online logbook is mandatory for all trainees
- The online logbook is accessible via any web browser as both a desktop interface, and a mobile friendly interface
- A **paper** logbook **should not** be used, nor should any electronic version of the logbook which individual trainees may have created for their own convenience
- Features of the logbook include predictive search for procedures, default hospital settings, and automatic classification and tallying of entries
- Online logbook entries made during a semester are not accessible for supervisors to review. Logbook entries must be provided to the Training Supervisors part of the six (6)-monthly summative assessment process.
- The online logbook is an essential proof of training and trainees should always keep their logbooks up to date

### Formative Appraisal Report (FAR)

The three (3)-monthly formative appraisal report (FAR) is a compulsory assessment of a trainee's knowledge, skills and attributes. Trainees must complete a self-assessment of their strengths and challenges before meeting with their Training Supervisor to discuss their performance during the relevant training period.

The FAR must be completed and submitted online within four (4) weeks of the end of each relevant three (3)-month period.

### Training Assessment Record (TAR) (including six(6)-monthly Consultant Summative Assessment report)

The six (6) monthly Training Assessment Record (TAR) including the Consultant Summative Assessment report is designed to provide the CGO Subspecialty Committee Chair, Training Supervisor, and RANZCOG with a presentation of all training and assessment achievements. It also enables trainees to record progress made in other components of the CGO Subspecialty Training Program, such as participation in oncology units, and attendance at meetings.

The TAR must be completed and submitted within six (6) weeks of the end of each relevant six (6)-month period.

### Every Six (6) Months, Trainees Must:

- Ensure the online logbook is up to date
- If the training period altered significantly from the prospectively approved timetable (during the six (6) months), trainees must provide details of the changes indicating the altered training experiences.
- Complete the trainee section of the Scholarly Elective: Research Stream (Research Project) Progress Report and have the Training Supervisor complete the Training Supervisor section of the report
- Complete the components of the CGO Subspecialty Training Program record
- Complete trainee participation in other professional development activities
- All RANZCOG CGO trainees are required to provide a confidential evaluation of their training unit via an online Trainee Feedback Survey. The aim is to identify strengths and weaknesses within training units that, where appropriate, improvements in a training unit may be encouraged. The CGO Subspecialty Committee Chair (or nominee) will contact the trainee to discuss any identified weaknesses and the best approach to improve the situation
- Trainees must complete, review and sign their TAR with their Training Supervisor

### Every Six (6) Months, Training Supervisors Must:

- Distribute consultant assessment reports to each consultant with whom the trainee has worked before the six (6)-monthly summative assessment meeting with the trainee
- This report is used for the following purposes:
  - It provides the Training Supervisor with feedback on the trainee's performance from the consultants with whom the trainee has worked and it provides RANZCOG with feedback on the trainee's progress
  - The Training Supervisor must tick the box 'referred for review to the CGO Subspecialty Committee' on these six (6) monthly reports and a Learning Development Plan must be submitted with the report:

- two (2) or more Consultants rate a trainee as 'BELOW expectation for year level of training' for two (2) or more competencies, regardless of the domain(s) in which the competencies are located
- any Consultant rates a trainee as 'BELOW expectation for year level of training in the procedural and surgical skills competency
- all Consultants rate a trainee as 'BELOW expectation for year level of training' in one (1) competency

- The Training Supervisor must complete, review and sign the TAR with their Trainee

### Submitting Training Documentation and Deadlines

Key submission dates for training documentation are available on the RANZCOG website via the following link:

Key submission dates

Trainees who do not receive satisfactory six (6)-monthly summative assessment reports must submit a Learning Development Plan (LDP) and may be referred and discussed by the CGO Subspecialty Committee. A recommendation may be made, through the Subspecialties Committee, that no credit is given for the period in question. This will extend the training time for the trainee.

If a trainee fails to submit the formative appraisal report within four (4) weeks of the end of the relevant training period, or the training assessment within six (6) weeks of the end of the relevant training period, the relevant training period will be assessed as 'Not Satisfactory' and will not be credited.

At this time the trainee will receive a letter from the CGO Subspecialty Committee Chair advising this fact and further advising that if there is a second occasion when the three (3)-monthly formative appraisal report or the six (6)-monthly summative assessment are not submitted within the stipulated timeframe, they will be recommended for removal from the program. No further warnings will be provided.

### Post Year 3 Training Progress Report

At the completion of clinical training trainees are advised to nominate a mentor/supervisor who shall provide input into a progress report toward the completion of any outstanding assessment requirements. These reports must be submitted every six (6) months post clinical training and thereafter every six (6) months, until all requirements are completed, and trainees are eligible to apply for certification.

**Please note you must not identify yourself as a Specialist in Gynaecological Oncology until all training requirements are satisfactorily completed, including the Written and Oral examinations as well as the prospectively approved research project and you have been certified by the RANZCOG Board.**

## Scholarly Elective: Research Stream (Research Project)

A research project, on some aspect of, or pertaining to, the CGO Subspecialty, must be completed by each Subspecialty trainee. The paper that reports on the research must be at a standard to be accepted in a peer-reviewed journal and must meet the criteria. The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper. A Cochrane Review, which must be prospectively approved by the CGO Subspecialty Committee, with the trainee as first author, also meets the CGO research requirement.

The research project should be prospectively approved and demonstrate the basic principles of research: original hypothesis testing, research methodology, rigorous scientific method, and approved by the trainee's research and ethics Committee.

A draft of the Prospective Approval Scholarly Elective Proposal and Timeline, must be submitted with the first six (6)-month training documentation within the approved timeframe for submission of training documentation. A detailed final proposal of the Scholarly Elective: Research Stream with institutional ethics approval, if necessary, must be submitted to the CGO Subspecialty Committee for approval by the end of the first forty-six (46) weeks FTE of training, within the approved timeframe for submission of training documents. Progress reports must be submitted with training documentation with six (6)-monthly Training Assessment Records.

Post Year 3 Training Progress Reports must be submitted within six (6) months post clinical training and every six (6) months thereafter until the completion of their outstanding training requirements are completed, and trainees are eligible to apply for certification.

Trainees must nominate a Research Supervisor. The supervisor could be the trainees previous Training Supervisor or other research mentor.

Trainees must submit their research paper for assessment within one (1) year of completion of clinical training and the research paper must be assessed satisfactory within three (3) years of completion of clinical training or the candidate will be recommended for removal from the training program.

A prospectively approved research project which has been published or accepted for publication in a journal with an impact factor of ≥ 2 or the ANZJOG will not need further assessment but must still be submitted to the CGO Subspecialty Committee.

### Scholarly Elective: Research Stream Assessment Outcomes

If the study is assessed as 'not satisfactory but suitable for resubmission' by both assessors, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6) calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with minor revisions, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6) calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with major revisions, the relevant Subspecialty Committee Research Advisor, will appoint a third assessor who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be the final assessment for the research study.

### Scholarly Elective: Research Stream Resubmissions

In the event that the assessors submit differing assessments for a resubmitted study a third assessor will be appointed by the relevant Subspecialty Committee Research Advisor who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be taken as the final assessment for the research study.

If the study is assessed as unsatisfactory for a second time, the relevant Subspecialty Committee will review the result, and the relevant Chair will provide a report on the study and its assessments for the full Subspecialties Committee. A recommendation will be forwarded to the Chair of the Education & Assessment Committee about an appropriate course of action. The final decision on the most appropriate course of action will be made by the Chair of the Education & Assessment Committee in consultation with the CGO Subspecialty Committee Chair.

### Important Points

1. Proposals and progress reports of the research paper must be submitted with the TAR
2. Case reports and review articles are not acceptable for the thesis
3. All submissions for assessment must include the candidate statement for research papers detailing the trainee's role in the project. This is available from the RANZCOG website.

### Recognition of Prior Research

A formal higher research degree qualification in an area relevant to the Subspecialty may be approved as meeting the requirement for satisfactory completion of the research project. However, trainees to whom this applies will still be expected to be involved in ongoing research during their training.

Trainees who have completed a higher research degree must complete the Exemption from Scholarly Elective (Research Project) Application, available from RANZCOG website. This must be submitted to the CGO Subspecialty Committee Chair with the Year 1 Prospective Approval on commencement of Subspecialty Training.

Details of ongoing research must be documented in the Scholarly Elective (Research Project) progress sections and submitted with each TAR.

## Workplace-Based Assessment (WBA)

### Surgical Skills Assessment

The application of surgical skills is a fundamental component of virtually all aspects of practice in gynaecological oncology.

Assessment of trainee competence in key gynaecological oncology surgical procedures is modelled on the basic and advanced surgical skills assessment of the Basic Training Program.

This compulsory assessment process applies to all trainees in the CGO Subspecialty Training Program and represents an important component of progression to certification in the Subspecialty.

### Procedures to be Assessed

The process involves the assessment for competency of trainees in a number of areas of surgery.

**Trainees must demonstrate surgical competence in the following procedures by the end of Year 2 of training:**

- PSW exploration and dissection / exposure (open)
- PSW exploration and dissection / exposure (laparoscopic/minimal access) *
- PSW exploration/lymphadenectomy (laparoscopic/minimal access) **

- Ureteric tunnel dissection
- Omentectomy
- Radical hysterectomy
- Vulvectomy and repair (primary or flap)
- Hysterectomy (laparoscopic/minimal access)
- Operative colposcopy *

**Trainees must demonstrate surgical competence in the following procedures by the end of Year 3 of training:**

- Pelvic lymphadenectomy (open)
- Pelvic lymphadenectomy (laparoscopic/minimal access) *
- Para-aortic exploration/lymphadenectomy
- Groin node dissection
- Extensive adhesiolysis > 45 minutes (laparotomy or laparoscopic/minimal access) *
- Pelvic peritonectomy – open or minimal access *

** For trainees who commenced Subspecialty Training from 1 December 2018*

*** For trainees who commenced Subspecialty Training prior to 1 December 2018*

### Desirable but not compulsory:

- Formation of a stoma
- Resection and anastomosis of small bowel
- Resection and anastomosis (any method) of large bowel

### Assessment Process

Any time an assessment of a trainee for any of the procedures is conducted there are two (2) possible outcomes:

1. That the trainee is assessed as "Competent to perform the procedure independently"
2. That the trainee is assessed as "Not competent to perform the procedure independently"

'Competent' implies the ability of the trainee to safely complete the procedure in a timely manner, without instruction or intervention from others.

Repeated failed assessments will be noted as part of the trainee's formative and summative assessment processes through their three (3)- monthly and six (6)-monthly training reports. This circumstance will require a learning development plan to be put in place by the Training Supervisor, and, may involve the trainee being directed to undertake specific surgical training in order to progress further in the training program.

### Who can Perform the Assessment?

The assessment of each procedure is to be performed by a certified RANZCOG Gynaecological Oncology Subspecialist. At the discretion of the trainee and their Training Supervisor, the assessment may be performed by the trainees' usual consultant, training supervisor, head of unit or an external assessor. If the involvement of the assessing Subspecialist is anything more than that of a routine non-specialist assistant, re-assessment at another time will be required.

### When are Assessment Forms Submitted?

Individual formative assessment forms for each of the particular procedures assessed are retained by trainees and made available upon request by the CGO Subspecialty Committee Chair, the trainee's Training Supervisor, or staff at subspecialties department.

The summative assessment form/s are submitted with each TAR until completion of clinical training.

## Multi-Source Feedback (MSF)

A formative multi-source feedback assessment must be completed for all Year 1 CGO trainees in the second half of the first training year.

The MSF is administered by RANZCOG in consultation with the Training Supervisor. De-identified data from the MSF is provided to the Training Supervisor to assist with supervision and is to be used formatively only.

Year 1 CGO trainees are also required to complete an MSF self-assessment.

## Recognition of Prior Learning (RPL)

Where an applicant has completed training in a subspecialty field, it may be counted towards their required training period, reducing their training time as required by the program. For further information refer to the RANZCOG website via following link:

Recognition of Prior Learning (RPL)

## Examinations - Written and Oral

The Examination dates, information, format and applications are available on the RANZCOG website. The information below is subject to change, please refer to the following link:

Subspecialty Examinations

### Eligibility

Subspecialty trainees may make their first attempt at a Subspecialty Written examination after at least forty-six (46) weeks FTE of prospectively approved and satisfactory training in a Subspecialty training program. The first attempt at a Subspecialty Oral examination may be after completion of at least ninety-two (92) weeks FTE of prospectively approved and satisfactory training.

### Applications

Check RANZCOG website for application dates for both the Written and Oral examinations. Please contact assessment services for application and fee details. This information is available on the website.

### Withdrawal

For all enquiries regarding withdrawal refunds from the examinations, contact Assessment Services

For further information on withdrawal from examinations, refer to the *RANZCOG Regulations C4.3*.:

RANZCOG Regulations - RANZCOG

Failure to give written notice of withdrawal from the examination or failure to present for an examination will constitute a failure in the examination and forfeiture of the whole examination fee.

### Number of Attempts

Subspecialty trainees must attempt for the first time a Written or Oral Subspecialty examination within two (2) years completion of clinical training.

- For trainees commencing Subspecialty training prior to 1 December 2016 a maximum of four (4) consecutive attempts allowed for each examination
- For trainees commencing Subspecialty training from 1 December 2016 a maximum of Three (3) consecutive attempts allowed for each examination
- For trainees who commenced training prior to 1 December 2020 they must pass the Written examinations within six (6) years of completing clinical training
- For trainees who commenced training after 1 December 2020 they must pass the Written examinations within four (4) years of completing clinical training

### Format

**Written Examination**

The three (3) hours and 15-minute Written examination may comprise of ten (10) short answer questions (SAQs).

**Oral Examination**

The Oral examination takes approximately three (3) hours duration, plus a short break (this may vary from year to year depending on the number of candidates enrolled) and may comprise of nine (9) clinical stations, each of fifteen minutes interaction and five (5) minutes reading time for each station. The examination will be held on a date determined by the CGO Subspecialty Committee within six (6) months of the Written examination.

Candidates rotate through each examination station and, before each station begins, will be given the introductory details of a clinical case or cases that will be developed during the encounter.

Stations may consist of one (1) or more examiners and an observer. At some stations there may be a standardised patient. Every attempt will be made to ensure that the trainee will not be directly examined by an examiner from the trainee's hospital.

Candidates should ask explicitly for additional relevant historical and physical details, for the results of investigations, for consultations if needed, and for responses to treatment.

Examiners may explore candidates' ability to deal with expected or unexpected complications or confounding events, and with simulated late-stage referrals.

Histological sections, videos, laboratory work sheets and microscopic photographs can be shown. Where a station consists of a critique of a journal article, candidates will be given time to read the article for 20 minutes immediately prior to the examination, with five (5) minutes to review the article before that station.

Notes may be made during the encounters (and while reading the published paper) but are to be left in the examination room.

## Areas Covered by the Examinations

Both the Oral and Written examinations will have material drawn from the curriculum and may include the following areas:

1. Aetiology, epidemiology, screening and prevention of gynaecological malignancies
2. Knowledge and skill in investigative procedures
3. Knowledge and interpretation of relevant imaging techniques
4. Surgical knowledge and skill in performing radical operations, including dissection and reconstructive techniques
5. Therapeutic treatment, including side effects and complications
6. Intensive care management of Gynaecological Oncology patients
7. Palliative care management of Gynaecological Oncology patients

## Release of Examination Results

The results of examinations are made available via secure login on the RANZCOG online assessment portal on a date specified by RANZCOG. Detailed information regarding accessing examination results is emailed to trainees prior to the release date.

## Certification as a CGO Subspecialist

### Eligibility

Subspecialty certification is awarded to persons who have met all the following CGO Subspecialty Training Program requirements:

- Joined the CGO Subspecialty Training Program in Australia and New Zealand after obtaining an approved Australian or New Zealand Subspecialty training position.
- Have satisfactorily completed:
    - 138 weeks FTE of prospectively approved and credited clinical training of
    - Scholarly Elective: Research Stream
    - Written and Oral Examination
- Have submitted all documents required by these regulations and/or the CGO Subspecialty Committee
- Have paid all required fees including: training, examination, certification and subscription.
- Trainees who commenced prior to 1 December 2020 achieved all of the above within six (6) years of satisfactorily completing approved CGO clinical training
- Trainees who commenced after 1 December 2020 achieved all of the above within four (4) years of satisfactorily completing approved CGO clinical training.
- Have been admitted by the Board as a Fellow of the RANZCOG
- Satisfactorily completed the requirements of the CGO Subspecialty Training Program, including completion of all associated administrative requirements

### Application Process

Trainees must submit an online Certification Application and Payment form available from the RANZCOG website via the following link:

Subspecialty Certification Application Form

**A trainee must not identify themselves as a Specialist in Gynaecological Oncology until all training requirements are satisfactorily completed, including a prospectively approved research project, and they have been certified by the RANZCOG Board.**

# Curriculum

## Aims

## Subspecialist Practice

Gynaecological Oncology is a Subspecialty of Obstetrics and Gynaecology.

Gynaecological oncologists are specialists in Obstetrics and Gynaecology, awarded the FRANZCOG, who have then completed a formal three (3)-year training program in gynaecological cancer care and have passed the examination for the CGO (Certificate of Gynaecological Oncology).

They are competent in the comprehensive management of women with a gynaecological malignancy. The Subspecialist will work in Gynaecology with at least 66% of the time in gynaecological oncology. They will submit themselves for recertification every three (3) years, and only those actively practicing will continue to be certified.

## Context

The highly specialised field of Gynaecological Oncology has emerged as a result of a massive accumulation of new knowledge in gynaecological pathology and developments in clinical management, through the availability of new diagnostic techniques and treatments resulting in improved patient outcomes.

The Subspecialist will be required to keep abreast of this knowledge and ensure its application to the care of women who are at risk of or who are diagnosed with a gynaecological malignancy.

Gynaecological Oncology is a recognised Subspecialty and referral units for oncology patients have developed and contributed significantly to a reduction in mortality and morbidity from gynaecological malignancy. These Subspecialists will be responsible for ensuring the highest standards of care for women with gynaecological cancer.

The development of Gynaecological Oncology as a Subspecialty of Gynaecology serves to enhance the importance of Gynaecology as an essential discipline and will encourage the recruitment of quality people into Gynaecology in general and to the Subspecialty in particular.

The changing medico legal climate in Australia requires experts to keep abreast of the rapid pace of development in this field.

A Subspecialist in Gynaecological Oncology would be expected to promote clinical and basic research in this field and would function as a regional consultant in matters of organisation, standards, education and clinical practice in the Subspecialty.

## Aims of the Subspecialties

RANZCOG introduced certification in the five (5) subspecialties in order to:

- Improve knowledge, practice, teaching and research
- Promote the concentration of specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients
- Improve the recruitment of talented graduates into areas of recognised subspecialisation
- Establish a close understanding and working relationship with other disciplines
- Encourage co-ordinated management of relevant clinical services throughout a region
- Accept a major regional responsibility for higher training, research and audit in areas of recognised subspecialisation
- Establish, as far as possible, consistency in recruitment, training and assessment across areas of recognised subspecialisation

## Aims of the Subspecialty in Gynaecological Oncology

RANZCOG introduced certification in the Subspecialty of Gynaecological Oncology in order to:

- Improve the education and skills of those specialists treating women with genital malignancy
- Improve outcomes for these women
- Promote research into the management of these diseases
- Ensure that women receive the highest standards of care
- Ensure that all women have access to Subspecialist care in the management of gynaecological cancer

## Objectives of the CGO Subspecialty Training Program

It is expected that the Subspecialist in Gynaecologic Oncology will be able to demonstrate:

- Understanding of the aetiology, epidemiology, screening and prevention of gynaecological malignancy
- Skills in a wide range of investigative procedures - including cystoscopy, sigmoidoscopy, thoraco-centesis, paracentesis and biopsy procedures
- Ability to at least describe the placement and care of long term central intravenous lines
- Knowledge of the use, interpretation and indications for relevant ultrasonic, CT, lymphangiographic and other organ imaging techniques, such as MRI and PET scan
- High level of skill in colposcopy and in the management and treatment of pre-invasive and micro-invasive lesions of the female genital tract
- Knowledge of and skill in performing radical operations on organs of the female genital tract, and operations on the intestine, urinary and lympho-vascular systems, as required in the management of gynaecologic cancer. There should be a high standard of skill in the recognition and ability to manage the complications of treatment, if necessary, in association with other appropriately trained specialists

- Knowledge of and skill in performing dissection of inguinal, pelvic, and para-aortic lymph nodes
- Understanding of the available reconstructive procedures required for the restoration of pelvic organ function and an appropriate level of skill in performing such procedures
- Knowledge of nutritional assessment, parenteral nutrition and intensive care management of the perioperative patient
- Knowledge of and skills in the management of pain and the care of the terminally ill patient.
- Knowledge of the methods and techniques of radiation therapy, including intracavity and interstitial brachytherapy, external beam therapy and intraperitoneal radioisotope therapy
- Participation in the planning of radiation treatment and understanding of the principles of radiobiology and radiation physics
- Knowledge of and skills in the management of the side-effects and complications of radiotherapy
- Advanced knowledge of the clinical pharmacology of cancer chemotherapy, the practical use of the various drugs required for treatment and skills in the management of toxic side-effects, including intraperitoneal chemotherapy
- Competence in the assessment of the effects of treatment, and the long-term management of pre-invasive and invasive gynaecological malignancies
- Knowledge of gross and microscopic pathology, immuno-histochemistry and molecular pathology relevant to gynaecologic oncology sufficient for interpretation of reports concerning gynaecological malignant histopathology
- Skills in the planning, conduct and reporting of research in Gynaecological Oncology and a high level of skill in the interpretation and evaluation of research reports
- Awareness of the complex psychosocial needs and demands of a patient with gynaecological cancer and the development of appropriate communication skills in dealing with these issues
- Awareness of the need for multidisciplinary care in the management of gynaecological cancer and the development of appropriate relationships with other health professionals to deliver timely and appropriate multidisciplinary care

## 1. Knowledge and Understanding

### The Building Blocks Required for the Development of Expertise in Gynaecological Oncology

This section details areas of knowledge that underpin the practice of gynaecological oncology. The purpose is to grasp the underlying principles on which modern Gynaecological Oncology practice is based, not merely to memorise facts. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The areas of knowledge presented in this section are categorized as follows:

- **Scientific knowledge** that forms the building blocks underpinning clinical practice
- **Clinical or applied knowledge** that links the science and the practice of gynaecological oncology
- **Contextual knowledge** (for example, consultation processes, business and management principles, professional expectations) that acknowledges the service obligations implicit in the practice of gynaecological oncology

Relevant knowledge may be accessed in a variety of ways, through textbooks, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication. It is through these publications and interactions that a consensus on standards is established for the discipline. Through these means, specialists certified in Gynaecological Oncology learn accepted terminologies, appropriate vocabulary, levels of understanding expected of them and key applications for their clinical work. As clinical professionals, they are expected to select, organize and test this knowledge through their own experience and in academic conversation with colleagues.

## 1.1 Epidemiology and Aetiology

**General Aim**
Know extensively the aetiology and epidemiological factors related to genital neoplasia.

### Learning Objectives Epidemiology

- Understand and describe the epidemiological factors related to genital neoplasia

### 1.1.2 Aetiology

- Understand and describe the currently known effect of environmental, genetic and familial factors on carcinogenesis with particular respect to the female genital tract

## 1.2 Anatomy

**General Aim**
Candidates should have extensive knowledge of the vascularisation, innervation and lymphatic drainage of the pelvic viscera, and the anatomy of the abdominal and pelvic retroperitoneum, anterior abdominal wall, and inguinal and femoral regions, and gastrointestinal and urological system and relational anatomy and surgical anatomy.

**Learning Objectives**

### 1.2.1 Blood Supply

- Describe the blood supply of:
  - Small bowel
  - Large bowel
  - Omentum
  - Vulva
  - Urethra
  - Bladder
  - Ureter
  - Cervix

- Uterus
- Adnexae
- Vagina
- Thigh

### 1.2.2 Lymphatics

- Describe the lymphatics of:
  - Ovary
  - Peritoneum
  - Cervix
  - Uterus
  - Vulva
  - Vagina
  - Gastrointestinal tract, urinary tract and mediastinum

### 1.2.3 Neuroanatomy

- Describe the innervation of the pelvis and abdomen and viscera

### 1.2.4 Retroperitoneal Anatomy

- Describe the retroperitoneal anatomy of the abdomen and pelvis, including renal tract

### 1.2.5 Anterior Abdominal Wall Anatomy

- Describe the anatomy of the anterior abdominal wall, including the inguinal and femoral regions

## 1.3 Physiology and Pathophysiology

**General Aim**
Know normal physiology and pathophysiology so as to manage the patient with gynaecological cancer.

**Learning Objectives**

### 1.3.1 Fluid and Electrolytes

- Describe the static and dynamic considerations of fluid, electrolyte and acid-base values in health and illness relative to gynaecological oncology
- Understand and describe the pathophysiology of oedema

### 1.3.2 Nutrition

- State the normal daily requirements for water, electrolytes and essential nutrients
- Describe the effect of deprivation/excess of the above
- Understand nutritional replacement requirements

## 1.4 Genetics

**General Aim**
Understand the current knowledge of genetic aspects of gynaecological, breast and associated cancers.

**Learning Objectives**

- Understand the following in relation to genetic predisposition to gynaecological cancer:

- Epidemiology and aetiology
- Molecular biology and histopathology
- Clinical features
- Principles of management
- Complexities of counselling and complications of subsequent management of patients
- The role of prophylactic surgery in the management of patients and specific problems for follow up in relation to hormonal, psychological and reproductive sequelae

## 1.5 Pharmacology and Therapeutics

**General Aim**
Know and understand:

- Pharmacological properties of the agents commonly used in gynaecological oncology, including major drugs used in human tumour chemotherapy and understand their use in a clinical setting
- Therapeutic principles to permit accurate diagnosis, pre-treatment evaluation and management of the oncology patient
- Limitations to therapeutic principles and the indications to seek help from colleagues in other disciplines
- Principles and practice of radiation therapy, with particular reference to gynaecologic oncology
- Principles of screening and prevention for gynaecological and breast malignancies

**Learning Objectives**

### 1.5.1 General Pharmacology

#### 1.5.1.1 Total Parenteral Nutrition

- Describe indications, routes of administration and complications of total parenteral nutrition

#### 1.5.1.2 Gastrointestinal Alimentation

- Describe the indication and complications of gastrointestinal alimentation

#### 1.5.1.3 Haematinics

- Describe the treatment of marrow depression secondary to neoplasia and caused by its treatment, e.g., cytotoxic drugs

#### 1.5.1.4 Antimicrobial Agents

- Describe the indications for prophylactic antibiotics, the relevant antibiotics and the mode and timing of administration
- Describe the appropriate antibiotics for the treatment of different infections
- Describe the side-effects of the major antibiotics

#### 1.5.1.5 Analgesics, Sedatives and Antiemetics

- Describe the mode of action of common drugs
- Describe the indications for their use and their routes of administration
- Describe the side-effects of these drugs

#### 1.5.1.6 Anaesthetic Agents

- Describe the indications, methods of use, side-effects and pharmacology of common regional and local anaesthetics

#### 1.5.1.7 Anticoagulants

- Describe the prophylactic use of anticoagulants
- Describe the indications for the use of anticoagulants
- Describe the mode of action of short and long-acting anticoagulants, their side- effects, control and reversal of action

#### 1.5.1.8 Cardiovascular, Respiratory and Urinary Systems

- Describe the indications and side effects of the following drugs:
  - Drugs acting on heart muscle, coronary vessels and cardiac nerve function
  - Drugs acting on peripheral vasculature in management of septic shock
  - Drugs acting on pulmonary function
  - Diuretics

#### 1.5.1.9 Pharmacology of Wound Healing

- Describe the effects of the following on wound healing and to explain the pharmacological basis for these effects:
  - Vitamins
  - Trace metals
  - Factors adversely affecting wound healing either due to illness or drugs, e.g. Steroids
  - Describe the pharmacology of drugs used in common medical conditions which may at times be encountered in the oncology patient, e.g. Insulin, anticonvulsants, steroids and antidepressants
  - Lymphoedema management

### 1.5.2 Chemotherapy

#### 1.5.2.1 Biology

- Describe the kinetics of cancer cell growth and the cell cycle
- Describe the principles of action of log kill hypothesis, cycle specificity, phase specificity, and growth fraction

#### 1.5.2.2 Classes of Chemotherapeutic Agents

- Describe the characteristics of the following classes of chemotherapeutic agents:
  - Alkylating agents
  - Antimetabolites
  - Natural products, including mitotic inhibitors, antibodies and enzymes hormones
  - Hormones
  - Biologic response modifiers, e.g., BCH, interferon, etc
  - Anti-angiogenesis factors
  - Other currently used classes

#### 1.5.2.3 Mechanisms of Action

- Describe the specific mode of action of a given chemotherapeutic agent and where possible relate it to cell cycle

#### 1.5.2.4 Pharmacology of Specific Agents

- Describe the following characteristics of chemotherapeutic agents used to treat gynaecological cancers:
  - Excretion
  - Interactions with other drugs
  - Interaction with radiotherapy and hyperthermia
  - Mechanism of drug resistance and approaches to reducing tumour resistance to anti-cancer drugs
  - Schedule dependency
  - Rationale for regional therapy, e.g. intraperitoneal therapy, intra-arterial perfusions

#### 1.5.2.5 Combination Chemotherapy

- Describe the principles of combination chemotherapy
- Describe drug combinations in current use for gynaecological malignancy

#### 1.5.2.6 General Guidelines for Clinical Evaluation

- Describe the criteria for complete response, partial response, progressive disease relapse, stable disease and survival duration
- Describe the concept of Phase I, II and III drug trials
- Understand the principles underpinning the evaluation of evidence for favourable adjunctive use of chemotherapy with surgery and/or radiation therapy
- Describe the criteria or prerequisites for adjuvant chemotherapy

#### 1.5.2.7 Toxicity

- Describe the effects of chemotherapeutic agents on rapidly proliferating epithelium such as bone marrow, GI tract and hair follicles
- Describe the major toxic effects of specific chemotherapeutic agents

#### 1.5.2.8 Treatment of Organ Site, Histology and Stage

- Describe the use of agents of established value within established guidelines for specific tumours

### 1.5.3 Therapeutic Principles

#### 1.5.3.1 Pre-Treatment Evaluation

- Understand the principles underpinning the full clinical evaluation of and appropriate tests to assess the following:
  - Major organ systems (e.g., cardiac, renal, pulmonary, hepatic)
  - Coagulation profile
  - Presence of metastatic disease
  - The ability of the patient to psychologically cope with the treatment program and the disease

#### 1.5.3.2 Preoperative Preparation

- Understand the principles underpinning:
  - Preoperative preparation of the bowel
  - Selection of ostomy sites
  - Correction of fluid, electrolyte, haematological and nutritional deficiencies
  - Ordering pulmonary preparation when indicated
  - Fully informing and counselling the patient and family
  - Ordering of anticoagulant and prophylactic antibiotics where indicated
  - Ordering of antithrombotic measures such as pressure stockings and sequential compression devices and their limitation
  - Appropriate referral to colleagues (e.g., anaesthetist, physician, geneticist) and allied health services (dietician, clinical psychologist)

#### 1.5.3.3 Choice of Treatment

- Understand and describe the evaluation and full management of patients with all gynaecological malignancies
- Understand and describe staging and alternative treatment for all stages of the disease, including management of patients of all age groups, those who are pregnant and those with recurrent disease

#### 1.5.3.4 Intraoperative Complications

- Understand the principles of evaluation and management of the following complications:
  - Haemorrhage
  - Trauma to major artery or vein
  - Cardiac arrest transfusion reaction
  - Coagulopathies
  - Injury to bladder, ureters or bowel
  - Transection of nerve (e.g. obturator)

#### 1.5.3.5 Postoperative Complications

- Understand the principles of evaluation and management of the following complications:
  - Shock
  - Atelectasis and other respiratory problems
  - Intra-abdominal bleeding
  - Anuria or oliguria
  - DVT and pulmonary embolus

  - Cardiac problems
  - Infections
  - Ureterovaginal fistula and ureteric obstruction
  - Vesicovaginal fistula
- Bowel Complications:
  - Anastamotic leak
  - Ileus
  - Bowel obstruction
  - Jaundice
  - Coagulopathies
  - Wound infection, dehiscence

#### 1.5.3.6 Follow Up

- Describe the risk factors and patterns of recurrent disease
- Understand patterns of spread of each gynaecologic cancer type and reason for monitoring of patients for recurrent disease

#### 1.5.3.7 Radiation Therapy

- Understand the principles and practice of radiation therapy, with particular reference to gynaecological oncology

#### 1.5.3.8 Radiobiology

- Understand and describe:
  - Radiation effect on cell metabolism, chromosomes, cell cycle, and cell population
  - Cell survival curves
  - Radio-sensitivity
  - Modification of cellular radio-sensitivity, including molecular oxygen, radio
  - Sensitisers, combined radiation chemotherapy effects
  - Recovery and repair of tissue following radiation
  - Protection from radiation effect
  - Relative radio sensitivity among different organ systems (tissue tolerance)
  - Time-dose relationship
  - Therapeutic ratio
  - Long-term effects

#### 1.5.3.9 Radiation Physics

- Understand and describe principles of radiation protection, with special consideration of the foetus, and dose to foetus of a pregnant radiotherapy patient

#### 1.5.3.10 Clinical Radiotherapy

- Understand the indications, limitations, side effects and early and late complications of radiation therapy
- Understand and describe the place of radiotherapy and treatment planning in gynaecological malignancy in the following:
  - Cervix

  - Endometrium
  - Ovary and fallopian tube
  - Pelvic and aortic node irradiation
  - Vagina and vulva
- Understand the principles of management of long-term effects of radiotherapy, including vaginal stenosis, ovarian failure, oedema, osteopenia, and fistulae

#### 1.5.3.11 Public Health and Epidemiology

- Understand and describe the effects of cervical screening programs on incidence and mortality rates
- Describe the frequency of pap smears, including economic consideration
- Understand and describe the prevention of and screening for gynaecological and breast malignancies

## 1.6 Pathology

**General Aim**

Understand the principles of genesis, behaviour and identification of malignant and benign gynaecological cancers.

**Learning Objectives**

- Understand the principles underpinning the identification, both from direct visual and microscopic evaluation, of lesions that are premalignant or malignant and distinguish them from benign disorders
- Understand the genesis of malignant tumours, and the biological behaviour of premalignant and malignant tumours, including prognostic features
- Knowledge of immuno-histochemical stains and principles of molecular pathology

## 1.7 Immunology

**General Aim**

Understand the essential components and functions of the immune system and understand their relationship to oncology.

**Learning Objectives**

- Define a tumour marker and describe the requirements of a tumour marker
- Describe the properties of current tumour markers
- Describe the methods for the measurement of markers in terms of the principles involved, sensitivity, and specificity and cross reactivity
- Describe the properties and generation of monoclonal antibodies and their application to Sero-diagnosis and tumour localisation and targeted killing of tumour cells
- Describe the clinical value and limitations of current markers in use and the significance of false-positive and false-negative results
- Describe specific tumours of the female genital tract associated with clinically useful markers

## 1.8 Analysis of Clinical Information and Research

**General Aims**

Understand and describe the principles underpinning:

- Design, analysis, and reporting of a clinical investigation
- Evaluation of findings in research reports

Understanding the principles and methods underpinning productive and ethical research, and the sharing of knowledge in the medical community

**Learning Objectives**

### 1.8.1 Descriptive Statistics

- Understand how to calculate the mean, standard deviation, median and mode, and explain what they describe

### 1.8.2 Statistical Testing

- Understand the principles underpinning:
  - The formulation of testable hypotheses for a clinical investigation
  - Choosing and applying of appropriate statistical tests (Chi-square, t-test, Mann-Whitney U test) to clinical data in order to test hypotheses

### 1.8.3 Diagnosis

- Understand how to calculate:
  - Sensitivity and specificity of a clinical investigation and explain its clinical significance
  - Predictive value of a positive result of an investigation and explain its
  - Clinical significance
- Understand and describe the sensitivity and specificity of screening tests

### 1.8.4 Prognosis

- Understand how to:
  - Analyse the relative importance to prognosis of separate clinical and pathological variables using the Cox model
  - Use the life table method for reporting results
  - Compare different life tables

### 1.8.5 Clinical Trials

- Understand how to develop prospective comparative double-blind studies

### 1.8.6 Research

- Understand the:
  - Epidemiological techniques, e.g., cohort studies and case control studies, cumulative calculation and assessment of bias
  - Population parameters and sample techniques
  - Computation and interpretation of comparison measures, such as means and variations
- Understand the analysis of presented experiments and the construction of a hypothetical experiment with respect to the following:
  - The question examined
  - The hypothesis
  - The sampling technique, including sampling bias and sample size
  - Significance of results
  - The conclusion
  - The appropriate inferences which can be obtained

### 1.8.7 Publications

- Know the current RANZCOG guidelines in gynaecological oncology
- Know the relevant Cochrane reviews
- Know the NHMRC endorsed guidelines for management of pre-invasive and invasive gynaecological malignancies
- Know significant published studies and trials in gynaecological oncology

## 1.9 Diagnostic Techniques

**General Aims**

- Understand the principles underpinning selection of diagnostic techniques needed to:
  - Establish the diagnosis
  - Establish the extent of the disease
  - Evaluate the co-existing disease which may have an important bearing on selection of and response to treatment
  - Evaluate the response of cancer to treatment
- Understand the principles and applications of surgical staging

**Learning Objectives**

### 1.9.1 Visual Diagnostic Techniques

#### 1.9.1.1 Colposcopy

- Describe the indications, advantages, and limitations of colposcopy in the evaluation of abnormal cervical or vaginal cytology and vulvar neoplasia
- Describe normal and abnormal epithelial and vascular patterns involving the cervix, vagina and vulva

#### 1.9.1.2 Differential Staining

- Describe the principles underlying the use of various chemicals or stains (acetic acid, toluidine blue, Lugol's solution) to contrast normal from abnormal epithelium in the cervix, vulva or vagina and to use these agents correctly

#### 1.9.1.3 Cystoscopy

- Describe the principles underpinning cystoscopy and the interpretation of findings

#### 1.9.1.4 Proctosigmoidoscopy

- Describe the principles underpinning proctosigmoidoscopy and the interpretation of findings

#### 1.9.1.5 Gastrointestinal Endoscopy

- Describe the indications for gastrointestinal endoscopy

#### 1.9.1.6 Laparoscopy

- Understand the principles underpinning laparoscopy and describe indications for its use

#### 1.9.1.7 Hysteroscopy

- Describe the indications and technique in diagnosis of endocervical and endometrial carcinoma

#### 1.9.1.8 Biopsy and Cytology

*Open biopsy*

- Describe the indications for open biopsy
- Understand the principles underpinning the following procedures:
  - Directed cervical biopsies
  - Cone biopsy of the cervix, endocervical curettage
  - Endometrial biopsy and curettage
  - Vulvar and nodal biopsies of groin, including sentinel node biopsy
  - Pelvic and para-aortic node biopsy
- Describe the indications and techniques for biopsies of possible metastatic sites, such as lung, liver and spine

#### 1.9.1.9 Percutaneous Biopsy

- Understand the principles underpinning nodal, transvaginal and transabdominal needle biopsy for the diagnosis or evaluation of the extent of pelvic cancer, either in the form of fine needle aspiration (cytology), needle biopsy (tissue), paracentesis abdominis or thoraco-centesis (fluid)
- Describe the indications for other percutaneous (tissue or aspiration) biopsies such as for pulmonary, hepatic and breast lesions

#### 1.9.1.10 Cytology

- Describe the correct techniques for the collection of cytologic specimens from the various genital sites as used for cancer detection

- Describe the use, advantages and limitations of cytologic methods for cancer detection, e.g. sensitivity, specificity, false positives, false negatives

#### 1.9.1.11 Organ Imaging

- Describe the indications, relative value and limitations of the following techniques:
  - Standard plain x-ray film of heart and lungs, abdomen and skeletal system
  - Computerised tomography of the head and body
  - Lymphangiography, Lymphoscintigraphy
  - Angiography (pulmonary, renal and pelvic)
  - Intravenous and retrograde urography
  - Gastrointestinal and colonic radiography
  - Magnetic resonance imaging
  - Positron emission tomography
  - Other current procedures

#### 1.9.1.12 Radio-isotopic Scanning

- Describe the indications, relative value and limitations of isotopic scanning of:
  - Liver-spleen
  - Bone
  - Brain
  - Kidneys
  - Lungs
  - Peripheral vascular system
  - Sentinel lymph nodes

#### 1.9.1.13 Sonography

- Describe the indications, relative value, limitations and current use of sonography in the evaluation of the:
  - Genitourinary tract
  - Liver
  - Intraperitoneal masses
  - Retroperitoneal masses
  - Peripheral vascular thrombosis

#### 1.9.1.14 Biochemical

- Describe the abnormal values in blood chemistry as they pertain to gynaecological malignancies and its therapy in the following areas:
  - Liver function
  - Renal function
  - Serum electrolytes, osmolality and pH
  - Carbohydrate tolerance
  - Hypothalamic and pituitary function

#### 1.9.1.15 Blood Coagulation

- Describe tests needed to screen for coagulopathy, including disseminated intravascular coagulation, platelet and other disorders and the principles of their interpretation
- Describe the principles underpinning the interpretation of tests needed to assess status of anticoagulant therapy
- Describe the tests needed to screen for thrombophilias

#### 1.9.1.16 Pulmonary Function Tests (PFT)

- Describe PFT and their indications in preoperative and postoperative evaluation
- Describe the normal value of arterial pO2, pCO2, and pH and the values associated with chronic lung disease and acute postoperative disease (adult respiratory distress syndrome, emboli)

#### 1.9.1.17 Cardiovascular Function

- Describe the indications for preoperative cardiac evaluation based on past history and physical findings
- Describe the indications for and principles of interpretation, in terms of normal and abnormal physiology, central venous pressure, pulmonary wedge pressure, and ECG changes

#### 1.9.1.18 Nutritional Assessment

- Describe the routine laboratory and anthropometric assessment of the patient's nutritional status, including principles of their interpretation
- Understand and explain the need, benefits and complications associated with hyperalimentation (enteral and parenteral)

## 1.10 Clinical Management

**General Aims**

- Understand the:
  - Principles underpinning relevant therapeutic and diagnostic surgical procedures
  - Principles underpinning pain relief programs, including indications and principles of
  - Management of drugs used in the care of patients with progressive disease.
  - Importance of psychosocial factors in the management of Gynaecological Oncology patients
  - Support roles of community organisations and health professionals

**Learning Objectives**

### 1.10.1 Surgical Procedures

- Understand the indications, contraindications and principles underpinning the performance of the following procedures, including how to manage potential complications

### 1.10.2 Primary Therapy - Gynaecologic Procedures

- Cervix, including cryosurgery, laser, cone biopsy, loop electrosurgical excision procedure and radical diathermy
- Vulvectomy, skinning, simple, modified radical and radical with or without reconstructive surgery
- Hysterectomy
  - Total abdominal, subtotal, simple and radical
  - Vaginal
  - Laparoscopic or Robotic
- Complex minimal access surgery
- Salpingo-oophorectomy
- Radical debulking of ovarian malignancy
- Lymphadenectomy - pelvic, para-aortic and inguino-femoral
- Pelvic exenteration (anterior, posterior and total)
- Laparoscopic procedures

### 1.10.3 Gastrointestinal Procedures

- Small intestine
  - Resection
  - Bypass
  - Ileostomy
  - Mucous fistula formation
  - Fistula repair
  - Feeding jejunostomy and gastrostomy
  - Ileal conduit
- Large intestine
  - Resection
  - Bypass
  - Colostomy
  - Mucous fistula formation
  - Fistula repair
  - Transverse colon conduit
  - Sigmoid conduit

### 1.10.4 Urinary Tract

- Bladder
  - Partial cystectomy

  - Total cystectomy
  - Cystotomy
  - Vesico-vaginal fistula repair (abdominal and vaginal)
- Ureter
  - Ureteroneocystostomy with psoas hitch, with bladder flaps
  - End-to-end anastomosis
  - Transureteroneocystostomy
  - Cutaneous ureterostomy
  - Repair of operative injury to ureter
- Urethra
  - Partial resection
  - Repair fistula

### 1.10.5 Reconstructive Procedure

- Vagina
  - Split thickness skin graft
  - Pedicle grafts
  - Myocutaneous grafts
- Pelvic floor
  - Omental pedicle grafts
  - Hernias and prolapse
  - Incision and drainage of inguinal, abdominal and pelvic abscesses
  - Control of intraoperative or postoperative haemorrhage

### 1.10.6 Pain relief and Palliative Care

- Understand and describe causes and patterns of pain
- Understand and describe symptoms associated with terminal malignancy
- Understand:
  - Principles of management of a pain relief program
  - Principles of management of other symptomatic care
  - Pharmacology of drugs
  - Indications for oral and injectable medications
  - Indications for and principles of management of regional anaesthesia, epidural narcotics and neurosurgical procedures in pain relief

### 1.10.7 Psychosocial Oncology

- Understand the:
  - Importance of psychosocial factors in the management of the Gynaecological Oncology patient
  - Importance of counselling (patient and family), communication skills, psychological and sexual functioning
  - Role of the health professional who may assist in the management of these areas
  - Importance of ascertaining the psychological state of the cancer patient and the patient's relatives in both curable and incurable conditions, and terminal care

### 1.10.8 Community Care

- Understand and describe the community support roles of:
  - General practitioners
  - Nursing staff - district nurse, cancer specialist nurse
  - Other allied health professionals, e.g. occupational therapist
  - Family
  - Religion
  - Cancer support groups
  - Social services
  - Palliative care services

## 1.11 Professionalism and Management

**General Aim**

Understand the organisational responsibilities inherent in the practice of gynaecological oncology.

**Learning Objectives**

- Understand the organizational responsibilities inherent in the practice of gynaecologic oncology at a Subspecialty level, including:
  - Business management
  - Creating protocols for management
  - Effective systems for follow-up of results and records storage
  - Establishing and maintaining regional transport systems with appropriate patterns of referral
  - Involvement in research advisory and ethics Committees
  - Organization and co-ordination of clinical meetings
  - Risk management and practice audit
  - Optimising service delivery
  - Role and responsibility of indemnity providers
  - Continuing professional development
  - Appropriate multidisciplinary care of patients

## 1.12 Teaching

**General Aim**

Understand the principles and methods underpinning the teaching and assessment of practical and theoretical concepts.

**Learning Objectives**

- Understand the principles underpinning:
  - The facilitation of learning of patients, trainees, students and other health professionals
  - Apprenticeship learning
  - The provision of constructive feedback
  - Assessment of performance according to set performance criteria
- Understand the use of vocabulary that encourages and acknowledges learning
- Understand the learning needs of oneself and others

## 1.13 Ethics and the Law

**General Aim**

Understand and discuss the ethical and legal aspects of gynaecological oncology.

**Learning Objectives**

- Understand the RANZCOG code of ethical practice as pertains to practice in gynaecological oncology
- Understand and describe the specific issues associated with Gynaecological Oncology on the basis of ethical considerations, including:
  - Refusal of treatment
  - Euthanasia
  - Termination of pregnancy
  - Contraception
  - Genetic screening
  - Maternal fetal conflict
  - Health economics
  - Inequalities in health care nationally and internationally
- Understand and describe the specific duty of care and privacy issues associated with gynaecological oncology
- Understand the need for clear, contemporaneous notes for defending a claim

## 1.14 Culture

**General Aim**

Understand and discuss the ethical and legal aspects of Subspecialty practice in gynaecological oncology.

**Learning Objectives**

- Understand special implications for women's health services with respect to women of diverse cultural backgrounds, including indigenous women and those with various spiritual beliefs, sexual orientations, lifestyles, beliefs, ages, social status and perceived economic worth

- Understand and respect the ways in which culture impacts on women's reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments
- Have an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups and how these are applied in a clinical situation

## 2. Clinical and Management Skills

### Clinical and Management Skills Fundamental to the Practice of Gynaecological Oncology

Routine skill develops with practical experience. Subspecialists in Gynaecological Oncology perform complex skills that require much more than practical experience. Their skill set draws on a rich and interrelated store of knowledge that underpins and informs their practice. Their practice is characterized by professional attitudes and behaviours, and they review and update their practice continually to ensure the highest possible standard of healthcare delivery.

Gynaecological oncologists possess the:

- Advanced knowledge of genital malignancies
- Expertise in the most current approaches to diagnosis and treatment of patients with gynaecological cancers

All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the woman.

## 2.1 Gynaecological Oncology

**General Aim**

Investigate, diagnose, counsel, treat and manage women with gynaecological cancers.

**Learning Objectives**

- Take a history and perform an appropriate examination
- Counsel patients regarding a diagnosis of gynaecological malignancy, screening tests and the subsequent management
- Counsel patients regarding disease process, including bad news
- Counsel patients regarding predisposition to gynaecological cancer and liaise with medical genetics department to assess risk of developing cancer
- Select appropriate surgical management of gynaecological cancer according to patient's needs
- Counsel patients on risks and complications of management options
- Initiate pre-operative work-up and staging investigations
- Identify the high-risk surgical patient and liaise with anaesthetists
- Liaise with colleagues and other health professionals regarding co-ordinating investigations and management strategies pertinent to individual patients
- Manage post-operative care and complications thereof
- Counsel patients regarding chemotherapy and radiotherapy, including side effects and complications of treatment
- Recognise, investigate and manage acute and chronic toxicity and side effects of radiotherapy
- Counsel patients regarding entry into clinical trial.

- Recognise, investigate and manage recurrent disease
- Work as part of a palliative care team in a hospital, hospice and community

## 2.2 Surgical Skills

**General Aim**
Perform surgical procedures relevant to the management of gynaecological cancers.

**Learning Objectives**
- Perform colposcopy, vaginoscopy and vulvoscopy and perform treatment as appropriate
- Perform FNA or biopsy of superficial lymph node
- Perform risk-reducing surgery involving laparoscopic techniques
- Perform laparoscopic assessment and biopsy of suspected malignancies when clinically appropriate
- Perform simple and radical vulvectomy
- Perform partial vaginectomy, by abdominal and vaginal approach, and radical vaginectomy
- Perform appropriate surgical management of gynaecological cancers, including optimal debulking where necessary
- Perform hysterectomy, including radical hysterectomy, abdominal and vaginal
- Perform pelvic, para-aortic and groin lymph node dissection, open and laparoscopic
- Perform infra-colic and supra-colic omentectomy
- Organise anterior, posterior and total exenteration, including leading the surgical procedure
- Perform, with the assistance of surgical colleagues if necessary, exenterative surgery, urinary diversion procedures, and ileostomy / colostomy
- Perform sigmoidoscopy, exploratory laparotomy, and reparative bowel procedures, including resection and anastomoses
- Perform vaginal reconstructive surgery, including Williams's procedure, with the assistance of a surgical colleague if necessary
- Perform split thickness skin graft and myo-cutaneous graft, with the assistance of a surgical colleague if necessary
- Manage intra-operative complications, including reparative procedures to urinary tract, bowel or vessel, with the assistance of a surgical colleague if necessary
- Manage surgical site infections, and repair wound dehiscence and incisional hernia

## 2.3 Surgical Procedures

The practices and procedures of Gynaecological Oncology continue to evolve. The surgical procedures listed on the following page are procedures a current CGO trainee is expected to understand, perform under direct supervision or perform unassisted. The list is not intended to be exhaustive and there may be other procedures performed in some training units. As not all training units have the opportunity to offer surgical training in all the listed procedures, it is recommended trainees carefully plan their training time.

**Clinical Training Summary**

Subspecialty trainees may include up to 25 percent of directly supervised procedures ('Supervised Others') into their total number of 'personally performed' procedures, providing they supervised a FRANZCOG trainee.

## Surgical Procedures

| | Understand (not perform) | Direct supervision | Perform unassisted |
|---|---|---|---|
| **Generic Surgical Procedures** | | | |
| Laparoscopic oophorectomy | | | X |
| Laparoscopic assisted vaginal hysterectomy or total laparoscopic hysterectomy or robotic hysterectomy | | | X |
| Abdominal hysterectomy | | | X |
| Radical hysterectomy | | | X |
| Laparoscopic pelvic lymph node biopsy or dissection | | | X |
| Open pelvic lymph node biopsy or dissection | | | X |
| Laparoscopic para-aortic lymph node biopsy or dissection | | | X |
| Open para-aortic lymph node biopsy or dissection | | | X |
| Prolonged adhesiolysis (open) | | | X |
| Prolonged adhesiolysis (laparoscopic) | | | X |
| Pelvic Side Wall (PSW) exploration or exposure | | | X |
| Ureteric tunnel dissection | | | X |
| Anterior exenteration / urinary conduit | | X | |
| Posterior exenteration | | X | |
| Operative colposcopy | | | X |
| **Ovarian Cancer** | | | |
| Debulking surgery for ovarian cancer (stage III/IV) (other procedures may be marked as applicable) | | | X |
| Omentectomy | | | X |
| Insertion of intraperitoneal port and catheter | | | X |
| **Cervical Cancer** | | | |
| Cone biopsy | | | X |
| Radical trachelectomy | | | X |
| **Vulval Cancer** | | | |
| Wide local excision of vulva/simple vulvectomy | | | X |
| Wide radical excision / radical vulvectomy | | | X |
| Complete inguinofemoral lymph node biopsy | | | X |
| Sentinel node biopsy | | | X |
| Rotational/advancement flaps | | | X |
| **Vaginal Cancer** | | | |
| Vaginectomy (vaginal approach) | | | X |
| Vaginectomy (abdominal approach) | | | X |
| **Urology** | | | |
| Ureteric stent insertion | | | X |
| Repair of bladder | | | X |
| Repair of ureter including ureteric stent | | X | |
| **Colorectal Surgery** | | | |
| Resection of small bowel + / - reanastomosis | | X | |
| Resect large bowel + / - reanastomosis | | X | |
| Colostomy / ileostomy | | X | |

### Surgical Procedures

| | Understand (not perform) | Direct supervision | Perform unassisted |
|---|---|---|---|
| **Plastic Surgery and Wound Care** | | | |
| Repair of wound dehiscence | | | X |
| Repair of incisional hernia, with and without mesh | | | X |
| Myo-cutaneous flaps | X | | |

X *required*

## 2.4 Critical Care

- Understand critical care skills in the areas of:
  - Toxic shock syndrome
  - Septic shock
  - Amniotic fluid embolism
  - Adult respiratory distress syndrome
  - Haemodynamic monitoring / hypovolaemic shock
  - Cardiopulmonary resuscitation
  - Allergic (or adverse) drug reactions
  - Resuscitate an adult patient, including intubation

## 2.5 Management and Professional Responsibilities

**General Aim**

Apply sound management and administrative skills to professional practice.

**Learning Objectives**

### 2.5.1 Management

- Apply:
  - The basic principles of human resources management
  - The steps associated with recruiting staff
  - Principles of good staff supervision
- Advocate on behalf of junior staff
- Counsel staff and manage conflict resolution in the workplace

### 2.5.2 Administration

- Create protocols for management
- Establish and maintaining regional transport systems with appropriate patterns of referral
- Be involved in research advisory and ethics Committees
- Organise and co-ordinate clinical meetings

### 2.5.3 Clinical Service Delivery

- Take steps to minimise areas of potential complaint in the delivery of clinical services
- Ensure that staff communicate clearly, verbally and in writing, with the women in their care
- Discuss costs, where appropriate, before treatment
- Provide consistent information
- Apologise where you have inconvenienced a woman in your care or made an error
- Personally, discuss complaints with women in one's care
- Be able to convey bad news and sub-optimal outcomes compassionately, appropriately and in person

### 2.5.4 Business/Financial Management

- Apply the principles of effective bookkeeping
- Understand issues related to insurance, including professional indemnity and public liability
- Understand how income is affected by patient satisfaction and the ability to pay

### 2.5.5 Risk Management

- Understand the principles and importance of risk management
- Understand the importance of continuing professional development in both a risk management and service improvement context
- Understand the importance and functional basis of continuing professional development program in risk management and practice improvement

### 2.5.6 Relationships with Professional Bodies

- Understand the need for accountability and its relationship to registration
- Understand the role of the relevant medical Board and healthcare complaints body
- Understand the role of RANZCOG

### 2.5.7 Teamwork

- Understand the principles and importance of:
  - Good communication
  - Defining areas of individual responsibility
  - Collective goal setting
  - Providing opportunities for all team members to contribute

### 2.5.8 Time Management

- Understand the principles and importance of time management

### 2.5.9 Project Management

- Understand the importance of defining the scope of a project, the clustering of tasks and the principles of delegation

### 2.5.10 Economics

- Understand the basic principles of supply and demand, cost (total/marginal/average), profit, cost effective analysis and cost utility analysis
- Explain to patients the realities of health resource allocation

# Recommended Resources

## Texts

Berek JS, Hacker N (eds.). Practical Gynaecologic Oncology. London: Lippincott, Williams and Wilkins, 2005.

Clement PB, Young RH, (eds) Atlas of Gynecologic Surgical Pathology Canada. Elsevier, 2017

Markman M, Morrow CP, Curtin JP (eds.). Gynaecologic Cancer Surgery: A Comprehensive Text and Atlas. New York: Springer-Verlag, 2007.

Ramirez PT, Frumovitz M, Adu-Rustum NR (ed). Principles of Gynecologic Oncology Surgery. Philadelphia Elsevier, 2018

## Journals

British Medical Journal

European Journal of Gynaecological Oncology

Gynaecologic Oncology

International Journal of Gynaecological Cancer

Journal of Clinical Oncology

Lancet

Medical Journal of Australia

New England Journal of Medicine

## Websites

| | |
|---|---|
| Australian Society of Gynaecological Oncologists (ASGO) | www.asgo.net.au |
| European Society of Gynaecological Oncologists (ESGO) | www.esgo.org |
| Australian Gynaecological Cancer Foundation (AGCF) | www.agcf.org.au |
| International Gynaecological Cancer Society (IGCS) | www.igcs.org |
| Society of Gynaecologic Oncologists (SGO) | www.sgo.org |

# Appendices

## Acronyms

| | |
|---|---|
| **AAVIS** | Australian Association of Vaginal and Incontinence Surgeons |
| **AGES** | Australian Gynaecological Endoscopy Society |
| **AMC** | Australian Medical Council |
| **ANZJOG** | Australian and New Zealand Journal of Obstetrics and Gynaecology |
| **CGO** | Certification in Gynaecological Oncology |
| **CMFM** | Certification in Maternal Fetal Medicine |
| **COGU** | Certification in Obstetrical and Gynaecological Ultrasound |
| **CPD** | Continued Professional Development |
| **CREI** | Certification in Reproductive Endocrinology and Infertility |
| **CU** | Certification in Urogynaecology |
| **DDU** | Diploma of Diagnostic Ultrasound (available through Australasian Society of Ultrasound in Medicine) |
| **EAC** | Education & Assessment Committee of the RANZCOG |
| **FIGO** | International Federation of Obstetricians and Gynaecologists |
| **FRANZCOG** | Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| **FRCOG** | Fellow of the Royal College of Obstetricians and Gynaecologists (UK) |
| **IHCA** | In-Hospital Clinical Assessment |
| **IHCE** | In-Hospital Clinical Examination |
| **IMG** | International Medical Graduate |
| **MCQ** | Multiple Choice Questions |
| **MRCOG** | Member of the Royal College of Obstetricians and Gynaecologists (UK) |
| **NASOG** | National Association of Specialists in Obstetrics and Gynaecology |
| **NHMRC** | National Health and Medicine Research Council |
| **O&G** | Obstetrics and Gynaecology |
| **RACGP** | Royal Australian College of General Practitioners |
| **RACS** | Royal Australian College of Surgeons |
| **RANZCOG** | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| **RCOG** | Royal College of Obstetricians and Gynaecologists (UK) |
| **SIMG** | Specialist International Medical Graduate |
| **TAC** | Training Accreditation Committee |
| **TAR** | Training and Assessment Record |

## Abbreviations Used/Accepted in CGO Subspecialty Examinations and Training Documentation

| | |
|---|---|
| **AFP** | Alpha-Fetoprotein |
| **A/V** | Anteverted (UTERUS) |
| **BCG** | Vaccination Against Tuberculosis |
| **BP** | Blood Pressure |
| **BSO** | Hysterectomy/Bilateral Salpingo |
| **CS** | Classical Caesarean Section |
| **CSU** | Catheter Specimen of Urine |
| **D and C** | Dilation and Curettage |
| **DVT** | Deep Vein Thrombosis |
| **ECG** | Electrocardiograph(y) |
| **ERPOC** | Evacuation of Retained Products of Conception |
| **EUA** | Examination Under Anaesthesia |
| **FSH** | Follicle Stimulating Hormone |
| **GA** | General Anaesthesia |
| **GC** | Gonococcus Gonorrhoea |
| **GTT** | Glucose Tolerance Test |
| **Hb** | Haemoglobin |
| **HCG** | Human Chorionic Gonadotrophin |
| **HVS** | High Vaginal Swab |
| **LH** | Luteinising Hormone |
| **LMP** | Last Menstrual Period |
| **LSCS** | Lower Segment Caesarean Section |
| **MSU** | Midstream Specimen of Urine |
| **NAD** | Nothing Abnormal Detected |
| **PA** | Para-Aortic |
| **PM** | Post-Mortem Examination |
| **PofD** | Pouch of Douglas |
| **PPH** | Postpartum Haemorrhage |
| **PR** | Per Rectum |
| **PSW** | Pelvic Side Wall |
| **PUO** | Pyrexia of Unknown Origin |
| **PV** | Per Vaginum |
| **RBC** | Red Blood Cells |
| **R/V** | Retroverted Uterus |
| **SB** | Stillbirth |
| **STD** | Sexually Transmitted Disease |
| **SY** | Syphilis |
| **TAH** | Total Abdominal Hysterectomy |
| **TL** | Tubal Ligation |
| **TOP** | Termination of Pregnancy |
| **TV** | Trichomonas Vaginalis |
| **VDRL** | Venereal Disease Reference Laboratory |
| **VV** | Varicose Veins |
| **WBC** | White Blood Cells |
| **WR** | Wasserman Reaction for Syphilis |

# Glossary of Terms

**Accreditation**
The formal process by which a hospital obtains recognition from the RANZCOG as a training site for RANZCOG Training Programs.

**Accredited Hospital**
A hospital which has been accredited by the RANZCOG as a Training unit/site for RANZCOG Training Programs.

**Advanced Program**
A prospectively approved and planned two (2)-year Training Program in an area of interest to trainees, usually as part of their post-membership Training.

**Assessment Of Procedural Skills (APS)**
Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions.

**Area Of Need (AON)**
A national initiative to streamline the recruitment of overseas trained doctors (including O&Gs) to work in rural areas only. The prospective employer of an AON practitioner must refer the application to the RANZCOG for assessment and approval.

**Australian Society For Ultrasound Of Medicine (ASUM)**
A multidisciplinary society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care

**Board**
The governing body of the RANZCOG with an elected term of two (2), three (3)-year terms.

**Candidate**
A person attempting the Written and/or Oral Examinations and/or IHCA for the COGU Subspecialty and IHCE for the CMFM Subspecialty.

**Certification**
The formal process by which a trainee who has met all relevant Subspecialty selection, training and assessment criteria is recognised as a Subspecialist, after also attaining Fellowship of the RANZCOG

**Certification In Gynaecological Oncology (CGO)**
Certification in the treatment of genital malignancy after attaining Fellowship of the RANZCOG

**Certification In Maternal Fetal Medicine (CMFM)**
Certification in the area of maternal and fetal physiology and pathology after attaining Fellowship of the RANZCOG

**Certification In Obstetrical And Gynaecological Ultrasound (COGU)**
Certification in obstetrical and gynaecological ultrasound after attaining Fellowship of the RANZCOG

**Certification In Reproductive Endocrinology And Infertility (CREI)**
Subspecialty Training of three (3) years' duration in the treatment of reproductive endocrine disorders and infertility undertaken after attaining fellowship of RANZCOG

**Certification In Urogynaecology (CU)**
Certification in the field of urogynaecology, after attaining Fellowship of RANZCOG

**Clinical Training Summaries (CTS)**
Sheets containing summaries of the clinical experiences (both primary operator procedures and assists) recorded by a trainee in their logbook. These summaries are compiled by the trainee every six (6) months and checked/signed by the Chair of the CGO Subspecialty Committee.

**College**
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**Continuing Professional Development (CPD**)
The RANZCOG Program for continuing professional development in which all Fellows of RANZCOG must participate to qualify for renewal of their fellowship or Subspecialty certification every three (3) years.

**Consultant**
A specialist in Obstetrics/Gynaecology and Fellow of RANZCOG or certified Subspecialist with whom a trainee trains in an accredited RANZCOG Training unit.

**Consultant Assessment Form**
A form completed every six (6) months by each consultant working with a trainee, assessing the trainee's knowledge, skill and attitudes. From these forms the relevant Training Supervisor compiles the six (6)-monthly summative assessment report.

**Council**
The Governing body of RANZCOG with an elected term of two (2) years

**Credited Training**
A period of prospectively approved training of not less than ten (10 weeks) , for which a trainee has satisfactorily completed all assessment requirements and paid the necessary annual training fee.

**Directly Observed Procedural Skills (DOPS**)
Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions.

**Education & Assessment Committee (EAC)**

A standing Committee of council responsible for developing and maintaining the requirements for examinations and assessments leading towards the FRANZCOG and Subspecialty qualifications.

**Elevation**
The formal recognition that a trainee who has met all relevant selection and assessment criteria is a Fellow (FRANZCOG) of the College.

**Examiner**
A specialist in Obstetrics/Gynaecology formally approved by the RANZCOG to assess Written and Oral examinations and ICUEs for FRANZCOG, PTP, APTP or a Subspecialty.

**Fellowship (FRANZCOG)**
The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment and administrative requirements for the designated 276 weeks FTE of FRANZCOG Training.

**In-Hospital Clinical Assessment (IHCA) for FRANZCOG**
Three (3) hospital-based modules - consultation skills, diagnostic ultrasound, and colposcopy and the treatment of cervical disease

**In-Hospital Clinical Assessment (IHCA) for COGU**
A requirement of the COGU Subspecialty Training Programs in diagnostic ultrasound

**In-Hospital Clinical Examination (IHCE) for CMFM**
A requirement of the CMFM Subspecialty Training Programs in diagnostic ultrasound

**Logbook**
An online record of clinical experiences available via College website which trainees must maintain for every year of their FRANZCOG Subspecialty Training.

**Multi-Source Feedback (MSF)**
Assessment of an individual's professional behaviours undertaken by a diverse array of colleagues.

**Practice Improvement**
A process in which Fellows of RANZCOG review their work (individually or collectively) with the aim of improving or enhancing clinical practice by identifying areas for improvement or modification. Practice improvement is part of RANZCOG's Continuing Professional Development (CPD) Program.

**Program Director**
A certified Subspecialist responsible for planning and co-ordinating a Subspecialty Training Program at an accredited Subspecialty Training unit.

**RANZCOG Associate (Procedural and/or Advanced Procedural)**
Associate Member of RANZCOG who has completed the qualification of the RANZCOG Associate Training Program (Procedural) or RANZCOG Associate Training Program (Advanced Procedural).

**Register Of Trainees**
The formal record of all those undertaking the Associate Training Program (Procedural), Associate Training Program (Advanced Procedural), FRANZCOG, Subspecialty Training Programs.

**Regulations**
The formal stipulation of training requirements and the conduct of examinations and assessments approved by the RANZCOG Council

**Research-Based Discussion (RBD)**
Assessment of an individual's analysis of contemporary research related to their discipline.

**Research Project**
Original research work of sufficient quality and which meets the requirements of the relevant subspecialty training program, which Subspecialty trainees are required to submit as part of their assessment if completing the Research Stream.

**Royal Australian And New Zealand College Of Obstetricians And Gynaecologists Associate Training Program (Procedural) (PTP)**
A qualification for general practitioners who wish to obtain further post-graduate training in Obstetrics and family planning.
NOTE: A further qualification, the RANZCOG Associate Training Program (Advanced Procedural) (APTP), is also available in recognition of the attainment of skills in advanced Obstetrics and Gynaecology beyond the PTP.

**Scholarly Elective Research Or Non-Research Stream**
Experience in research in clinical Obstetrics and Gynaecology or further vocational training (CMFM only), which all trainees must undertake during the Subspecialty Training Programs.

**Six (6)-Monthly Trainee Feedback Questionnaire**
A confidential questionnaire on all aspects of training, which trainees are asked to complete at the end of each six (6)-month training period.

**Six (6)-Monthly Summative Assessment Report**
A composite report on the performance of each trainee in the RANZCOG Subspecialty Training Programs compiled every six (6) months by their Training Supervisor based on the individual assessments of the consultants with whom the trainee works.

**Specialist International Medical Graduate (SIMG)**
A medical practitioner in Obstetrics/Gynaecology who does not have an Australian or New Zealand primary medical degree and/or Australian/New Zealand residency status, and who must apply to the RANZCOG for assessment of their eligibility for specialist and/or Subspecialist recognition.

**Subspecialties Committees**
Six (6) Committees (an umbrella Committee and one (1) for each Subspecialty) responsible for the development and maintenance of training and assessment requirements to achieve qualification in a Subspecialty.

**Subspecialty Selection**
A formal process of selection applying to all prospective trainees intending to undertake the certification in Gynaecological Oncology (CGO), Obstetric and Gynaecological Ultrasound (COGU), Reproductive Endocrinology and Infertility (CREI), Urogynaecology (CU) or Maternal Fetal Medicine (CMFM).

**Subspecialty Training Program**
A 138 weeks (FTE) full-time training program leading to certification in one (1) of the following areas: Gynaecological Oncology; Maternal Fetal Medicine; Obstetrical and Gynaecological Ultrasound; Reproductive Endocrinology and Infertility; and Urogynaecology.

**Subspecialty Training Supervisor**
A consultant and Subspecialist of RANZCOG, who is a member of staff in an accredited unit, responsible for the co-ordination and ongoing supervision of Subspecialty trainees in that hospital, including the formal assessment of one (1) or more trainees every six (6) months.

**Three-Monthly Formative Appraisal Report**
A compulsory self-assessment in competencies in the categories of clinical, academic and professional abilities undertaken before meeting with the Training Supervisor.

**Trainee**
A medical practitioner, who meets the eligibility criteria described in the RANZCOG Regulations and whose training has been prospectively approved), undertaking FRANZCOG or Subspecialty Training Programs.

**Training Accreditation Committee**
A standing Committee of Council responsible for the development and maintenance of the training requirements for FRANZCOG Training Program the approval of training hospitals and posts, the review of RANZCOG Training Programs, and the consideration of applications for Fellowship elevation.

**Training Assessment Record (TAR)**
A collection of documents, compiled every six (6) months, recording and presenting for assessment, all the completed training experiences of each Subspecialty trainee.

**Training Unit**
One (1) or more sites that have been accredited as a group by RANZCOG as suitable for training towards Subspecialty Certification.

**Training Year**
A 'Subspecialty Training year' consists of two (2) consecutive 'six (6)-month training blocks' based around (but not confined to) a calendar year and is determined by the relevant Subspecialty Committee.

**Workplace-Based Assessments (WBA)**
Assessment of skills and behaviours in-situ and across multiple occasions

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| v1 2024 | Nov 2023 | Dates, Scholarly elective time, training/teaching time, administrative time, RPL |
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The Royal Australian and
New Zealand College of
Obstetricians and Gynaecologists

AUSTRALIA

College Place
1 Bowen Crescent
Melbourne
Victoria 3004
Australia
t: +61 3 9417 1699
f: +61 3 9419 0672
e: ranzcog@ranzcog.edu.au

NEW ZEALAND

Level 6 Featherston Tower
23 Waring Taylor Street
Wellington 6011
New Zealand
t: +64 4 472 4608
e: ranzcog@ranzcog.org.nz

ranzcog.edu.au