

THE ROYAL AUSTRALIAN AND  
NEW ZEALAND COLLEGE OF  
OBSTETRICIANS AND GYNAECOLOGISTS



CERTIFICATION IN GYNAECOLOGICAL ONCOLOGY  
TRAINING PROGRAM HANDBOOK

Published by  
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The Royal Australian and New Zealand College of Obstetricians and Gynaecologists  
254-260 Albert Street, East Melbourne, Victoria 3002, Australia

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**IMPORTANT NOTICE  
ON INFORMATION AND REGULATIONS  
IN THIS HANDBOOK**

**Every effort has been made to ensure that the information and  
College regulations in this handbook were correct  
at the time it was produced.**

**A regularly updated version of the handbook is available  
on the College website ([www.ranzcog.edu.au](http://www.ranzcog.edu.au))  
Readers are strongly advised to consult the website  
version when checking information or regulations.**

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**PART A: ADMINISTRATION**  
**1.0 COLLEGE INFORMATION**

# PART A

## 1.0 COLLEGE INFORMATION

### 1.1 DATES FOR 2010

31 January	Final date for payment of Annual Training Fee
1 February	Final date to request Certification applications for March Council meeting
19 February	Final date for return of Certification applications for March Council meeting
2-5 March	Council and committee meetings
26 March	Closing date for National Selection Process applications for 2011
30 April	Closing date to submit subspecialty research projects (2010 exam candidates)
14 May	National Selection Process interviews for 2011 trainees
31 May	Closing date for applications to sit the Subspecialty Written and Oral Examinations (2010 candidates)
2 June	Final date to request Certification applications for July Council meeting
30 June	Final date for return of Certification applications for July Council meeting
13-16 July	Council and committee meetings
10 August	Subspecialty Written Examinations
1 October	Final date to request Certification applications for November Council meeting
30 October	Final date for return of Certification applications for November Council meeting
9-12 November	Council and committee meetings
21 November	CGO Oral Examination

**\* NOTE: LATE APPLICATIONS FOR RANZCOG EXAMINATIONS AND CERTIFICATION WILL NOT BE ACCEPTED - Please refer to the relevant College Regulations in the Subspecialties Committee Policies and Procedures Handbook.**

## 1.2 COLLEGE HOUSE STAFF CONTACT DETAILS

### Director of Education & Training

Mr Julian Cross  
tel +61 3 9417 1699 fax +61 3 9419 0672  
[jcross@ranzcog.edu.au](mailto:jcross@ranzcog.edu.au)

### Subspecialty & Curriculum Development Services

Name and Position	Area of responsibility	Contact details
Ms Lyn Johnson Subspecialties & CPD Services Manager	Subspecialties - Training policies Recertification Accreditation of subspecialty training units Assessment of overseas trained subspecialists	tel +61 3 9412 2944 fax +61 3 9419 7817 <a href="mailto:ljohnson@ranzcog.edu.au">ljohnson@ranzcog.edu.au</a>
Ms Susan Westcott Administrative Officer	Subspecialty committee coordination National selection process	tel +61 3 9412 2941 fax +61 3 9419 7817 <a href="mailto:swestcott@ranzcog.edu.au">swestcott@ranzcog.edu.au</a>
Ms Jayne Petricca Administrative Officer	Subspecialty trainee enquiries Subspecialty registration/training documentation Subspecialty research projects	tel +61 3 9412 2959 fax +61 3 9419 7817 <a href="mailto:jpetricca@ranzcog.edu.au">jpetricca@ranzcog.edu.au</a>
Mrs Anna Kaider Curriculum Coordinator	Subspecialties & DRANZCOG curricula	tel +61 3 9412 2982 fax +61 3 9419 7817 <a href="mailto:akaider@ranzcog.edu.au">akaider@ranzcog.edu.au</a>

### Training Services

General training email address: [training@ranzcog.edu.au](mailto:training@ranzcog.edu.au)

Name and Position	Area of responsibility	Contact details
Mr Shaun McCarthy Training Services Manager	Training Policy/Program	tel +61 3 9412 2917 fax +61 3 9419 7817 <a href="mailto:smcarthy@ranzcog.edu.au">smcarthy@ranzcog.edu.au</a>
Ms Anne Davenport Training Services Re-accreditation Coordinator	ITP Hospital Re-accreditation	tel +61 3 9412 2960 fax +61 3 9419 7817 <a href="mailto:adavenport@ranzcog.edu.au">adavenport@ranzcog.edu.au</a>
Ms Maggie van Tonder Training Services Administrative Officer	Trainee registration Membership & Fellowship applications Training documentation	tel +61 3 9412 2936 fax +61 3 9419 7817 <a href="mailto:mvantonder@ranzcog.edu.au">mvantonder@ranzcog.edu.au</a>

(cont')

**Training Services**  
(cont')

Name and Position	Area of responsibility	Contact details
Ms Katherine Goodwin Administrative Officer	DRANZCOG/DRANZCOG Advanced trainee applications/certification Occupational Training Visas	tel +61 3 9412 2911 fax +61 3 9419 7817 <a href="mailto:kgoodwin@ranzcog.edu.au">kgoodwin@ranzcog.edu.au</a>
Mr Matthew Davies Administrative Officer	Administration of Membership/ Fellowship training program and documentation Basic Surgical Skills Workshops	tel +61 3 9412 2998 fax +61 3 9419 7817 <a href="mailto:mdavies@ranzcog.edu.au">mdavies@ranzcog.edu.au</a>

**Assessment**

General assessment email address: [assessment@ranzcog.edu.au](mailto:assessment@ranzcog.edu.au)

Name and Position	Area of responsibility	Contact details
Mr Julian Cross Director of Education	Assessment/Curriculum	tel +61 3 9412 2928 fax +61 3 9419 0672 <a href="mailto:jcross@ranzcog.edu.au">jcross@ranzcog.edu.au</a>
Ms Bronwyn Robinson Assessment Coordinator	Assessment/Curriculum	tel +61 3 9412 2979 fax +61 3 9412 2953 <a href="mailto:brobinson@ranzcog.edu.au">brobinson@ranzcog.edu.au</a>
Ms Frances Gilleard Assessment Coordinator	Research Project Research Skills Workshops Surgical Procedures Education & Examination Programs	tel +61 3 9412 2945 fax +61 3 9412 2953 <a href="mailto:fgilleard@ranzcog.edu.au">fgilleard@ranzcog.edu.au</a>
Alice Williams Examinations Officer - DRANZCOG	Communication Skills Workshops DRANZCOG Examinations	tel +61 3 9412 2929 fax +61 3 9412 2953 <a href="mailto:awilliams@ranzcog.edu.au">awilliams@ranzcog.edu.au</a>

### 1.3 COLLEGE TRAINING AND EDUCATION COMMITTEES

Standing Committees of Council have been established to formulate and review training and assessment requirements leading towards the attainment of MRANZCOG/FRANZCOG and Subspecialty qualifications.

Council Committees usually meet in March, July and November.

#### Education & Assessment Committee

Chair: Dr Michael Rasmussen

Responsibilities:

- Development and maintenance of requirements for the examinations and assessments leading towards MRANZCOG, FRANZCOG and Subspecialty certification
- Assessment Subcommittee

#### Training Accreditation Committee

Chair: Dr Rupert Sherwood

Responsibilities:

- Approval of hospitals and training posts suitable for MRANZCOG/FRANZCOG training and the development of training programs
- Consideration and assessment of individual trainee programs leading towards MRANZCOG/FRANZCOG
- Consideration of applications for admission to MRANZCOG and elevation to FRANZCOG
- Coordination of the development and maintenance of the training requirements associated with the MRANZCOG/FRANZCOG
- Coordination of the ITP hospital re-accreditation process, including site visits to hospitals

#### Subspecialties Committee

Chair: Dr Gino Pecoraro

Responsibilities of the Subspecialties Committees:

- Development of training and assessment requirements to achieve qualification in the relevant subspecialty
- Consideration and assessment of individual trainee applications and programs leading to the award of a subspecialty qualification
- Consideration and assessment of Overseas Trained Subspecialists seeking a RANZCOG subspecialty qualification
- Determination of the requirements for recertification the relevant subspecialty

#### Certification in Gynaecological Oncology Subspecialty Committee

Chair: Dr Deborah Neesham

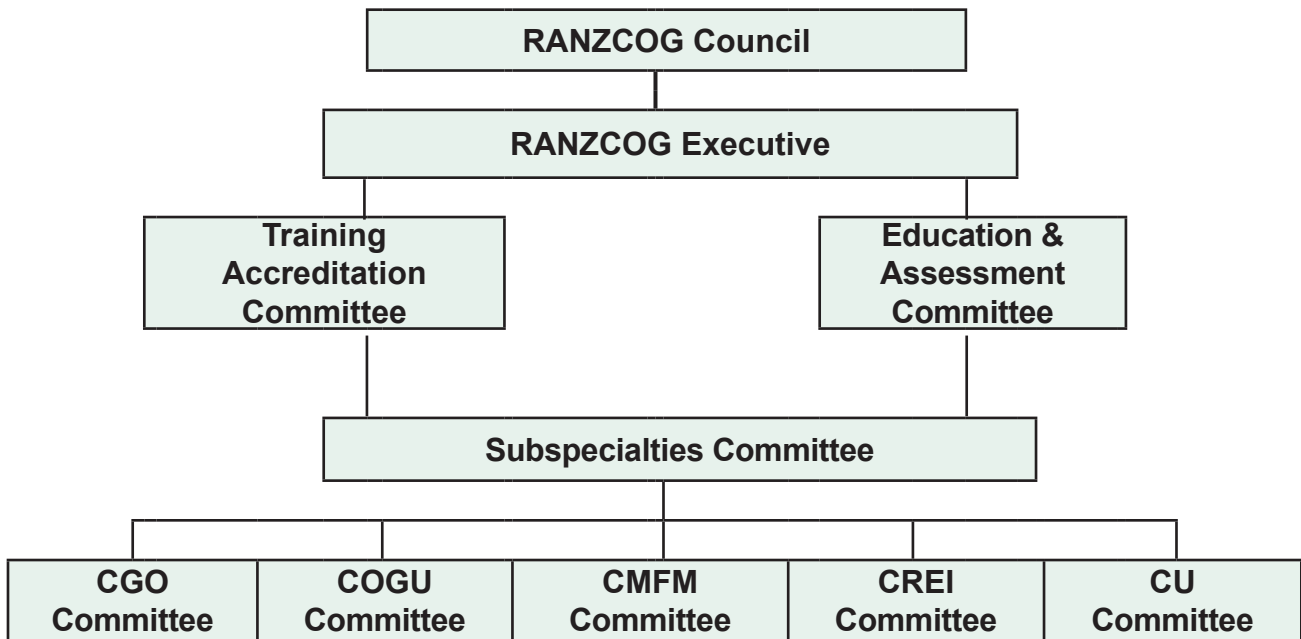
Chair of the Examination Board: Dr Gerard Wain

Responsibilities:

- Development of training and assessment requirements to achieve certification in the GO subspecialty
- Consideration and assessment of individual trainee applications and programs leading to the award of certification in GO
- Consideration and assessment of Overseas Trained Subspecialists seeking a RANZCOG qualification in GO
- Determination of the requirements for recertification in the GO subspecialty

All correspondence pertaining to the work of these committees should be forwarded to the chair of the relevant committee through College House.

**1.4 SUBSPECIALTY TRAINING AND ACCREDITATION ORGANISATIONAL STRUCTURE**



**LIST OF CURRENT CGO SUBSPECIALISTS**

New South Wales		Victoria	Queensland
Dr K Atkinson Professor J Carter Dr J Dalrymple Dr G Gard Dr R Hogg Dr G Otton A/Professor A Proietto Dr G Wain	Dr A Brand Dr F Chan Dr R Farrell Professor N Hacker Dr K Jaaback Professor D Marsden Dr S Pather Dr G Robertson Dr S Valmadre	A/Professor D Allen Dr P Grant Dr S Hyde A/Professor T Jobling Dr T Manolitsas Dr D Neesham Professor M Quinn A/Professor R Rome	Professor A Crandon Dr R Land Dr J Nicklin Professor A Obermair Dr L Perrin Dr M Nascimento Dr P Singh

South Australia	Western Australia	Tasmania	New Zealand	Overseas
Dr M Davy Dr R Miller A/Professor M K Oehler Dr S Paramasivam	Dr A Garrett Professor I Hammond Dr Y Leung Dr A McCartney Dr S Salfinger	Dr P Blomfield	Dr P Sykes Dr A-L Tan Dr J Whittaker Dr B Simcock	Dr D S K L Cheng (Hong Kong) Mr P W Larsen-Disney (UK)

# PART A

## 1.0 COLLEGE INFORMATION

### 1.5 ACCREDITED CGO TRAINING UNITS & PROGRAM DIRECTORS

State/Country	Training Unit	Program Director	Accreditation Period
Victoria	Mercy Hospital for Women, Melbourne	Dr Simon Hyde	01/01/2009 - 31/12/2013
	Royal Women's Hospital, Melbourne	Dr Deborah Neesham	01/01/2009 - 31/12/2013
	Monash Medical Centre, Melbourne	Associate Professor Tom Jobling	01/01/2009 - 31/12/2013
New South Wales	Royal Hospital for Women, Sydney	Professor Neville Hacker	01/01/2009 - 31/12/2013
	Westmead Hospital, Sydney	Dr Gerard Wain	01/01/2009 - 31/12/2013
	Royal Prince Alfred & Concord Hospitals, Sydney	Professor Jonathan Carter	01/01/2009 - 31/12/2013
	Hunter New England Hospital, Newcastle	Dr Geoff Otton	01/01/2009 - 31/12/2013
Queensland	Mater Adult Hospital, Sth Brisbane	Dr Lewis Perrin	01/01/2009 - 31/12/2013
	Royal Brisbane Hospital, Brisbane	Professor Alexander Crandon & Jim Nicklin	01/01/2009 - 31/12/2013
South Australia	Royal Adelaide Hospital, Adelaide**	Dr Margaret Davy	01/01/2009 - 31/12/2013
	Flinders Medical Centre	Dr Sellva Paramasivam	01/01/2009 - 31/12/2013
Western Australia	West Australian Gynaecological Cancer Service & King Edward Memorial Hospital for Women, Perth	Dr Yee Leung	01/01/2009 - 31/12/2013
New Zealand	Christchurch Women's Hospital, Christchurch **	Dr Peter Sykes	01/01/2005 - 31/12/2009
Singapore	KK Women's & Children's Hospital, Singapore	Dr Eng-Hseon Tay	01/01/2005 - 31/12/2009

\*\* Trainees for 12 months only

# **PART A: ADMINISTRATION**

## **2.0 TRAINING ADMINISTRATION**

# PART A

## 2.0 TRAINING ADMINISTRATION

### 2.1 A YEAR-BY-YEAR GUIDE FOR TRAINEES

	YEAR 1	YEAR 2	YEAR 3	Continuing Professional Development
<b>Training</b>	<b>Gynaecological Oncology</b> (compulsory) Minimum of 2 years in a gynaecological oncology unit			College Approved Professional Development Programs
	<b>General Surgery</b> (desirable) 1 year at an advanced level			
	<b>Medical Oncology</b> (desirable) no more than 3 months			
	<b>Radiotherapy</b> (desirable) no more than 3 months			
	<b>Pathology Sessions</b> attendance at pathology sessions, including tumour board meetings			
<b>Assessment</b>	Submit Mid-semester formative assessment forms at 3 & 9 months			Recertification Requirements
	Submit Six-monthly summative assessment and entire TAR at 6 & 12 months			
	Research Project Proposal (draft), including timeline		Research Project Completed	
	Research Project Proposal (final), including ethics committee approval			
	Surgical Skills Assessment 1	Surgical Skills Assessment 2	Written Examination	
Oral Examination				

## 2.2 APPLYING FOR PROSPECTIVE APPROVAL TO COMMENCE TRAINING

### Eligibility

To join a subspecialty training program in Australia or New Zealand, doctors must have:

1. successfully completed the MRANZCOG Examination, the Integrated Training Program and preferably one elective year; or
2. have obtained the FRANZCOG.

Trainees commencing from 2004 onwards should note that only one year of post-Membership training may be credited towards subspecialty training.

### Applications - National Selection Process

The CGO Subspecialty Committee will advertise annually (in the January, February and March issues of the *Training & Assessment Bulletin* and *College Connexion*, and the March issue of *O&G Magazine*) for prospective CGO trainees to apply through the National Selection Process for a training position in the CGO Subspecialty Training Program which leads to certification as a subspecialist in Gynaecological Oncology. Successful National Selection Process candidates are then responsible for obtaining their own position in an accredited CGO training unit.

All applicants must use the official RANZCOG National Selection Process application form available on the College website and submit their application to College House addressed to the Chair of the CGO Committee. Cover letters are not required but will be accepted.

Applicants must note that they are required to provide the details of three (3) referees. These referees must be:

- a) a senior colleague (FRANZCOG or equivalent) with whom the applicant has worked in the previous two years. If applicants are still completing FRANZCOG training, this senior colleague must be the Training Supervisor.
- b) Two other colleagues with whom the applicant has worked in the last two years.

Applicants must have successfully completed the MRANZCOG examinations prior to the closing date for applications. For this reason, prospective trainees should sit the examinations in the year before

they wish to submit a National Selection Process application.

Applicants are advised to contact the College to confirm the application closing date for the National Selection Process.

The interviews will be held in May.

### Selection Criteria

Applicants will be assessed against the following Selection Criteria:

- previous experience in obstetrics and gynaecology
- previous surgical experience
- research experience
- psychosocial medical experience
- teaching experience
- commitment to Gynaecological Oncology
- ability to relocate during the training program
- referee reports

### Entry level knowledge for CGO

1. Candidates are strongly advised to review the following areas: Anatomy, Genetics, Surgical Pathology (including neoplasia), and Immunology. These areas must be known at the level required for MRANZCOG and at the applied subspecialty tertiary referral level.
2. Candidates must be well acquainted with public health and social concerns in the subspecialty, including the medical, ethical, social, and legal aspects of gynaecological oncology.
3. Candidates should be familiar with current literature that is relevant to the gynaecological oncology discipline.
4. Candidates must be able to monitor and manage their own and their institution's practices, carry out their own research studies, and analyse the work of others critically. The candidate must therefore have a thorough practical understanding of the statistical and managerial methods used in the field.

### Interview Panel

The interview panel consists of three (3) panelists, one of whom is the Chair of the CGO Subspecialty Committee. All applicants will be notified in writing of the outcome of the interview.

# PART A

## 2.0 TRAINING ADMINISTRATION

### Registration

Following confirmation of a training post, the prospective Trainee will need to register as a RANZCOG Trainee and pay the Annual Training Fee. Trainees who commence part-way through the year will pay a pro-rata amount of the annual training fee.

The RANZCOG Registration and Prospective Approval of Training forms are distributed in November, and are also available on the College website.

### 2.3 APPLYING FOR PROSPECTIVE APPROVAL TO CONTINUE IN THE CGO TRAINING PROGRAM

All CGO Trainees are required to apply for prospective approval of training for each year of training. This includes clinical and research experience. Applications for prospective approval of training must be made on the official RANZCOG *Registration and Prospective Approval of Training* forms which are distributed in November, and are also available on the College website.

Some trainees find that circumstances and opportunities change during the CGO Training Program. The Trainee or the Training Supervisor should communicate this to the CGO Subspecialty Committee as soon as possible.

### 2.4 APPLYING FOR PART-TIME TRAINING

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures 2009* Handbook for regulations pertaining to part-time training.

Year 1 of subspecialty training must be completed full time. In subsequent years, part-time training may be approved.

All part-time training must not be less than half of the full-time training requirement for the relevant training period at the relevant training site and the duration of the training program must be extended appropriately for that trainee. This half-time training must include a range of experience appropriate to the trainee's year level, as well as appropriate supervision.

All CGO trainees are required to apply for prospective approval of part-time training using the *Application to Train Part-time* form available on the College website.

### 2.5 APPLYING FOR LEAVE FROM TRAINING

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures 2009* Handbook for regulations pertaining to taking leave from training.

In any one training year, all subspecialty trainees must do a minimum of 44 weeks of active clinical service and formal training or 44 weeks 0.5FTE of part-time training. Any leave arrangements made by trainees - i.e., annual leave, maternity leave, extended sick leave, family leave, research leave, or leave without pay - must not reduce this stipulated minimum of service/training per year. If a trainee takes any leave which reduces this stipulated minimum, the relevant six-month block of training will not be credited.

This regulation applies irrespective of any government or hospital leave entitlements which may operate in a particular state or region.

In addition to the eight weeks' leave per year allowed, trainees are permitted up to two weeks of study-conference leave per year, which is recognised as part of active clinical service. This study/conference leave must be prospectively approved using the Application for Leave form available on the College website.

At each six-monthly summative assessment, the trainee and his/her supervisor must sign off on the number of weeks of leave taken during the six-month training period. The nature of the leave must also be indicated. This signing-off process is done using the leave box which appears on the six-monthly assessment form. Trainees must also maintain, in their Training Assessment Record, an accurate record of all leave taken during the three year training period.

Any leave in excess of normal leave entitlements must be prospectively approved by the Chair of the CGO Subspecialty Committee using the Application for Leave form available on the College website. If necessary, the Chair may discuss the leave application with the CGO Subspecialty Committee. The application for leave approval must be made with the knowledge and agreement of the Training Supervisor.

### 2.6 TRAINING IN AN OVERSEAS TRAINING UNIT

Trainees are advised to consult the *Subspecialties Committee Policy and Procedures Handbook* for regulations pertaining to undertaking training in an overseas training unit.

Trainees may undertake part of their training in an overseas training unit. As with all training, overseas training must be prospectively approved by the CGO Subspecialty Committee. Trainees must provide a

## 2.0 TRAINING ADMINISTRATION

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, overseas trainees are required to submit all training documentation within the specified timelines to College House. The guidelines and regulations that govern registration, fees and training documentation also apply to overseas trainees.

In some 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 Supervisor with the necessary documentation and explain how it is used.

## 2.7 REGISTRATION & TRAINING FEES

Fees are from 2010 inclusive. All fees are reviewed annually and subject to change

### Training

Annual Training Fee	\$AU 1280.00
Late lodgement fee	10% annual fee per month
Re-instatement fee	50% annual fee

### Assessment

Subspecialty Written Examination	\$AU 1,100.00
Subspecialty Oral Examination	\$AU 2,680.00
Special Consideration Application	\$AU 180.00
Overseas-Trained Subspecialist Assessment	\$AU 2,560.00

### Certification Fee

Subspecialty Certification Fee	\$AU 600.00
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The annual training fee is due within one calendar month of commencing training.

Trainees who do not pay the annual training fee within one calendar month of commencing training will incur a late fee (10 per cent of the annual training fee) for each month they are overdue, in addition to the annual training fee. These trainees will receive one formal written reminder from the College.

Trainees who have not paid their annual training fee (including late fees) within three calendar months of commencing training will be removed from the Register and will not be permitted to continue training until they have paid the outstanding fees, together with a reinstatement fee (calculated as 50 per cent of the annual training fee).

Training will not be credited until such time as the above fees are paid. Training will be credited from the date when the trainee is reinstated.

Trainees who remain in arrears with RANZCOG fees, including the annual training fee, will be ineligible for all RANZCOG examinations.

# PART A

## 2.0 TRAINING ADMINISTRATION

Trainees who commence training during January of any calendar year will pay the full annual training fee. Trainees commencing part-way through the year will pay a pro-rata amount of the annual training fee.

Trainees who elect to stay on the Register when not undertaking prospectively approved training will be required to pay the annual training fee.

Trainees who have completed the training requirements, but not all the assessment requirements for certification in the subspecialty, must remain registered as a RANZCOG trainee. They must pay half the annual training fee until the satisfactory completion of all assessment requirements for certification in the subspecialty and must nominate at the completion of their training, a RANZCOG certified CGO Subspecialist, to act as a mentor/supervisor. The exception to this is when notification in writing is received of the trainee's intent not to proceed with certification in the subspecialty. Trainees who do not comply with the above will not be eligible to sit the examinations and a period of 12 months or more will render the trainee ineligible to rejoin the training register.

Trainees who discontinue their registration as a registered RANZCOG trainee and subsequently decide to obtain subspecialty certification will be required to pay half the annual training fee for the period of time between the last record of registration as a RANZCOG trainee and certification as a subspecialist.

### **2.8 OVERSEAS TRAINED SUBSPECIALISTS**

Overseas Trained Subspecialists applying for certification as CGO subspecialists are directed to consult the *Subspecialties Committee Policies and Procedures 2009 Handbook*.

# PART A

## 2.0 TRAINING ADMINISTRATION

### 2.9 TIMELINE FOR TRAINING IN CGO

YEAR ONE	YEAR TWO	YEAR THREE
Register and pay fees by end of January ↻	Register and pay fees by end of January ↻	Register and pay fees by end of January ↻
Start planning research project ↻		Research Project to be submitted at least two months BEFORE final examination ↻
Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻
		Apply for examination(s) by 30 April if going to be eligible. Eligible for written or oral examination after 24 months of satisfactory training if 30 months of prospectively approved training will be completed by the time of the examination. First attempt must be within 2 years of completion of clinical training. ↻
Six-monthly summative assessment with Training Supervisor. Submit entire TAR with draft research project proposal, including timeline, and feedback questionnaire to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire, and research project report to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire to College House ↻
Submit proposal for Year 2 training ↻	Submit proposal for Year 3 training ↻	Eligible for first examination if research project has been submitted ↻
Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻	Mid-semester formative assessment with Training Supervisor and forward to College House ↻
Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire and final research project proposal, with institutional ethics committee approval ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire and research project report to College House ↻	Six-monthly summative assessment with Training Supervisor. Submit entire TAR with feedback questionnaire to College House ↻
Complete Surgical Skills Assessment 1 ↗	Complete Surgical Skills Assessment 2 ↗	
<b>MUST COMPLETE OVER THREE YEAR PERIOD</b>		
Personal performance of minimum numbers of a variety of scans and procedures. Participation in specialist units Involvement in pathology sessions, including tumour board meetings ↻		

### **2.10 APPLYING FOR CERTIFICATION AS A CGO SUBSPECIALIST**

Trainees are advised to consult the *Subspecialties Committee Policies and Procedures Handbook* for regulations pertaining to Subspecialty Certification.

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

- Joined the CGO Subspecialty Training Program in Australia and New Zealand after obtaining an approved Australian or New Zealand subspecialty training position
- Have passed the following assessments:
  - the Research Project
  - completed all the Components of the CGO Training Program requirements
  - the Written Examination
  - the Oral Examination
- Have satisfactorily completed and been credited with 36 months of full-time, or part-time equivalent, approved CGO subspecialty training
- Have submitted all documents required by these regulations and/or the CGO Subspecialty Committee
- Have paid all required training, examination, certification and subscription fees
- Achieved all of the above within six years of satisfactorily completing approved CGO subspecialty training (4 consecutive attempts to pass the examination with up to two years special leave as approved by the CGO Subspecialty Committee)

Trainees must submit an Application for Subspecialty Certification form available from the College website to the Subspecialties Department at College House in Melbourne.

**PART A: ADMINISTRATION**

**3.0 ACCREDITATION OF CGO**

**TRAINING UNITS**

### 3.1 STANDARDS FOR THE ACCREDITATION OF A CGO TRAINING UNIT

#### Workload:

- Manage a minimum of 150 new cases of invasive gynaecologic malignancy per year and 50 tertiary referred gynaecology or obstetric emergencies
- Sufficient workload to maintain and develop the clinical skills of existing personnel and to train CGO trainees

#### Staff:

- One or more on-site certified gynaecologic oncologists who will act as Training Supervisors. If there is only one CGO subspecialist, then the unit can only be approved for a maximum of one year of training per trainee.
- A certified gynaecologic oncologist who will act as Program Director and coordinate the training program, accept the responsibility for supervision and be actively involved in the training process
- Appropriate liaison/interface with a colposcopist\*
- Appropriate liaison/interface with a medical oncologist with interest and expertise in gynaecologic oncology\*
- Appropriate liaison/interface with a radiation oncologist with interest and expertise in gynaecologic oncology \*
- Appropriate liaison/interface with a palliative care physician with interest and expertise in gynaecologic oncology \*
- Appropriate liaison/interface with a gynaecologic pathologist \*
- Appropriate liaison/interface with gynaecologists managing pre-invasive disease\*
- A team of identifiable gynaecologic oncology nurses

#### Facilities:

- A minimum of 10 designated gynaecological oncology beds
- Access to relevant diagnostic modalities including CT, MRI and PET scanning, ultrasound and FNA cytology
- Facilities for high dependency care

- Appropriate facilities for assessment and follow-up
- Adequate access to library and information technology facilities to support subspecialty work, training and research, over and above that required for the recognition of MRANZCOG and higher training posts

#### Activities:

- Cancer register and data collection
- Written and agreed treatment protocols
- Research program related to gynaecologic oncology
- Regular minuted Tumour Board/Clinicopathology meetings
- Regular education, peer review, practice review, and clinical management meetings at a subspecialty level
- Representation at hospital and local clinical, multidisciplinary and scientific meetings
- Involvement in education at nurse, undergraduate and postgraduate levels

\* Liaison/interface with associated disciplines must satisfy the training requirements as outline in the Training Program.

### 3.2 APPLYING FOR ACCREDITATION AS A CGO TRAINING UNIT

Training Units need not necessarily carry out every possible subspecialty activity to be involved in the training of specialists for the qualification of CGO. In applying for accreditation, prospective training units can submit joint applications in which activities in more than one institution complement each other.

A detailed application for accreditation as a training unit should be submitted to the CGO Subspecialty Committee, on the electronic accreditation template. Where necessary the committee would organise a site visit by its representatives who would include at least one College certified subspecialist and one Fellow not involved in the subspecialty. In most cases, this process will take place before the anticipated time of an appointment to the training position. In order to maintain approved unit status, a review of Training Assessment Records produced by the Trainee on the quality of the training provided by the training unit must be considered satisfactory.

An institution fulfilling all of the criteria could be approved for two or more years of training

## 3.0 ACCREDITATION OF CGO TRAINING UNITS

responsibility. Those units that fall short of fulfilling all of the requirements may be approved for one year of training responsibility per trainee.

A trainee must complete two years full-time (or its part-time equivalent) in a public hospital training site.

A maximum of 2 training positions per unit is applicable at any one time.

Re-accreditation of a training unit should take place every 5 years or earlier if there has been a change in the staffing or services provided.

### Documentation Required

The application document must include:

#### A. Evidence of Workload

- A qualitative (i.e. how and by whom the clinical service is delivered) and quantitative (i.e.: an indication of the number of patients seen and procedures performed) description of the clinical services provided in the unit in the last 12 month period. Details of procedures which will be either performed by CGO trainees or at which CGO trainees will act as first assistant must be highlighted.

#### B. Evidence of Staff

- Names, postnominals and titles of practitioners working at a subspecialty level in the unit.
- Proportion of time these practitioners spend working at the subspecialty level in the unit.
- Past responsibilities for trainees these practitioners have had in the last 5 years.
- Names of proposed Training Supervisors and Program Director.
- Names of other health professionals (as listed above), including areas of health expertise and details of liaison/interface

#### C. Evidence of Facilities

- Details regarding number of gynaecologic oncology beds in the unit
- Description of access to relevant diagnostic modalities, including CT, ultrasound and FNA cytology
- Description of facilities for high dependency care
- Description of facilities for assessment and follow-up

- Evidence of access to adequate library and information technology facilities

#### D. Evidence of Activities

- Description and evidence of cancer register and data collection
- List of all current written and agreed treatment protocols implemented at the training unit
- Publications and Presentations:
  - the Research Project
  - List of publications, published and in preparation, in the last 5 years by practitioners working at a subspecialty level at the unit in all categories described below. Details of publications must include the title of the publication, authors, the name of the journal, and the date of publication.
    - Gynaecologic malignancies
    - Radiological and diagnostic investigations of gynaecologic malignancies
    - Therapeutic management of patients with gynaecologic malignancies
    - Surgical management of patients with gynaecologic malignancies
    - Other
  - List of presentations made by practitioners working at a subspecialty level in the unit at scientific meetings in the last 5 years. Details of presentations must include the title of the presentation, name/s of presenter/s, title of the conference or scientific meeting, and date of the presentation.
- Research
  - List of current research projects in progress undertaken by trainees working at the subspecialty level in the unit. Details must include title of the research project, names of researchers, brief description of research, and expected completion dates.
  - Details of opportunities for research to be completed by prospective trainees.
  - List of other research projects the unit has been involved in over the past 5 years. Details must include name of project, brief description of research, and how the unit was involved.
- Meetings
  - Timetable of regular minuted Tumour Board/Clinicopathology meetings
  - Timetable of regular education, peer

- review, practice review, and clinical management meetings at a subspecialty level
- Evidence of representation at hospital and local clinical, multidisciplinary and scientific meetings.
- Teaching
  - Details of involvement in nurse, undergraduate and postgraduate level teaching.

## Summary

Unit accreditation and re-accreditation for CGO subspecialty training will depend on demonstrating the capacity to develop trainees across the whole subspecialty.

Training can take place in non-accredited training units, but such positions would be approved (for 12 months at a time) only after application in advance by a trainee registered with the College.

Ultimately, responsibility for the trainee receiving suitable training will continue to rest with the trainee.

The advantage in being an accredited training unit is that prospective trainees will know in advance that the unit has the capacity to offer them the training they need. The fact of the appointment will then ordinarily be accepted as evidence that their position is a suitable one.

# **PART B: CURRICULUM**

### 1.0 AIMS

#### 1.1 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 year training program in gynaecological cancer care and have passed the examination for the CGO (Certificate of Gynaecological Oncology).

She/he is 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. She/he will submit themselves for recertification every three years, and only those actively practising will continue to be certified.

#### 1.2 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.

#### 1.3 Aims of the Subspecialties

The College introduced certification in the five 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

### **1.4 Aims of the Subspecialty in Gynaecological Oncology**

The College 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

### 2.0 OBJECTIVES OF THE CGO 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. Should be able 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.
- There should be 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.

### 3.0 KNOWLEDGE AND UNDERSTANDING

#### 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 (Sections 3.1 to 3.9)
- **clinical or applied knowledge** that links the science and the practice of gynaecological oncology (Section 3.10)
- **contextual knowledge** (for example, consultation processes, business and management principles, professional expectations) that acknowledges the service obligations implicit in the practice of gynaecological oncology (Sections 3.11 to 3.14)

Relevant knowledge may be accessed in a variety of ways, through text books, 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.

#### 3.1 Epidemiology and Aetiology

##### General Aim

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

##### Specific Objectives

###### Epidemiology

Understand and describe the epidemiological factors related to genital neoplasia

###### Aetiology

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

### 3.2 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.

#### Specific Objectives

##### 3.2.1 Blood supply

Describe the blood supply of;

- small bowel
- large bowel
- omentum
- vulva
- urethra
- bladder
- ureter
- cervix
- uterus
- adnexae
- vagina
- thigh

##### 3.2.2 Lymphatics

Describe the lymphatics of;

- ovary
- peritoneum
- cervix
- uterus
- vulva
- vagina
- gastrointestinal tract, urinary tract and mediastinum

##### 3.2.3 Neuroanatomy

Describe the innervation of the pelvis and abdomen

##### 3.2.4 Retroperitoneal anatomy

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

##### 3.2.5 Anterior abdominal wall anatomy

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

### 3.3 Physiology and Pathophysiology

#### General Aim

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

#### Specific Objectives

##### 3.3.1 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

##### 3.3.2 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

##### 3.3.3 Blood and Blood Components

Understand the principles of:

- Transfusion, including the composition, indication, hepatitis and AIDS risk, and advantages of the following blood components: red blood cells, platelets, cool and fresh frozen plasma, albumin, concentrated leucocytes
- Blood clotting, including the process of normal haemostasis, changes in the process of haemostasis in abnormal coagulation states, and the aetiology, diagnosis and treatment of congenital and acquired bleeding disorders

##### 3.3.4 Pulmonary Function

- Describe the normal physiology of pulmonary function and pulmonary function tests
- Describe the process of respiratory failure and its management

##### 3.3.5 Shock

- Describe the assessment of normal cardiac status
- Describe the physiological alterations in major organs induced by hypovolaemic, cardiogenic, and septic shock

##### 3.3.6 Renal Function

- Describe normal renal function, including control mechanisms and the evaluation of function
- Describe the physiology of abnormal function with particular reference to urinary tract obstruction

##### 3.3.7 Digestive Tract

- Describe the normal physiology of the digestive tract
- Describe the changes in the physiology of the digestive tract which are induced by malignancy, extensive resection, irradiation and chemotherapy
- Describe the changes in the physiology of the digestive tract which are related to intestinal obstruction, blind loop syndrome, short bowel syndrome, and fistula formation
- Describe the changes in hepatic physiology related to extrahepatic and intrahepatic tumours, infections agents, cirrhosis and hepatocellular toxicity

### **3.3.8 Endocrine System**

- Describe the normal physiology of the pituitary-ovarian axis
- Describe the changes in pituitary-ovarian physiology which are induced by malignancy, extensive surgery, irradiation and chemotherapy
- Describe the indication, risks and management of hormone replacement therapy

### **3.3.9 Central Nervous System**

- Describe the normal physiology of the CNS, particularly in relation to pain
- Describe the physiological basis of abnormal function resulting from gynaecological malignancy

### **3.3.10 Urinary Tract**

- Understand and describe the effects of gynaecological malignancy on the urinary tract
- Understand and describe the effects of treatment of gynaecological malignancy on the urinary tract
- Understand and describe the principles of management and repair of urinary tract injury, conduit formation and management

### 3.4 Genetics

#### General Aim

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

#### Specific 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

### 3.5 Pharmacology and Therapeutics

#### General Aims

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

#### Specific Objectives

##### 3.5.1 General Pharmacology

###### Total Parental Nutrition

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

###### Gastrointestinal Alimentation

- Describe the indication and complications of gastrointestinal alimentation

###### Haematinics

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

###### 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

###### 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

###### Anaesthetic Agents

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

###### 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

###### 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

## 3.0 KNOWLEDGE &amp; UNDERSTANDING

- Drugs acting on peripheral vasculature in management of septic shock
- Drugs acting on pulmonary function
- Diuretics

**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

**3.5.2 Chemotherapy****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

**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

**Mechanisms of Action**

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

**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

### **Combination Chemotherapy**

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

### **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

### **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

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

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

### **3.5.3 Therapeutic Principles**

#### **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

#### **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)

#### **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

## 3.0 KNOWLEDGE &amp; UNDERSTANDING

**Intraoperative Complications**

- Understand the principles of evaluation and management of the following complications:
  - transfusion reaction
  - coagulopathies
  - massive haemorrhage
  - trauma to major artery or vein
  - cardiac arrest
  - injury to bladder, ureters or bowel
  - transection of nerve (e.g.; obturator)

**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 fistula
  - ileus
  - bowel obstruction
  - jaundice
  - coagulopathies
  - wound infection, dehiscence

**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

**3.5.4 Radiation Therapy**

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

**Radiobiology**

- Understand and describe;
  - radiation effect on cell metabolism, chromosomes, cell cycle, and cell population
  - cell survival curves
  - intrinsic radiosensitivity
  - modification of cellular radiosensitivity, 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

### **Radiation Physics**

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

### **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

### **3.5.5 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

### 3.6 Pathology

#### General Aim

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

#### Specific 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

### 3.7 Immunology

#### General Aim

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

#### Specific 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, 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

### 3.8 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
  - quantitative approaches to diagnosis, prognosis and medical decision-making
- Understand the principles and methods underpinning productive and ethical research, and the sharing of knowledge in the medical community.

#### Specific Objectives

##### 3.8.1 Descriptive Statistics

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

##### 3.8.2 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, Mann-Whitney) to clinical data in order to test hypotheses

##### 3.8.3 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

##### 3.8.4 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

##### 3.8.5 Clinical trials

- Understand how to develop prospective comparative double blind studies

##### 3.8.6 Research

- Understand:
  - 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

#### **3.8.7 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

### 3.9 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

#### Specific Objectives

##### 3.9.1 Visual Diagnostic Techniques

###### 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

###### 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

###### Cytoscopy

- Describe the principles underpinning cytoscopy and the interpretation of findings

###### Proctosigmoidoscopy

- Describe the principles underpinning proctosigmoidoscopy and the interpretation of findings

###### Gastrointestinal endoscopy

- Describe the indications for gastrointestinal endoscopy

###### Laparoscopy

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

###### Hysteroscopy

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

##### 3.9.2 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

### **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 thoracocentesis (fluid)
- Describe the indications for other percutaneous (tissue or aspiration) biopsies such as for pulmonary, hepatic and breast lesions

### **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

### **3.9.3 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
- Lymphography
- Angiography (pulmonary, renal and pelvic)
- Intravenous and retrograde urography
- Gastrointestinal and colonic radiography
- Magnetic resonance imaging
- Positron emission tomography
- Other current procedures

### **3.9.4 Radioisotopic Scanning**

Describe the indications, relative value and limitations of isotopic scanning of;

- liver-spleen
- bone
- brain
- kidneys
- lungs
- peripheral vascular system
- sentinel lymph nodes

### **3.9.5 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

### **3.9.6 Biochemical**

Describe the abnormal values in blood chemistry as they pertain to gynaecological malignancies and its therapy in the following areas:

## 3.0 KNOWLEDGE &amp; UNDERSTANDING

- liver function
- renal function
- serum electrolytes, osmolality and pH
- carbohydrate tolerance
- hypothalamic and pituitary function

**3.9.7 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

**3.9.8 Pulmonary Function Tests (PFT)**

- Describe PFT and their indications in preoperative and postoperative evaluation
- Describe the normal value of arterial  $pO_2$ ,  $pCO_2$ , and pH and the values associated with chronic lung disease and acute postoperative disease (adult respiratory distress syndrome, emboli)

**3.9.9 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

**3.9.10 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)

### 3.10 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

#### Specific Objectives

##### 3.10.1 Surgical Procedures

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

##### 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
- Salpingo-oophorectomy
- Radical debulking of ovarian malignancy
- Lymphadenectomy, pelvic, para-aortic and inguino-femoral
- Pelvic exenteration (anterior, posterior and total)
- Laparoscopic procedures appropriate to gynaecological oncology

##### Gastrointestinal Procedures

(\* items are considered mandatory to achieve competence)

- 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

## 3.0 KNOWLEDGE &amp; UNDERSTANDING

**Urinary Tract**

(\* items are considered mandatory to achieve competence)

- Bladder
  - partial cystectomy\*
  - total cystectomy\*
  - cystotomy\*
  - vesicovaginal fistula repair (abdominal and vaginal)\*
- Ureter
  - ureteroneocystostomy I with psoas hitch, II with bladder flaps
  - end-to-end anastomosis\*
  - transureteroneocystostomy
  - cutaneous ureterostomy
  - repair of operative injury to ureter\*
- Urethra
  - partial resection\*
  - repair fistula

**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

**3.10.2 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

**3.10.3 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

#### **3.10.4 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

### 3.11 Professionalism and Management

#### General Aim

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

#### Specific 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

### 3.12 Teaching

#### **General Aim**

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

#### **Specific 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

### 3.13 Ethics and the Law

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

#### Specific 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

### 3.14 Culture

#### **General Aim**

Understand and discuss the ethical and legal aspects of subspecialty practice in Gynaecological Oncology.

#### **Specific 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.

## 4.0 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:

- 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.

### 4.1 Gynaecological Oncology

#### General Aim

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

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

### 4.2 Surgical Skills

#### General Aim

Perform surgical procedures relevant to the management of gynaecological cancers.

#### Specific 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 infracolic and supracolic 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 procedure, with the assistance of a surgical colleague if necessary
- Perform split thickness skin graft and myocutaneous 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

## 4.0 CLINICAL &amp; MANAGEMENT SKILLS

## 4.3 Surgical Procedures

	Understand (not perform)	Direct Supervision	Perform Unassisted
<b>Generic Surgical Procedures</b>			
Hysteroscopy rigid/flexible			
Laparoscopy			x
Laparoscopic oophorectomy			x
Laparoscopic assisted vaginal hysterectomy or total laparoscopic hysterectomy			x
Abdominal hysterectomy			x
Vaginal hysterectomy			x
Radical hysterectomy			x
Pelvic lymph node dissection			x
Para-aortic lymph node biopsy			x
Para-aortic lymph node dissection			x
Laparoscopic pelvic lymph node dissection			x
Laparoscopic para-aortic lymph node biopsy			x
Biopsy of superficial lymph nodes			x
FNA			x
Trucut biopsy			x
Infracolic and supracolic omentectomy			x
Adhesiolysis			x
Appendicectomy			x
<b>Generic Surgical Procedures (cont')</b>			
Anterior exenteration		x	
Posterior exenteration		x	
Total exenteration		x	
<b>Ovarian Cancer</b>			
Debulking surgery for ovarian cancer (stage III/IV)			x
Interval debulking surgery			x
<b>Cervical Cancer</b>			
Cervical loop excision or cone biopsy			x
Staging procedures			x
Radical trachelectomy			x
<b>Vulval Cancer</b>			
Wide local excision of vulva			x
Simple vulvectomy			x
Sub-facial groin lymph node dissection			x
Radical vulvectomy			x
Skin graft of vulva (full thickness/advancement/rotational grafts)		x	
Plastic reconstruction (eg; gracilis muscle graft of vulva, TRAM)	x		
Biopsy of groin nodes			x
Sentinel node detection		x	
<b>Vaginal Cancer</b>			
Vaginoscopy and vaginal biopsy			x
Partial vaginectomy (vaginal approach)			x
Partial vaginectomy (abdominal approach)			x
Radical excision of vagina			x
<b>Urology</b>			
Insert supra pubic catheter			x
Cystoscopy			x
Ureteroscopy			x
Ureteric stent			x
Surgical repair of bladder injury			x

# PART B

## 4.0 CLINICAL & MANAGEMENT SKILLS

	Understand (not perform)	Direct Supervision	Perform Unassisted
Repair of ureter		x	
Ureteric reimplantation		x	
Primary anastomosis of ureter		x	
Cystectomy		x	
Ileal conduit		x	
Continent urinary diversion		x	
<b>Colorectal Surgery</b>			
Over sew bowel serosa			x
Repair small bowel injury			x
Resection and reanastomosis of small bowel			x
Perform ileostomy		x	
Resect large bowel		x	
Perform colostomy		x	
Primary reanastomosis of large bowel		x	
Abdomino-perineal resection		x	
<b>Plastic Surgery and Wound Care</b>			
Repair of wound dehiscence			x
Repair of incisional hernia, with and without mesh			x
Split thickness skin graft		x	
Rotational flaps		x	
Advancement flaps		x	
Myocutaneous flaps		x	
Williams procedure		x	
Myocutaneous grafts		x	

#### 4.4 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

#### 4.5 Management and Professional Responsibilities

##### General Aim

Apply sound management and administrative skills to professional practice.

##### Specific Objectives

##### 4.5.1 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

##### 4.5.2 Administration

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

##### 4.5.3 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 women 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

##### 4.5.4 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

### 4.5.5 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

### 4.5.6 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 roles of the RANZCOG

### 4.5.7 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

### 4.5.8 Time management

- Understand the principles and importance of time management

### 4.5.9 Project management

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

### 4.5.10 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

## 4.6 Research Skills

### General Aim

Undertake productive and ethical research, and share knowledge in the medical community.

### Specific Objectives

- Use electronic databases, such as Medline and the Internet, to conduct literature searches and to locate information
- Critically appraise/evaluate relevant literature, reviews and new techniques/technologies
- Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers
- Conduct a literature review
- Develop an hypothesis to be tested
- Choose an appropriate research methodology and design a research study
- Apply for ethics committee approval for a clinical or laboratory based study
- Collect, collate and interpret data
- Apply basic statistical analysis to clinical data
- Develop an outline structure for a research paper
- Write a literature review for a research paper
- Apply the developed outline to write a research paper

## 5.0 RECOMMENDED RESOURCES

### 5.1 Texts

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

Hoskins WJ, Perez CA, Young RC (eds.). *Principles and Practice of Gynecologic Oncology*. London: Lippincott, Williams and Wilkins, 2000.

Kurman RJ (ed.). *Blausteins's Pathology of Female Genital Tract*. New York: Springer-Verlag, 2002.

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

### 5.2 Journals

British Medical Journal

European Journal of Gynecological Oncology

Gynecologic Oncology

International Journal of Gynecological Cancer

Journal of Clinical Oncology

Lancet

Medical Journal of Australia

New England Journal of Medicine

### 5.3 Websites

Australian Society of Gynaecological Oncologists (ASGO): [www.asgo.net.au](http://www.asgo.net.au)

European Society of Gynecological Oncologists (ESGO): [www.esgo.org](http://www.esgo.org)

Gynecological Cancer Foundation (GCF): [www.thegcf.org](http://www.thegcf.org)

International Gynecological Cancer Society (IGCS): [www.igcs.org](http://www.igcs.org)

Society of Gynecological Oncologists (SGO): [www.sgo.org](http://www.sgo.org)

## **PART B: CURRICULUM**

### **6.0 CGO TRAINING PROGRAM**

## 6.0 CGO TRAINING PROGRAM

## 6.1 REQUIREMENTS OF THE CGO TRAINING PROGRAM

3-year Clinical Training Program	<ul style="list-style-type: none"> <li>• must be prospectively approved</li> <li>• first year must be spent in a prospectively approved RANZCOG accredited CGO Subspecialty Training Post in Australia or New Zealand and must be completed on a full-time basis</li> <li>• subsequent years may be completed either full-time or part-time, with a maximum of 2 years' break before credit for training may be lost</li> <li>• 2 years must be spent in an Australian/New Zealand training position</li> <li>• desirable that trainees should not spend all three years in the same training site</li> <li>• desirable that part of the program is in a prospectively approved unit outside Australia or New Zealand</li> <li>• trainees will be expected to present their ongoing research at a minimum of 2 scientific meetings over the three-year training period</li> <li>• clinical training must be completed in 5 years</li> <li>• participation in gynaecological oncology unit for minimum of two years</li> <li>• participation in surgical unit, particularly gastrointestinal and urological, for one year desirable</li> <li>• sufficient participation in medical oncology management of no more than 3 months (not compulsory)</li> <li>• participation as team member planning radiotherapy and performing radiation treatment of no more than 3 months (not compulsory)</li> <li>• participation in pathology sessions related to gynaecological oncology, including compulsory participation in tumour board meeting</li> <li>• assessment of surgical skills at the end of years 1 and 2</li> </ul>
Training Documentation	<ul style="list-style-type: none"> <li>• mid-semester assessment to be completed and forwarded to College House</li> <li>• Training &amp; Assessment Records (TARs) must be completed, signed and submitted to the College for each 6-month period</li> <li>• Surgical Skills Summary must be submitted with six-monthly TARs in Years 1 and 2 of training</li> <li>• all reports must be submitted within 8 weeks of completing each 6-month period</li> </ul>

# PART B

## 6.0 CGO TRAINING PROGRAM

Research Project	<ul style="list-style-type: none"><li>• draft Research Project proposal, including timelines, to be submitted with the first six-month training documentation within the approved timeframe for submission of training documents</li><li>• detailed Research Project proposal with institutional ethics approval, if necessary, to be submitted at end of the first 12 months of training within the approved timeframe for submission of training documents</li><li>• progress reports must be submitted with training documentation at 18 &amp; 24 months</li><li>• must consist of work in the area of or pertaining to the Gynaecological Oncology subspecialty</li><li>• original research work at a standard to be accepted in a peer-reviewed journal</li><li>• a project published in a peer-reviewed journal with an impact factor of <math>\geq 2</math> will not need to be formally assessed, but must still be submitted</li><li>• case reports and review articles not acceptable</li><li>• research paper must be submitted by 30 April in the year of examination</li><li>• must have been assessed as satisfactory at least two months prior to the date of the second examination</li></ul>
Examinations (written & oral)	<ul style="list-style-type: none"><li>• applications close on 31 May each year</li><li>• eligible for first attempt at the examination (written or oral) only if satisfactory completion of 24 months of prospectively approved training and expected to complete a further 6 months of prospectively approved training before the examination</li><li>• the examination (written or oral) must be attempted for the first time within 2 years of completion of training</li><li>• must pass both the written and oral examinations within six years of completing prospectively approved subspecialty training</li><li>• maximum of four consecutive attempts allowed for each examination</li><li>• research project must have been assessed as satisfactory at least two months prior to the date of the second examination</li></ul> <p>Written:</p> <ul style="list-style-type: none"><li>• is usually held in August</li><li>• 3 hours duration</li><li>• comprises 12 fifteen-minute short answer questions</li></ul> <p>Oral:</p> <ul style="list-style-type: none"><li>• 3 hours and 20 minutes duration (plus short break)</li><li>• a pass in the written examination is no longer a requirement for eligibility for the oral examination</li><li>• usually held each year within six months of written examination</li><li>• comprises nine fifteen-minute stations (a fifteen-minute break may occur) and five minutes preparation before each station</li><li>• histological sections, videos, laboratory worksheets, photographs, journal article critiques may be included</li></ul>

## 6.0 CGO TRAINING PROGRAM

## 6.2 COMPONENTS OF THE CGO TRAINING PROGRAM

The CGO Training Program consists of THREE CLINICAL YEARS, all of which must be prospectively approved. It includes the following elements:

### Gynaecologic 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" (see below in Paragraph 2), 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.

### Research

Trainees must participate in the planning, conduct, and reporting of research in gynaecological oncology.

### Surgical Skills

Trainees must demonstrate surgical competence in the following procedures by the end of Years 1 and 2 of training:

#### Year 1

Open surgery

- PSW exploration & dissection/exposure
- Ureteric tunnel dissection
- Omentectomy
- Pelvic lymphadenectomy

Vulvar surgery

- Vulvectomy and repair (primary or flap)

Bladder surgery

- Repair of bladder

#### Year 2

Open surgery

- Radical hysterectomy
- Para-aortic exploration/lymphadenectomy

Vulvar surgery

- Groin node dissection

Laparoscopic surgery

- PSW exploration/lymphadenectomy\*
- Hysterectomy\*

Bowel surgery

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

\* Desirable, but not compulsory

#### Important Points:

1. A maximum of 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 such rotations will be accredited, i.e. a maximum of 6 months in total. Such a rotation should be for a minimum period of 3 months. Prospective approval should be sought for such a program. A log book 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 training program and no application for reduction in the duration of the training program will be entertained in this respect.

## **PART B: CURRICULUM**

### **7.0 ASSESSMENT**

## 7.1 TRAINING DOCUMENTATION

Trainees are required to complete and submit the following documents as part of their CGO training:

- Daily Training Record (DTR)
- Mid-semester Formative Assessment
- Training and Assessment Record (TAR), including the Six-monthly Summative Assessment Report

These documents are all available on the College website.

### Daily Training Record (DTR)

The DTR is a record of selected aspects of the trainee's experience during 1 year of the CGO Subspecialty Training Program. In the DTR, trainees must record:

- clinical experience
- attendance at meetings
- attendance at outpatient clinics
- research activities

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 Training and Assessment Record, the six-monthly summary of training experiences which trainees are obliged to prepare for the College. These six-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 training. They are used by the College to monitor the experience provided for the trainee by the hospital
- it makes up a component of the formal proof of training, which trainees are obliged to provide to the College when requested. The Chair of the CGO Subspecialty Committee, the Training Supervisor, or Program Director may view the DTR for verification or clarification of details in the Training and Assessment Record.

NOTE:

1. The DTR must be reviewed and signed by the Training Supervisor every 3 months.
2. Trainees are required to complete a new DTR for every year of training.
3. The DTR includes detailed instructions on how to complete it.
4. The privacy of all patients must be protected.

### Printed and Electronic Versions

Trainees may choose to print the DTR from the College website and complete a hard copy, or use the DTR electronically. If the DTR has been maintained electronically, then a print-out must be produced for the Training Supervisor to review and sign every 3 months. Trainees must retain a copy of signed print outs.

In addition:

- Annotations used in the electronic DTR must be fully explained in an accompanying legend
- Trainees must regularly back up any electronically maintained DTR. Claims for recognition of training will not be recognised where data cannot be produced.

If trainees choose to set up their own electronic version of the DTR, the following requirements must be met:

- Electronic DTRs must be in a spreadsheet program, such as Excel
- The electronic version must indicate the relevant training period (including training year), the name of the Training Supervisor, location and type of training. Training periods should be kept separate from each other
- The headings contained in the printed DTR must be duplicated in the electronic version and must be shown on any print-out
- The Certificate of Accuracy, Certificate of Satisfactory Completion of the DTR, and Record of Discussion and Assessment by Training Supervisor must be incorporated
- Every three months, trainees must submit a print-out of the relevant data for signature and notation by the Training Supervisor
- All procedures must be listed in print-outs and signed off by the relevant consultants, as per the printed DTR

- Complete print-outs for the entire period of training must be kept and presented to the Chair of the CGO Subspecialty Committee when required for assessment purposes
- The confidentiality of all patients must be protected
- All guidelines detailed in the printed DTR apply equally to electronically maintained DTRs
- Trainees must regularly back-up any electronically maintained DTR. Claims for recognition of training will not be recognised where data cannot be produced
- The guidelines detailed in the printed College DTR apply to an electronically maintained DTR and records

### Mid-Semester Formative Assessment

The mid-semester assessment is completed by the trainee and Training Supervisor, each giving a brief assessment of the trainee's progress over the three-month period. The Training Supervisor must indicate if the assessment is satisfactory OR that improvement is expected. In the latter case a warning is then given that failure to improve may result in a FAIL in the next six-monthly Trainee Report. The Training Supervisor and Trainee must both sign and date the form before it is forwarded to College House.

### Training and Assessment Record (TAR)

The TAR is designed to provide the Chair of the CGO Subspecialty Committee, Training Supervisor, Program Director and the College with a sequential presentation of all training and assessment achievements. It also enables trainees to record progress made in other components of the CGO Training Program, such as participation in oncology units, and attendance at meetings.

The TARs must be updated by the trainee, and sighted and signed by the Training Supervisor, every 6 months.

### Completion of TAR

Every 6 months, trainees must:

- Update as necessary the Trainee Training Record, which is the record of training sites and dates for commencement and completion of training.
- Tally the clinical experiences recorded in the DTR and record the results on the Clinical Training Summary.
- Complete an Average Weekly Timetable for the six-month training period. If the training period altered significantly during the 6 months, trainees must use photocopies of the page to indicate the different training experiences.
- Complete the trainee section of the Research Project Progress Report and have the Training Supervisor complete the Training Supervisor section of the report.
- Surgical Skills Assessment Summary
- Complete the Components of the CGO Training Program Record and have it signed by the Training Supervisor.
- Complete the Trainee Participation in other Professional Activities record.
- Have each consultant with whom the trainee has worked to fill out a Trainee Assessment Form.
- The Training Supervisor consolidates the Trainee Assessment Forms from each consultant into a single, composite Six-Monthly Summative Assessment Report, which is a summary of ratings and comments collected from the consultants. This report is used for 2 purposes:
  - it provides the trainee with feedback on their performance from the consultants with whom the trainee has worked, and
  - it provides the College with feedback on the trainee's progress.
- All RANZCOG CGO trainees are required to provide a confidential evaluation of their training unit in the form of a Trainee Feedback Questionnaire. This questionnaire can be discussed with the Program Director, although this is not essential, and aims to identify strengths and weaknesses within Training Units that, where appropriate, improvements in a Training Unit may be encouraged. The Chair of the CGO Subspecialty Committee (or nominee) will contact the trainee to discuss any identified weaknesses and the best approach to improve the situation.

NOTE:

- All overseas training must be prospectively approved and is assessed by the CGO Subspecialty Committee. Trainees undertaking overseas training must forward training documentation to College House in Melbourne.
- 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.

### Submitting Training Documentation

Trainees are required to submit the TAR containing the following documents for every 6 months of training:

- Trainee Training Record
- Clinical Training Summary
- Average Weekly Timetable(s)
- Research Project Progress Report
- Surgical Skills Assessment Summary
- Components of the CGO Training Program Record
- Trainee Participation in other Professional Activities record
- Six-monthly Summative Assessment Report
- Trainee Feedback Questionnaire

Trainees must ensure they retain a copy of all documentation submitted to College House. Trainees are also requested to submit a single-sided copy of their TAR, with no staples.

The College will only accept TARs where:

- the Training Supervisor has indicated the Six-Monthly Summative Assessment Report is either satisfactory or unsatisfactory, and has been signed by both the trainee and the Training Supervisor
- the Clinical Training Summary, Report of Research Project Progress and Components of the CGO Training Program Record have also been signed by the Training Supervisor

If any of the above are missing from the TAR, it will be returned to the trainee for completion.

The Six-monthly Trainee Report MUST be received by the Subspecialties Services Department at College House no later than 8 weeks from the END of each 6-month training period.

A period of training CANNOT be credited until the Subspecialties Services Department at College House receives copies of satisfactory Six-monthly Summative Assessment Reports and Clinical Summaries for that period.

Trainees who do not submit satisfactory Six-monthly Summative Assessment Reports and Clinical Summaries will be discussed by the CGO Subspecialty Committee and a recommendation will 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.

The Subspecialties Services Department will return training documentation to trainees with notification in writing that their documentation has been approved by the CGO Subspecialty Committee.

### Late Submission of Training Documentation

Trainees must be aware of the regulations which govern the submission of all training documentation, as described in the Subspecialties Committee Policies and Procedures Handbook.

Trainees' mid-semester formative assessment reports and six-monthly summative assessment reports/Clinical Training Summaries must be received by the Subspecialties Training Officer, College House, within **12 weeks** of the end of the relevant 6 month training period. These 12 weeks include the current standard eight weeks within which trainees are required to submit the documentation.

**The first time a trainee fails to submit the mid-semester report and/or six-monthly summative report/Clinical Training Summary within the stipulated 12 weeks as above, the relevant training period will not be credited.** At this time, the trainee will receive a letter from the Chair of the CGO Subspecialty Committee advising them that the relevant training period has not been credited. The letter will also warn the trainee of the consequences of a second failure to submit the above documents on time.

If, on a second occasion in the course of the training program, the three-monthly formative assessment and/or six-monthly summative assessment report/Clinical Training Summary are not received by the Subspecialties Training Officer, College House, within 12 weeks of the end of the relevant training period, the trainee will be removed from the training program. No further warning will be provided.

All six-monthly summative assessment reports assessed as 'Other than Satisfactory' will be considered by the CGO Subspecialty Committee at the next meeting following the conclusion of the relevant six-month training period.

### Removal from Training Program

A trainee who receives three unsatisfactory reports will be removed from the training program.

## 7.2 RESEARCH PROJECT

Trainees should consult the regulations which govern all aspects of the Research Project found in the *Subspecialties Committee Policies and Procedures 2009 Handbook*.

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 listed on the assessment form (available on the College website). The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper.

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 Research Project proposal, including timelines, must be submitted with the first six-month training documentation within the approved timeframe for submission of training documentation. A detailed final proposal of the Research Project with institutional ethics approval, if necessary, must be submitted to the CGO Subspecialty Committee for approval by the end of the first 12 months of training, within the approved timeframe for submission of training documents. Progress reports must be submitted with

training documentation at 18 and 24 months.

Trainees must nominate a research supervisor. The supervisor could be the Training Supervisor, but the CGO Subspecialty Committee must approve the nomination.

Trainees must submit their research paper by 30 April in the year of their second examination.

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

The project must have been assessed as satisfactory **two (2)** months before the second examination. If the paper is assessed as 'fail but suitable for resubmission' a member of the CGO Subspecialty Committee will be assigned to assist the candidate to revise the paper for re-submission within 6 months. If the paper is failed again the full Subspecialties Committee should review the result with a report from the Chair of the CGO Subspecialty Committee. The Subspecialties Committee will make a recommendation to the Education and Assessment Committee about the next course of action.

Trainees will not be eligible for the second examination until the Research Project has been assessed as satisfactory.

Important Points:

1. Three copies of the research paper must be submitted.
2. Case reports and review articles are not acceptable for the thesis.
3. All submissions for assessment must include the covering page, and the Candidate Statement for Research Papers detailing the trainee's role in the project. These are available from the College website.
4. The research project must have been assessed as satisfactory **two (2)** months before the second (written or oral) examination.

### 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 apply for exemption from doing the research project on the official *Application for Exemption from Research Project* form available from the College website and submit the completed form to the Subspecialties Department at College House.

Details of ongoing research must be documented in the Research Project Progress sections of the Daily Training Record and the Training Assessment Record.

### 7.3 SURGICAL SKILLS ASSESSMENT

The application of surgical skills is a fundamental component of virtually all aspects of practise 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 ITP training program.

This compulsory assessment process applies to all trainees who have entered the RANZCOG CGO training program from 2009, 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 the following procedures in 5 areas of surgery:

	By the End of Year 1 of Training	By the End of Year 2 of Training
Open Surgery	<ul style="list-style-type: none"> <li>• PSW exploration and dissection/exposure</li> <li>• Ureteric tunnel dissection</li> <li>• Omentectomy</li> <li>• Pelvic lymphadenectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Radical hysterectomy</li> <li>• Para-aortic exploration/lymphadenectomy</li> </ul>
Vulvar Surgery	<ul style="list-style-type: none"> <li>• Vulvectomy and repair (primary or flap)</li> </ul>	<ul style="list-style-type: none"> <li>• Groin node dissection</li> </ul>
Bladder Surgery	<ul style="list-style-type: none"> <li>• Repair of bladder</li> </ul>	
Laparoscopic Surgery		<ul style="list-style-type: none"> <li>• PSW exploration/lymphadenectomy*</li> <li>• Hysterectomy</li> </ul>
Bowel Surgery		<ul style="list-style-type: none"> <li>• Formation of a stoma</li> <li>• Resection and anastomosis of small bowel</li> <li>• Resection and anastomosis (any method) of large bowel*</li> </ul>

\* Desirable, but not compulsory

### Assessment Process

Any time an assessment of a trainee for any of the procedures is conducted there are two 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 3-monthly and 6-monthly training reports. This circumstance will require remedial action 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 assessment forms for each of the particular procedures assessed are retained by trainees and made available upon request by the Chair of the CGO Committee, the trainee’s Training Supervisor, or staff at College House. The assessment summary form is submitted with the six-monthly TARs in Years 1 and 2 of training.

## 7.4 EXAMINATIONS

### Written and Oral Examinations

#### Eligibility

Subspecialty trainees may make their first attempt at an examination (written or oral) after at least 24 months of prospectively approved and satisfactory training in a Subspecialty Training Program provided they can reasonably be expected to complete a further 6 months satisfactory training before the date of the examination.

Trainees must have had their Research Project assessed as satisfactory at least two months before the second examination.

#### Applications

Applications for both the written and oral examinations will close on 31 May each year. Please contact the Assessment Co-ordinator for application and fee details. This information, including the application form, is also available on the College website.

#### Number of Attempts

Subspecialty trainees have a maximum of four attempts at each of the written and oral examinations unless the candidate can show cause to the satisfaction of the CGO Subspecialty Committee Board of Examiners that exceptional circumstances exist.

#### Format

##### A. Written Examination

Subspecialty written examinations are usually held on the same day as the MRANZCOG written examination in August. The three-hour examination comprises 12 short answer questions (SAQs) or a mixture of SAQs and short essays, with fifteen-minutes allowed for each. Sample questions and answers are available on the College website.

Examination results will be displayed on the College website.

##### B. Oral Examination

The oral examination takes approximately 3 hours and 20 minutes (plus a short break) to complete and comprises nine clinical stations with 5 minutes preparation time for each encounter. The examination will be held on a date determined by the CGO Subspecialty Committee within six months of the written

examination.

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

Stations may consist of two examiners examining concurrently or sequentially, or one examiner 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 can then formally change these answers to explore candidates' ability to deal with expected or unexpected complications or confounding events, and with simulated late-stage referrals. Questions will not necessarily be restricted to those that would apply to the case.

Histological sections, videos, laboratory work sheets and microscopic photographs can be shown. Where a station consists of a critique of a journal article, all candidates will read the article for 20 minutes immediately prior to the examination, with 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.

## 7.5 SPECIAL CONSIDERATION GUIDELINES FOR EXAMINATIONS

### Preamble

Special consideration is available to candidates who believe their examination preparation and/or performance has been hampered by illness or other causes to such a substantial degree that it is likely to adversely affect their performance and, consequently, their result in a College examination.

Special consideration is available for all RANZCOG Written and Oral Examinations, including the In-hospital Clinical Ultrasound Examinations (IHCE) for the Maternal Fetal Medicine and Obstetrical and Gynaecological Ultrasound subspecialties.

All applications for special consideration must be supported by appropriate documentation, except in exceptional circumstances that render this impossible or redundant. Appropriate supporting documentation includes, but is not limited to, certificates or statements from medical professionals licensed to issue such certificates or statements, police reports, bereavement notices and statutory declarations. In particular, applications for special consideration that are based on illness grounds will NOT be considered without appropriate supporting documentation from medical professionals licensed to issue such certificates or statements.

### Grounds for Special Consideration

The most common reasons for applying for special consideration include serious illness (either yourself or a close family member), bereavement, family breakdown and personal trauma. If you are in any doubt as to whether particular circumstances warrant special consideration, you should seek advice from the Assessment Co-ordinator at the College.

Special consideration is available to candidates who have been:

- prevented by illness or other cause from

preparing or presenting for all or part of an examination; or

- adversely affected to a substantial degree by illness or other cause during the performance of an examination.

In cases where candidates feel their examination preparation has been significantly impaired through illness, the College should be contacted and advice requested. In some instances, it may be that the most appropriate course of action is for a candidate to defer an examination attempt.

### **Consideration**

Applications for special consideration relating to subspecialty examinations will be considered by the CGO Subspecialty Board of Examiners, who will make recommendation to the RANZCOG Education and Assessment Committee.

Applications for special consideration will be regarded in the strictest confidence and anonymity of applicants will be maintained where possible. Members of the CGO Subspecialty Board of Examiners and/or the RANZCOG Education and Assessment Committee will, however, be informed of details of the circumstances relating to the application in order to make a decision relating to the application.

Applications for special consideration will only be considered by the relevant College body where a candidate has submitted an application in accordance with the procedures outlined in this document, and where the candidate has not gained a grade of 'Pass' in the examination in question under the normal College procedures.

### **Possible Outcomes**

The outcome of an application for special consideration may be any of the following, based on material presented to the relevant College body considering the application.

- Candidates may be deemed to have passed the examination
- Candidates may be allowed a further attempt at the examination without affecting the number of attempts available to them under relevant College regulations
- Given other consideration as deemed appropriate
- No action may be taken

Where the decision relating to an application for special consideration results in a candidate being granted extra or supplementary attempts at an examination, the decision will include a recommendation relating to the charging of fees or otherwise to the candidate for presenting at those attempts.

The remarking of an examination paper is not an option available under special consideration provisions, unless the candidate can demonstrate that an error in process or natural justice has occurred that warrants such action.

### **Application Requirements and Time Limits**

Candidate should advise the College of circumstances that they feel may warrant special consideration as soon as they are aware that such circumstances exist, and communication with the College is possible. Initial notification to the College in writing (via email acceptable) on the official RANZCOG Application for Special Consideration form MUST occur no later than TWO days after the relevant examination was scheduled or held. Applications relating to subspecialty examinations should be directed to the Assessment Co-ordinator at the College.

There is an application fee payable. This fee must be included with the written application. In cases where applications are lodged via email or fax, a written authorisation for debit to the applicant's credit card is acceptable.

### **Late Applications**

An application made after the relevant date, or not on the approved form, must be made to the Chair of the College Education and Assessment Committee. Such applications will only be accepted if the Chair is satisfied that it was not possible for the application to have been made on the prescribed form or by the required date. Late applications MUST include an outline of the reason(s) why the application was not submitted by the due date. It should be anticipated that any application for special consideration in an examination made after the publication of results in that examination will not be normally accepted.

### **Appeals**

Applicants for special consideration will be advised of the outcome of their application as soon as is practicable after a decision is reached. Applicants may appeal against the decision made in relation to their application through the normal College appeals procedure outlined in Section 19 of the College Regulations and in Subspecialties Committee Policies and Procedures Handbook.

### Applicant's Checklist

To assist your application, please ensure that you have completed these steps.

- Have you read the "Special Consideration Guidelines for RANZCOG Examinations" information?
- Have you notified/discussed your application with the College Assessment Co-ordinator?
- If your application relates to circumstances that arose during an examination, did you advise the examination invigilator, local organiser or Examination Co-ordinator as appropriate? If 'yes', you should include this in your written statement.
- Have you attached supporting documentary evidence?
- Have you specified why you are seeking special consideration?
- Have you written a statement outlining how the illness/difficulty has affected your studies or examination preparation and/or performance?
- Have you included or authorised payment of the appropriate fee?

### Application Form

The application form for Special Consideration is available on the College website:

[www.ranzcog.edu.au/trainees/pdfs/assessment/special-consideration.pdf](http://www.ranzcog.edu.au/trainees/pdfs/assessment/special-consideration.pdf)

## 8.0 CONTINUING CERTIFICATION

**8.0 CONTINUING  
CERTIFICATION**

Please refer to the Subspecialties Committee *Policies and Procedures Handbook* for information about Cognate Point requirements for Recertification and the process for dealing with Subspecialists who default which is relevant to all Subspecialties.

# APPENDICIES

# APPENDICIES

## 1.0 TERMINOLOGY

### A1.1 ACRONYMS

**AAVIS**

Australian Association of Vaginal & Incontinence Surgeons

**AGES**

Australian Gynaecological Endoscopy Society

**AMC**

Australian Medical Council

**ANZJOG**

Australian & 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)

**ICUE**

In-hospital Clinical Ultrasound Examination

**MCQ**

Multiple Choice Questions

**MRANZCOG**

Member of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**MRCOG**

Member of the Royal College of Obstetricians and Gynaecologists (UK)

**NASOG**

National Association of Specialists in Obstetrics and Gynaecology

**NHMRC**

National Health & Medicine Research Council

**O&G**

Obstetrics and Gynaecology

**OTS**

Overseas Trained Specialist

**OTSS**

Overseas Trained Subspecialist

**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)

**SS**

Subspecialty

**TAC**

Training Accreditation Committee of the RANZCOG

**TAR**

Training and Assessment Record

### A1.2 ABBREVIATIONS USED / ACCEPTED IN CGO SUBSPECIALTY EXAMINATIONS AND TRAINING DOCUMENTATION

**AFP**

Alphafetoprotein

**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&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**

Post-partum haemorrhage

**PR**

Per rectum

**PSW**

Pelvic side wall

**PUO**

Pyrexia of unknown origin

**PV**

Per vaginam

**RBC**

Red blood cells

**R/V**

Retroverted uterus

**SB**

Stillbirth

**STD**

Sexually transmitted disease

# APPENDICIES

## 1.0 TERMINOLOGY

### **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

## **A1.3 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 site for RANZCOG Training Programs.

### **Applicant**

A FRANZCOG who meets the eligibility criteria described in Section 3.4 of the Certification in Obstetrical & Gynaecological Ultrasound Handbook.

### **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.

### **Candidate**

A person attempting the Written and/or Oral Examinations and/or IHCE for the COGU/MFM subspecialty.

### **Certification**

The formal recognition that a trainee, who has met all relevant selection and assessment criteria, is a COGU Subspecialist.

### **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 years' duration in the treatment of reproductive endocrine disorders and infertility undertaken after attaining Fellowship of the RANZCOG.

### **Certification in Urogynaecology (CU)**

Certification in the field of urogynaecology, after attaining Fellowship of the 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 months and checked/signed by the Chair of the COGU Committee.

### **Cognate Points**

Points accrued in the Continuing Professional Development Program in which all Fellows of the RANZCOG must participate to qualify for renewal of their Fellowship or Subspecialty Certification every three years.

### **College**

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

### **Continuing Certification**

The process of participating in the RANZCOG Continuing Professional Development Program (see next entry). Continuing Certification is also known as Recertification.

### **Continuing Professional Development (CPD)**

The RANZCOG program for continuing professional development in which all Fellows of the College must participate to qualify for renewal of their Fellowship or Subspecialty Certification every three years.

### **Consultant**

A specialist in obstetrics/gynaecology and Fellow of the College or Certified Subspecialist with whom a trainee trains in an accredited RANZCOG training site. Terminology

### **Council**

The governing body of the RANZCOG with an elected term of two years.

### **Credited Training**

A period of prospectively approved training of not less than a single six-month period for which a trainee has satisfactorily completed all assessment requirements and paid the necessary annual training fee.

### **Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG)**

A diploma qualification for general practitioners who wish to obtain further post-graduate training in

obstetrics and family planning.

NOTE: A further qualification, the DRANZCOG Advanced, is also available in recognition of the attainment of skills in advanced obstetrics and gynaecology beyond the DRANZCOG.

### **Diplomate**

A general practitioner who has obtained the Diploma of the RANZCOG (DRANZCOG).

### **Elective Program (EP)**

A prospectively approved and planned two-year training program in an area of interest to trainees, usually as part of their post-Membership training.

### **Elevation**

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

### **Education & Assessment Committee**

A Standing Committee of Council responsible for developing and maintaining the requirements for examinations and assessments leading towards the MRANZCOG/FRANZCOG and Subspecialty qualifications.

### **Examiner**

A specialist in obstetrics/gynaecology formally approved by the RANZCOG to assess Written and Oral Examinations and ICUEs for MRANZCOG, DRANZCOG 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 72 months of MRANZCOG/FRANZCOG training.

### **In-hospital Clinical Assessment**

An essential element of the MRANZCOG Training Program in the form of three hospital-based modules in consultation skills, diagnostic ultrasound, and colposcopy and the treatment of cervical disease.

### **In-hospital Clinical Ultrasound Examination**

An essential element of the COGU & CMFM Training Programs in Diagnostic Ultrasound.

### **Logbook (Daily Training Record)**

A record of clinical experiences available on the College website which trainees must maintain for every year of their MRANZCOG/FRANZCOG/ Subspecialty Training.

# APPENDICIES

## 1.0 TERMINOLOGY

### **Membership (MRANZCOG)**

The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment requirements for the 48 months of prospectively approved MRANZCOG training, including In-hospital Clinical Assessment modules, and the MRANZCOG Written and Oral Examinations.

### **Mid-Semester Formative Assessment Form**

A compulsory mid-semester assessment of performance and progress, which Training Supervisors are required to complete for each of their subspecialty trainees.

### **National Selection Process**

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) and Maternal-Fetal Medicine (CMFM).

### **Occupational Training Visa (OTV)**

A visa required for an overseas practitioner taking up a short-term appointment in an O&G department of a hospital to gain additional training and experience. The employing hospital must apply to the College for approval of such appointments in order to obtain these visas from the Department of Immigration.

### **Overseas Trained Specialist (OTS)**

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.

### **Practice Improvement**

A process in which Fellows of the College 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 the College'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..

### **Recertification**

See Continuing Certification.

### **Register of Trainees**

The formal record of all those undertaking the

DRANZCOG, MRANZCOG, FRANZCOG, Subspecialty Training Programs.

### **Regulations**

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

### **Research**

Experience in research in clinical obstetrics and gynaecology, which all trainees must undertake during the RANZCOG Training Programs.

### **Research Project**

Original research work of sufficient quality and which meets the requirements of the relevant training program, which MRANZCOG/FranzCOG trainees and subspecialty trainees who entered the training program from 1 December 2003 are required to submit as part of their assessment.

### **Six-Monthly Trainee Feedback Questionnaire**

A confidential questionnaire on all aspects of training, which trainees are asked to complete at the end of each six-month training period and send in to the College.

### **Six-Monthly Trainee Report**

A composite report on the performance of each trainee in the RANZCOG Training Programs compiled every six months by their Training Supervisor based on the individual assessments of the consultants with whom the trainee works.

### **Subspecialty**

A three-year post-Membership training program leading to a certificate in one of the following areas: Gynaecological Oncology; Maternal-fetal Medicine; Obstetrical and Gynaecological Ultrasound; Reproductive Endocrinology and Infertility; and Urogynaecology.

### **Subspecialty Committees**

Six committees (an umbrella committee and one for each subspecialty) responsible for the development and maintenance of training and assessment requirements to achieve qualification in a subspecialty.

### **Subspecialty Training Program**

A structured three-year postgraduate program leading to certification as a RANZCOG Subspecialist.

### **Trainee**

A medical practitioner, who meets the eligibility criteria described in the RANZCOG regulations and whose training has been prospectively approved),

undertaking the MRANZCOG/FRANZCOG Training Program.

### **Trainee Assessment Form**

A form completed every six 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-monthly Trainee Report.

### **Training Accreditation Committee of RANZCOG**

A standing committee of Council responsible for the development and maintenance of the training requirements for the MRANZCOG/FRANZCOG and Subspecialties, the approval of training hospitals and posts, the review of RANZCOG Training Programs, and the consideration of applications for Membership and Fellowship.

### **Training Assessment Record**

A collection of documents, compiled every six months, recording and presenting for assessment, all the completed training experiences of each subspecialty trainee.

### **Training Post**

A hospital position in an accredited hospital, which has been accredited by the RANZCOG as suitable for training towards MRANZCOG/FRANZCOG/Subspecialty Certification.

### **Training Supervisor**

A consultant and Fellow of the College, who is a member of staff in an accredited hospital, responsible for the co-ordination and ongoing supervision of RANZCOG trainees in that hospital, including the formal assessment of one or more trainees every six months.

### **Year of Training**

Each 12-month period of the three years comprising the relevant Subspecialty Training Program. Trainees must satisfactorily complete all three years.

### 2.0 CGO SUBSPECIALTY COMMITTEE FUNCTION AND TERMS OF REFERENCE

#### 1. The Gynaecological Oncology Subspecialty Committee is a sub-committee of the Subspecialties Committee.

It reports directly through the Subspecialties Committee to Council, save that, where appropriate, matters of policy shall be referred to Council through the Executive.

#### 2. Date of Establishment

The committee was established in 1990.

#### 3. Functions and Responsibilities

The CGO Subspecialty Committee is responsible for the overseeing the formulation and review of the training and accreditation policies leading towards the attainment of Gynaecological Oncology subspecialty certification of the College. Recommendations on assessment matters are referred to Council through the Subspecialties Committee and the Education & Assessment Committee; recommendations on training and accreditation matters are referred directly to Council or to Council through the Subspecialties Committee. Recommendations concerning Overseas Trained Subspecialist assessments are referred by the Committee through the Subspecialties Committee to Council for consideration.

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

- The ongoing development, co-ordination and maintenance of the CGO Subspecialty Training Program;
- The accreditation and review of CGO Subspecialty Training Units in Australia, New Zealand and other countries;
- The approval of the individual training programs and assessment of the trainees enrolled in the CGO Subspecialty Training Program;
- The formal recommendation to the Council of new training posts and the re-accreditation of existing training units;
- The reporting to the Training Accreditation Committee of all matters pertaining to CGO subspecialty training;

- The formal recommendation to Council of Gynaecological Oncology subspecialty certification for eligible trainees;
- The assessment of Overseas Trained Gynaecological Oncology Subspecialists in Australia and New Zealand;
- The appointment of working groups to undertake specific developmental and planning tasks relating to CGO training and accreditation;
- The recommendation of all matters to the Subspecialties Committee on matters relating to the College assessment process, including the Research Project, Written and Oral Examinations;
- The resolution of trainee / supervisor problems or concerns. Any matter which the Committee is unable to resolve shall be referred to the Subspecialties Committee;
- The consideration for confirmation of other than unsatisfactory trainee reports, and other concerns regarding trainee performance and progress;
- Matters on which no precedent has been established, matters of policy, new issues, specific referral matters and matters requiring the benefit of full committee discussion will be considered by the entire Committee or referred to the Subspecialties Committee.

#### 4. Membership

The Committee shall consist of:

- five members of the subspecialty elected by the CGO subspecialists
- one CGO subspecialist, certified for less than five(5) years at the time of election, elected by current CGO trainees and those certified for less than 5 years
- one Fellow who is not a CGO subspecialist, appointed by Council upon recommendation from the President
- the Chair of the Subspecialites Committee
- the Chair of the CGO Examinations Board if that member is not already a committee member

All members other than those whose membership is by virtue of holding a specific office are appointed for 2 years, and may serve a maximum of three (3) consecutive two-year terms.

## 2.0 CGO SUBSPECIALTY COMMITTEE

Members who serve the maximum of three terms may be eligible for membership of the committee following the absence of one (1) two-year term.

The Committee may by resolution recommend to Council that the membership of any member of the Committee be terminated in the event that the member fails to attend two consecutive meetings of the Committee.

In the event that a member's membership of the Committee is terminated in the above circumstances, the position shall be filled by election from subspecialists/specialists eligible to stand for that position. The appointed person shall serve for the remainder of the former member's term and the period so served shall not count as a term for the purposes of the limitation outlined above.

## 5. Chair

The Chair shall be a subspecialist appointed by the Council from the CGO Committee members on recommendation of the Committee. The CGO Committee Chair may be appointed for a maximum of two (2), two-year terms. This may require an extension of the three two-year terms allowed as a Committee member. The CGO Committee shall confirm the appointment of the Chair at the end of each two-year term.

The functions and responsibilities of the Chair shall include:

- Chairing one face-to-face meeting of the Committee and two teleconference meetings of the Committee per year.
- Signing off on unsatisfactory six-monthly subspecialty trainee reports
- Having delegated authority to deal with Committee matters of a routine and administrative nature. Matters dealt with by the Chair will be tabled at each Committee meeting.

The Chair may reasonably expect to work in close collaboration with the Subspecialties Manager and staff of the relevant departments at College House to ensure the implementation and facilitation of policy matters, decisions and administration as they pertain to the work, responsibilities and functions of the CGO Subspecialty Committee.

Where the Chair is unable to act, owing to conflict of interest or otherwise, the Deputy

Chair shall assume the role of Acting Chair, with the full powers of the Chair, until such time as the Chair is able to return to the position or a new Chair is appointed.

The Deputy Chair shall be elected by the Committee from its members at the first meeting each year.

## 6. Quorum

The number of members required for a formal meeting to proceed is half of those Committee members eligible to vote plus one. In the absence of the Chair, meetings will be chaired by the Deputy Chair.

If a quorum is not present, a meeting may still go ahead, with notes recorded. Should a recommendation arise under these circumstances, the recommendation and notes must be disseminated ('flying recommendation') to the Committee member who had not taken part in the meeting, requesting them to indicate their support or objection to the recommendation. For the recommendation to be effective, a quorum must have voted on it. At the subsequent Committee meeting, all 'flying recommendations' and their outcome must be formally minuted.

## 7. Agenda items

All CGO Subspecialty Committee agenda items must be forwarded to the Subspecialties Manager by close of business 21 days prior to the next scheduled meeting.

The Chair has the right to refuse to list a late item on the formal agenda, but members may raise an item under 'Other business' if necessary and as time permits.

The Committee agenda and meeting papers will be distributed at least 10 working days prior to the next scheduled face to face meeting. Where the meeting is to be held by teleconference, the agenda and attached meeting papers will be distributed no later than 24 hours prior to the teleconference.

## 8. Minutes and Meeting Papers

Minutes of meetings of the CGO Subspecialty Committee, including attachments and action lists, will be available for approval by the Chair ten (10) working days following meetings. Following approval by the Chair, these

documents will be circulated to committee members within seven (7) days.

By agreement of the committee, out of session decisions will be deemed acceptable. Where agreed, all out of session decisions shall be recorded in the minutes of the next scheduled committee meeting.

### **9. Frequency of Meetings**

The CGO Subspecialty Committee shall meet three times a year prior to each Council meeting, once at a face-to-face meeting and twice by teleconference, and at other times as required by teleconference.

### **10. Review of Terms of Reference**

As stipulated in Clause 15.1 of the College Constitution, the continuing need for the CGO Subspecialty Committee shall be reviewed by the College Council at least every two years. This will necessarily include a review of the Terms of Reference.

### **11. Approval Process and Date for Next Review**

Approved by: RANZCOG Council

Date approved: 22 November 2008

Date of next review: November 2010



