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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS
ACADEMIC OFFICE

June 2020

SPECIAL REGULATIONS

FOR THE FS 2020 MODIFIED CLINICAL/PRACTICAL/ORAL EXAMINATIONS

OF THE

SUB-SPECIALTY CERTIFICATE

IN

GYNAECOLOGICAL ONCOLOGY

Cert Gynaecological Oncology(SA)

1.0 BACKGROUND

1.1 The Council of the College of Obstetricians and Gynaecologists (COG(CMSA)) has recommended the registration of subspecialties to the Health Professions Council of South Africa (HPCSA). In doing so the Council has decided to advise and keep under review:

1.1.1 the development of subspecialisation in the four fields of gynaecological oncology, reproductive medicine, maternal and fetal medicine and urogynaecology, including requirements and regulations for subspecialist training and accreditation

1.1.2 the further development of training for special interest work within obstetrics and gynaecology

1.1.3 criteria and procedures for approval of subspecialty trainees, training centres and training programmes, and for subspecialist accreditation on completion of training

2.0 DEFINITION

2.1 Subspecialists are defined as obstetricians and gynaecologists who, undertook appropriate additional higher training and passed their examinations at the end of their training. They must be recognised to have special expertise in the relevant field and devote at least half, and probably more, of their working time to it. This higher degree of specialisation indicates intensive training, experience and expertise

The aims of subspecialisation are:

2.1.1 to improve knowledge, practice, teaching and research

2.1.2 to promote the concentration of very specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients

2.1.3 to establish a close understanding and working relationship with other disciplines involved in each of the subspecialty fields

2.1.4 to encourage co-ordinated management of relevant clinical services throughout a region

2.1.5 to accept a major regional responsibility for higher training, research and audit in the subspecialty fields

2.1.6 to improve the recruitment of talented graduates into the recognised subspecialties and into the specialty of obstetrics and gynaecology as a whole

3.0…/

3.0 SUBSPECIALTY ACCREDITATION AND TRAINING

3.1 Subspecialist training posts will be at subspecialty trainee level, and more than one centre may provide the programme provided each is recognised by the HPCSA as a subspecialty training centre. The programme must include theoretical instruction, (including the relevant basic sciences) intensive clinical experience in the subspecialty, and a research component. Pre-FCOG(SA) experience may be taken into account in planning the content of a subspecialty training programme, but will not usually be credited towards the clinical part of the programme. With the approval of the HPCSA and the COG(SA) relevant fulltime research done before the approved programme starts may be credited towards a research year of the programme, provided that it has led either to a higher degree (MD/PhD) or a significant contribution to the literature. Clinical experience as a specialist registrar in the subspecialty or a closely related field may also be counted towards a maximum of six months of the programme, if approved by the HPCSA

3.2 The minimum requirements for entry into clinical subspecialty training are:

- Postgraduate degree in Obstetrics and Gynaecology, eg MMed (O&G) or Part II FCOG(SA)
- A year's relevant full-time research training could be undertaken either before or during subspecialisation

3.3 Accreditation by the HPCSA will be based on existing or newly developed centres of excellence. Trainees will be expected to keep a record of their skills development and experience obtained. This portfolio must be signed off by the supervisor and will be reviewed by the COG(SA) prior to admission to the certificate examination

3.4 A certificate in a subspeciality of Obstetrics and Gynaecology will not be awarded until all aspects of general and subspecialist training has been completed and approved

3.5 **Trainees with obstetric and gynaecological training outside recognised COG(SA) training centres:**
Most trainees will enter a subspecialty programme after obtaining the FCOG(SA) or MMed(O&G) degree. Alternatively, postgraduate training outside of RSA should be the equivalent of MMed(O&G) or FCOG(SA) and should be recognised/accredited by the HPCSA.

3.6 **Trainees with obstetric and gynaecological training in recognised COG(SA) training centres overseas:**
All trainees undertaking subspecialty training in a COG(SA) recognised subspecialty training centre outside South Africa must complete one year of clinical training in an approved subspecialty training programme in South Africa

4.0 GENERAL REQUIREMENTS FOR SUBSPECIALTY TRAINING CENTRES

4.1 To be eligible for subspecialty training, a centre must:

- Provide a service for the referral and transfer of patients who would benefit from subspecialty facilities, expertise and experience
- Have established close collaboration with related disciplines to provide the high degree of teamwork and concentration of resources for the intensive investigation and management of such patients
- Have established close collaboration with other obstetricians and gynaecologists within and outside the centre, including major regional roles in continuing postgraduate education and training, research advice and co-ordination, and audit
- Have an adequate workload providing a full range of experience in the subspecialty; alternatively two or more centres may combine to provide a programme with all the required experience
- Have a programme director who will co-ordinate the training programme, accept the main responsibility for its supervision and be actively involved in it; when more than one centre provides the programme, there must be a supervisor at each centre, with one having overall responsibility as director. Directors and supervisors of the centre must themselves be registered as gynaecological oncologists and have subspecialty field.
- Have adequate medical staffing to enable the trainee to be engaged in his/her subspecialty field on a full-time basis; participation in emergency and on-call work outside normal working hours is not excluded, subject to approval by the CMSA

- Have adequate…/

- Have adequate library, laboratory and other resources to support subspecialty work, training and research, over and above that required for the recognition of FCOG(SA) and higher training posts
- Provide the resources for a research programme related to the subspecialty
- Must provide sufficient clinical work, staffing, facilities and other support so that initiation of a subspecialty training post is not detrimental to the higher training or special interest training of other registrars or lecturers in recognised posts

5.0 SPECIAL REQUIREMENTS FOR TRAINING CENTRES IN GYNAECOLOGICAL ONCOLOGY

5.1 To be eligible for subspecialty training in gynaecological oncology, training must take place in a centre for gynaecological oncology which is accredited for such training by the HPCSA:

- Provides a service with a minimum of two consultants, at least one of whom should be subspecialty trained, and providing subspecialty care for the referral and transfer of patients with gynaecological cancers, with close collaboration with other gynaecologists and disciplines within a region
- Has an adequate clinical workload with a full range of medical and surgical gynaecological oncology problems
- Has a colposcopy clinic and a dedicated gynaecological oncology clinic
- Collaborates closely with radiotherapists, medical oncologists and their supporting staff dedicated to providing care for women with gynaecological cancers
- Collaborates closely with urological and general surgeons and their supporting staff involved in the management of intra-abdominal and pelvic cancer and its complications
- Has an adequate gynaecological pathology service having commitment in the field of gynaecological cancers and precancers
- Has access to modern diagnostic imaging services and has close collaboration with radiologists and nuclear medicine specialists and their supporting staff having commitments in the field of gynaecological cancers
- Has a research programme in the subspecialty field with access for the trainee to support his/her own training programme

5.2 ***NOTE:***

5.2.1 Sufficient workload must be interpreted that the trainee will be able to perform as primary surgeon a minimum of 20 pelvic node dissections, 10 groin node dissections, 10 ureteric dissections and 20 laparotomies for advanced stage ovarian cancer

5.2.2 While most of the training time should be spent in the gynaecological oncology training unit, rotations with guaranteed exposure to the breadth of the subspeciality must be available either as modules or as weekly rotation as part of an integrated programme. Such rotations must include:

- Radiation oncology
- Medical oncology

In addition, exposure to the following fields is important and where possible rotation should be attempted:

- Colorectal surgery
- Urology service
- Plastic and reconstructive surgery
- Palliative and hospice care
- Surgical intensive care unit
- Radiologic imaging

6.0…/

6.0 SUBSPECIALIST TRAINING IN GYNAECOLOGICAL ONCOLOGY

6.1 ***Definition:***

Subspecialists in gynaecological oncology must have completed a training programme and must possess a comprehensive knowledge of the subject as assessed at an exit examination. They must be capable of thoroughly investigating a woman with gynaecological malignancy and of determining and managing appropriate care. They should be involved in the organisation and rendering of service and research as well as postgraduate teaching

6.2 ***Requirements:***

At the conclusion of subspecialty training, and as a prerequisite for obtaining a certificate, the following requirements are noted:

6.2.1 two years in full-time clinical training at subspecialist trainee level in gynaecological oncology*****
OR

6.2.2 two and a half years in full time clinical training at subspecialist trainee level in gynaecological oncology***** during which time the equivalent of one year of full time relevant research was carried out. The COG(SA) will assess the time spent in research and will seek to establish that research attitude has been developed, papers published in appropriate peer-review journals being taken into account. The full clinical logbook requirement must still be completed
OR

6.2.3 the equivalent of two full-time years but spread over a longer period of time as part-time clinical trainee in gynaecologic oncology. The trainee must be able to explain how the training time was spent and the clinical logbook requirement must still be completed

***** *The HPCSA and the COG(SA) may approve up to six months of appropriate clinical experience in the subspecialty or in a closely related field (eg medical oncology, surgery or urology) obtained as a specialist registrar before the approved programme starts, to be credited towards the required training period*

7.0 TRAINING PROGRAMME

7.1 **The following advanced knowledge and skills are acquired:**

- a comprehensive knowledge of the diagnostic techniques and procedures necessary for the diagnosis and assessment of gynaecological cancers, including the knowledge to stage cancers and to decide on the most appropriate management methods
- an extensive knowledge of the epidemiology and aetiology of all cancers of the female genital tract
- diagnostic and screening laboratory investigations, invasive and non-invasive clinical examinations and all available modalities of imaging
- a high level of understanding of the processing, evaluation and reporting of anatomical pathology specimens relevant to the subspeciality, including detailed knowledge of the interpretation of these reports
- capability to fully manage the patient requiring surgical treatment of her malignancy, and a comprehensive understanding of the techniques and indications of radiation oncology and medical oncology treatment
- full cognisance of the requirements for the collection and interpretation of data arising from his/her own studies of the subject
- must have a sound understanding of supportive and palliative care and management strategies for counselling, bad news and pain control

7.2 **Experience and knowledge of**:

- administration and management
- epidemiology, statistics, research methodology and audit
- legal and ethical issues
- teaching

8.0…/

8.0 GUIDELINES TO LEARNING (These are guidelines and not an exhaustive outline of the knowledge required in this subspecialty)

8.1 **Physiology and pathophysiology:**

The trainee should have sufficient knowledge of physiology and pathophysiology to manage patients with gynaecological cancer

8.1.1 **Fluid and electrolyte balance:**

- Normal distribution of body components:
  - volume distribution: total body water, intra- and extracellular water and exchange osmotic pressure determinants: osmotic concentration, ionic composition and exchange regulatory mechanisms: buffers, respiratory, renal
- Diagnosis and management:
  - volume deficits and excesses
  - composition changes
  - acid-base derangements

8.1.2 ***Nutrition:***

- **Normal adult daily requirements for:**
  - water, electrolytes, essential vitamins, specific proteins, carbohydrates and fat
  - Ability to calculate the results of deprivation of water, electrolytes, calorics and essential vitamins
  - Ability to apply calculation of specific abnormalities to nutritional replacement requirements
  - Principles of fluid replacement, hyper alimentation

8.1.3 ***Blood:***

- Composition, indication for use, limitations of whole blood and its components
- Haemostasis and thrombo-embolic disease

8.1.4 ***Pulmonary function; mechanical ventilation:***

- Interpretation of arterial blood gas results
- Types of ventilation, indications, monitoring and management of complications

8.1.5 ***Shock, aetiology, clinical manifestations and treatment of:***

- Hypovolemic shock
- Cardiogenic shock
- Septic shock

8.1.6 **Renal function including failure**

- Including diagnosis and management of renal failure

8.1.7 Gastrointestinal and liver function and including:

- alterations caused by irradiation, chemotherapy, extensive resection, diagnosis and management of blind loop syndrome, short bowel syndrome, fistula formation
- effects of various forms of ileus and mechanical bowel obstruction

8.2 **Pathology:**

8.2.1 ***Objectives:***

The trainee should understand how, on the basis of direct visual and microscopic evaluation, lesions that are pre-malignant or malignant, are distinguished from benign disorders. They should also know the derivation, biological behaviour, important characteristics and prognostic features of diseases of the female genital tract.

8.2.2 ***Vulva including:***

- granulomatous veneral disease
- vulval dystrophies
- warts
- intraepithelial neoplasia
- carcinoma
- sarcoma

8.2.3…/

8.2.3 ***Vagina including:***

- adenosis
- warts
- intraepithelial neoplasia
- carcinoma
- sarcoma

8.2.4 ***Cervix including:***

- metaplasia
- hyperkeratosis
- warts
- intraepithelial neoplasia
- microinvasive carcinoma
- carcinoma
- sarcoma

8.2.5 ***Uterine body including:***

- endometrial hyperplasias
- carcinoma
- sarcoma
- trophoblastic disease

8.2.6 ***Fallopian tube including***:

- carcinoma

8.2.7 ***Ovary including:***

- benign cysts
- benign, borderline and malignant epithelial tumours
- stromal tumours
- germ cell tumours
- metastatic tumours

8.2.8 **Peritoneum**

- primary peritoneal tumours

8.3 **Carcinogenesis:**

8.3.1 ***Objectives:***

The trainee should demonstrate an understanding of the current knowledge of chemical agents, irradiation and infectious agents including the association between:

- Antenatal hormone exposure and the development of malignancies in the vagina and cervix
- Oestrogens and the development of endometrial carcinoma
- Role of sex hormones in development of breast cancer
- Malignancies subsequent to radiation
- Long term use of alkylating agents and the development of leukaemia
- Granulomatous veneral disease and carcinoma of the vulva
- Papillomavirus infection and carcinoma of the cervix
- HIV and malignancy
- Other viruses and malignancy
- Hormone therapy in gynaecological and breast cancer survivors

8.4 **Genetics:**

8.4.1 ***Objectives:***

The trainee should demonstrate an understanding of:

- Current knowledge of inheritable factors related to malignancy, especially with view to BRCA aberration
- Construction of family pedigrees for malignant disease
- Family counselling
- Risk assessment

8.5…/

8.5 **Tumour immunology:**

8.5.1 ***Objectives:***

The trainee should demonstrate understanding of:

- Immune systems
- Antigens and antibodies, including response, production, tumour associated antigens, tumour specific transplantation antigen, human leukocyte antigen
- Complement
- Lymphokines
- Hypersensitivity
- Humoral and cell mediated responses
- Immunological surveillance
- Occurrence of neoplasms in immunodeficient and immunosuppressed persons
- Significance of CEA, AFP, hCG, CA125 and other antigens, antibodies and biomarkers in malignancy, knowledge of biomarkers eg P53

8.6 **General pharmacology:**

8.6.1 ***Objective:***

The trainee should understand and be able to discuss, including indications, routes, composition, complications, risks, overdose, management of overdose:

- Total parenteral nutrition
- Gastrointestinal alimentation
- Hematinics
- Antibiotics
- Analgesics and hypnotics
- Anticoagulants
- Cardiovascular drugs
- Design, analysis and organisation of participation in clinical trials
- Chemotherapeutic drugs, side effects and treatment strategies

8.7 **Diagnostic techniques and staging:**

8.7.1 ***Objectives:***

The trainee should know, understand, acquire and be able to discuss the following:

- **Basic clinical skills:**
  - take a comprehensive medical history and perform a general physical examination, in addition to a detailed specific gynaecological history and examination
  - select diagnostic techniques needed to establish the diagnosis and the extent of the disease
  - evaluate coexisting disease
  - evaluate response of cancer to treatment
  - stage the cancer according to FIGO classification for the organ site malignancies, and TNM classifications additionally for vulvar cancer
  - discuss the indications for and limitations of colposcopy in the evaluation of abnormal cervical or vaginal cytology and vulval neoplasia, and identify abnormal epithelial and vascular patterns of the lower genital tract using the colposcope
  - discuss the methods and principles of differential staining to contrast normal from abnormal epithelium
  - perform cystoscopy, proctosigmoidoscopy, and discuss indications for these procedures as well as further gastrointestinal endoscopy
  - discuss indications for and be able to perform directed cervical biopsies, cone biopsies, hysteroscopy and biopsy, curettage of endocervix and endometrium, endometrial biopsy, vulval biopsy, nodal biopsy from sites in pelvis, abdomen, groins, neck and other site
  - diagnostic laparoscopy
  - ascetic fluid aspiration

▪ discuss indications…/

- discuss indications and techniques for open, laparoscopic and percutaneous biopsies of possible organ metastatic sites
- discuss the indications for and be able to perform transvaginal and transabdominal needle biopsy for the diagnosis and evaluation of extent of pelvic cancer
- discuss the limitations of cytology in the detection of cancer, and know how to obtain the necessary samples

8.7.2 ***Diagnostic imaging:***

- Radiographic diagnosis: plain X-rays of chest, abdomen and skeletal system; CT of head and body; angiography and lymphangiography, intravenous and retrograde urography, gastrointestinal radiography, magnetic resonance imaging, PET – CT scan and new techniques as those develop
- Radio-isotope scanning
- Ultrasonography: abdominal and transvaginal scanning, Doppler flow studies; normal and pathologic ultrasound appearance of abdominal and pelvic organs and masses, retroperitoneale masses and free fluid; duplex Doppler assessment of vasculature
- Radio-immunoassay: biologic tumour markers, receptor assays
- Biochemical analysis of organ and system function
- Blood coagulation tests including monitoring of anticoagulant therapy
- Pulmonary function tests
- Cardiovascular function tests including central venous pressure and pulmonary wedge pressure
- Being able to integrate serological and imaging investigations and apply scoring systems for screening or diagnosis of cancer.

8.8 **Chemotherapy:**

8.8.1 ***Objectives:***

The trainee should understand the pharmacology of the major drugs used in human tumour chemotherapy and be able to use them (therefore knowledge of dosages are included)

- **Biology:**
  - Cell cycle kinetics
  - Log kill hypothesis
  - Cycle and phase specificity
- **Classes of chemotherapeutic agents including biologic response modifiers:**
  - Pharmacology of different classes
  - Routes of administration, absorption and distribution
  - Biotransformation and excretion
  - Drug interaction
  - Pharmacokinetics
- **Mechanism of action:**
- **Benefits and limitations of combination chemotherapy**
- **General guidelines for clinical evaluation:**
  - Partial and complete responses
  - Phase I, II and III drug trials
  - Adjuvant therapy
- **Toxicity:**
  - General effects and effects on organ systems
  - Drug specific toxicity
  - Management

8.9…/

8.9 **Radiation oncology treatment:**

8.9.1 ***Objectives:***

The trainee should have sufficient familiarity with the principles and practise of radiation oncology:

8.9.2 ***Radiobiology:***

- Cell cycle effects
- Cell damage and healing
- Potentiation and protection
- Relative radiosensitivity of different organ systems

8.9.3 ***Physics:***

- Alpha, beta, gamma and particle irradiation
- Inverse square law
- Central axis and depth dosage; isodose curves and points A and B
- Time dose relationships
- Units of radiation
- Isotopes, half-life and values
- Ionisation and the factors modifying it

8.9.4 ***Sources:***

- Different sources used in vaginal applications
- Protraction and fractination
- Ortho- and supra-orthovoltage irradiation
- Use of multiple, rotational, split and moving strip fields
- Use of computer plotting of radiation dosimetry

8.9.5 ***Therapeutic methods:***

- Role of interstitial, intracavitary and external therapy

8.9.6 ***Complications:***

- Factors which influence radiation complications
- Complications at different organs and sites
- Management of these complications
- Management of vesico-vaginal and recto-vaginal fistula with view to recognition, diagnosis and determining further treatment strategies
- Strategies to prevent and manage vaginal stenosis

8.10 **Surgery:**

8.10.1 The trainee should gain expertise in:

- Preoperative evaluation
- Preoprative preparation**:**
  - Bowel preparation
  - Fluids
  - Ostomy sites
  - Cardiopulmonary
  - Prophylactic medication: antibiotics, anticoagulation
  - Counselling (patient and family)
- Choice of treatment
- Surgical anatomy in detail
- Management of complications:
  - Intraoperative: bleeding, transfusion reaction, cardiac arrest, viscus injury
  - Postoperative: atelectasis, bleeding, thrombo-embolic disorders, fistulation, renal failure, cardiac failure, jaundice, pyrexia, respiratory insufficiency, wound problems, sepsis including pelvic thrombophlebitis, communication with patient and family

8.10.2…/

8.10.2 ***The trainee should obtain sufficient experience so that the following procedures may be independently and completely performed by the completion of the training period (see Section 9 for regulations on numbers of procedures):***

- **Primary procedures:**
  - Hysterectomy: radical, total abdominal, vaginal, laparoscopic assisted vaginal
  - Pelvic lymphadenectomy of normal or suspicious nodes
  - Radical procedures for vulvar cancer with direct closure with use of simple local skin flaps
  - Partial or total vaginectomy and vault excision
  - Inguino femoral lymphadenectomy
  - Complete operation for ovarian cancer
  - Appropriate use of minimal access surgery
  - Evaluation procedures including: hysteroscopy, cystoscopy, diagnostic laparoscopy, colposcopy, sigmoidoscopy
  - Colostomy and ileostomy

8.10.3 ***The trainee should be familiar with the following procedures, including indications, even if these have not been personally undertaken:***

- Pelvic exenteration
- Para-aortic lymph node dissection (normal/malignant)
- Vaginal reconstruction techniques
- Gastrointestinal procedures, including:
  - Small intestine: resection and anastomosis; bypass procedures
  - Large intestine: resection and anastomosis (hand and staple methods including low anterior and AP resection), feeding jejunostomy/gastrostomy
  - Splenectomy
- Urinary tract procedures, including:
  - Bladder: partial cystectomy; cystotomy
  - Ureter: ureterneocystotomy, end-to-end ureteric anastomosis
- Radiation procedures including the insertion of intracavitary radiation applicators and instillation of radioisotopes
- Repair of vesicovaginal fistulae
- Plastic reconstructive procedures after radical surgery or following radiotherapy

8.11 **Terminal care:**

8.11.1 ***Objectives:***

The trainee should be familiar with the principles and practise of terminal care including:

- **Pain relief:**
  - Non-narcotic analgesics
  - Narcotic analgesics
  - Role of the anaesthetist (neural blocks) and of pain clinics
- **Anxiety relief:**
  - Medicinal
  - Counselling
- **Nausea and vomiting:**
  - Medicinal
  - Dietary

Bodily function: Appetite, bowel action, urinary functions, incontinence, sleep, weight

- Complementary therapy
- Community support roles, including personal practical exposure to hospice care

8.12…/

8.12 **Epidemiology, Research, Statistics and Audit:**

8.12.1 ***The trainee should be able to:***

- Understand epidemiological techniques (eg cohort studies and case control studies; cumulative rates calculation and assessment of bias)
- Understand population parameters and sampling techniques
- Compute and interpret measures of comparisons of means and variations
- Understand randomised controlled trials and techniques of meta-analysis
- **Analyse a presented experiment and construct a hypothetical experiment with respect to the following:**
  - The question examined
  - The hypothesis
  - The sampling technique (including sampling bias and sample calculations)
  - The expression and correlation of raw data and simple (eg log) transformations
  - The selection and application of appropriate statistical tests
  - Significance of the results
  - The conclusions
  - The appropriate inferences which can be obtained
- **Apply the following statistical tests:**
  - Chi-square analysis
  - Correlation and regression
  - Multi-variate analysis
  - Non-parametric tests
  - Parametric tests such as unpaired, paired, "t" tests, analysis of variance
  - Receiver operator characteristics
- Define the terms "significance", "confidence interval", "Type I error" and "Type II error", predictive value, sensitivity, specificity, absolute risk reduction, power of study
- Understand Bayes Theorem, likelihood ratio, probability and uncertainty, especially when requesting special investigations
- Perform statistical analysis of assay data and evaluation of quality control
- Understand the value of discussion and collaboration with statistical advisers
- Understand disease surveillance systems and disease registries
- Understand the need for organisation of and implementation of screening programmes
- Understand sensitivity, specificity, positive predictive and negative predictive values

8.12.2 ***The trainee should be familiar with:***

- Experimental design (eg laboratory, epidemiology)
- Data acquisition, storage, interpretation and statistical analysis
- Conducting clinical audit and feedback and be able to utilise data collection systems
- Scientific writing and presentational skills including the formulation of a grant application

8.12.3 The trainee should be familiar with the principles of screening and the organisation/implementation and audit of screening programmes

8.12.4 The trainee should have the opportunity to attend appropriate national (and where possible international) meetings relevant to their subspecialty annually

8.12.5 The trainee will participate in a research project within the research plan of the institution. Completion of this project is required prior to completion of training

8.13 **Teaching:**

8.13.1 ***Objective:***

The trainee should gain experience in teaching which will include:

- Some responsibility for teaching junior staff in their subspecialty area
- Full participation in the unit's postgraduate programme with some administrative responsibility for the organisation of teaching in their subspecialty
- Participation in the undergraduate teaching programme
- Gain experience of appraisal and assessment techniques

8.14…/

8.14 **Ethical and Legal Aspects:**

8.14.1 ***Objective:***

The trainee should be able to discuss the ethical and legal aspects of the clinical practise of their subspecialty and should have particular knowledge of the relevant areas listed below:

- Legislation, particularly recent, relevant to their subspecialty practise
- Ethics of health care provision and resource allocation
- Medical confidentiality
- **Consent:**
  - Nature of consent; capacity; knowledge, voluntariness
  - Treatment of minors
  - Treatment of the incapacitated patient
- Medical negligence
- Role and relevance of ethics committees
- **Treatment of the terminally ill patient:**
  - Ethics and legal aspects of euthanasia
  - Research in oncology patients and the terminally ill
- Screening for familial cancer traits
- Principles of distributive justice related to oncology

8.15 **Administration:**

8.15.1 ***Objective:***

The trainee should be given some administrative experience and responsibility to allow the development of skills relevant to the future provision and organisation of clinical services. Types of relevant knowledge and experience are listed below:

- Attendance at a management course
- An understanding of health service organisation and administrative and advisory structures
- An understanding of the mechanisms of health care purchasing, provision of care, resource allocation and contractual issues relevant to the clinical service
- Cognisance of the need for regional referral systems and role of tertiary service in health care provision
- The system for managing hospital complaints
- The know how to review a service and formulate a business plan

8.16 **Completion of Subspecialisation:**

- Training time and activities are to be monitored by the use of a logbook. Training will be regarded as successfully completed after 2 years when:
  - The logbook has been accepted
  - The exit examination managed by the COG(SA) has been successfully passed
  - The research project has been completed and presented

8.17 The trainee will then be presented to the Health Professions Council of South Africa for registration purposes

9.0 REQUIRED CLINICAL EXPERIENCE

These regulations should be read in conjunction with the Curriculum And Training Guidelines for Gynaecologic Oncology subspeciality training (Section 8)

9.1 **Rotation requirements: to be certified in Logbook:**

- During the training time the following rotations must be completed:
  - Radiation oncology
  - Medical oncology
- Exposure to and where possible rotation in the following disciplines should be attempted and listed in the log book:
  - Colorectal surgery
  - Urology
  - Plastic and reconstructive surgery
  - Surgical intensive care
  - Palliative and hospice care
  - Radiologic imaging

9.2 **Clinical gynaecologic oncology service: to be certified in Logbook:**

- Weekly colposcopy clinic
- Weekly gynaecologic oncology clinic
- Weekly general gynaecology clinic
- Gynaecologic oncology in-patient service including:
  - Preoperative care
  - Staging of malignancies
  - Appropriate special testing
  - Postoperative care
  - After hours and emergency care related to gynaecologic oncology
  - In-patient care and palliative care

9.3 **Surgical minimum requirements:**

- The candidate must have performed the following procedures:
  - Surgical management of invasive cervical cancer (RHND) **15**
  - Surgical management of ovarian cancer (debulking) **15**
  - Surgical management of endometrial cancer (+/- nodes) **15**
  - Surgical management of invasive vulvar cancer (+ nodes) **6**
  - Surgical management of VIN/VAIN **6**
  - Cystoscopy, hysteroscopy
  - LLETZ
  - Cold knife cone biopsy **15**
- The following surgical competencies should be listed in the logbook if appropriate but are not requirements:
  - Minimal invasive surgical operations in gynaecologic oncology
  - Laparoscopic lymph node dissection

9.4 The candidate must assist in all exenterative procedures and diversion procedures performed in the training unit during the training period. This must be certified in the Logbook

10.0 RESEARCH PROJECT

All subspecialty trainees will take part in the research effort of the training unit. Each subspecialty trainee will be required to submit a completed research project either published in a peer review journal or submitted to a peer review journal prior to taking the exit examination

This must be in the form of original research wherein the candidate provides the findings of the study. The research project should not exceed 3000 words and it must contain appropriate references and a detailed discussion. The research project may address any pertinent topic.

11.0 PORTFOLIO

The specific details pertaining to the *'PORTFOLIO OF LEARNING'* are in a separate document on the CMSA website and each candidate must be aware of its contents.

In brief, the portfolio must reflect all of the candidate's academic and practical participation during the sub specialty training.

The portfolio must be signed by the HOD or training centre HOD to confirm validity of the contents.

12.0…/

12.0 EXIT ASSESSMENT

12.1 The exit assessment will consist of a written paper, an oral component pertaining to the portfolio, an OSCE and an OSPE.

The Exit Examination shall consist of:

I WRITTEN PAPER:

There will be one 3-hour paper with 3 questions. All three questions will consist of essay questions, with subdivisions allowing shorter and longer questions. Each question will have 2-3 components.

- Each question will be marked out of 100 marks, to a total of 300 marks.
- A final mark of at least 50% will allow invitation to the oral examination.

Weighting: 30% of final mark

II CLINICAL / ORAL / OSCE EXAMINATIONS

A modified clinical/practical/oral exam will be conducted in the form of a series of written online examinations and a Structured Oral Examination which will be clinically based.

Format of the Structured Oral Examination:

- Number of virtual stations:
  - OSCE stations: 3
  - OSPE stations: 3
  - Topic based stations (Viva): 2
- Duration of examination:
  - OSCE stations: 60 minutes in total (additional 15 minutes allowed for typing)
  - OSPE stations: 20 minutes preparation and 20 minutes per station
  - Topic based stations (Viva): 15 minutes per station
  - Examination material may include: case histories and test results, still images, photos, diagrams and radiology imaging
  - Examination presentation: examination material will be presented as PowerPoint slides Examiners and moderator(s) will be remotely linked to candidates using Zoom

Weighting: 60% of final mark

III MARKING OF THE EXAMINATION:

- A Score of 50% or more will be deemed an overall pass score for each component of the examination.
- A memorandum with mark allocation per question will be used for each component of the examination.
- The marks for the Structured Oral Examination will be combined to obtain an average score
- The final mark

Written paper	40%
Structured Oral Examination	60%

12.2 **Carry over of written examination**

A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall be allowed to re-do ONLY THE OSCE AND OSPE ASPECT AT THE NEXT EXAMINATION (without re-writing the written aspect of the examination)

The carry-over of the written examination is allowed only once ie for the next examination only. Should the candidate fail the OSCE and OSPE examination again, then the candidate must re-write the full examination at their next attempt.

Written examination carry-over applies with immediate effect according to the Colleges of Medicine of South Africa Senate meeting held on the 26 October 2017.

13.0 ACKNOWLEDGEMENT

- Royal College of Obstetricians and Gynaecologists: Document of Subspecialisation in Gynaecological Oncology, December 2000
- Gynaecologic Oncology Subcommittee of College of Obstetricians and Gynaecologists, CMSA, 2014.

JOHANNESBURG
June 2020