Basic Standards for
Fellowship Training in
Gynecologic Oncology

American Osteopathic Association
and
American College of Osteopathic Obstetricians & Gynecologists

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BASIC STANDARDS FOR FELLOWSHIP TRAINING
IN
GYNECOLOGIC ONCOLOGY

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ARTICLE I - INTRODUCTION
These are the basic standards for fellowship training in Gynecologic Oncology as approved by the American Osteopathic Association and developed by the American College of Osteopathic Obstetricians and Gynecologists. These standards are designed to provide the osteopathic fellow with advanced and concentrated training in Gynecologic Oncology and to prepare the fellow for examination for certification in Gynecologic Oncology by the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

ARTICLE II - MISSION
The mission of the osteopathic Gynecologic Oncology fellowship program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient, and professional osteopathic specialist in Gynecologic Oncology.

ARTICLE III - EDUCATIONAL PROGRAM GOALS
The fellowship program is required to provide a curriculum that promotes and assesses competencies in the following seven areas:

1. **Osteopathic Philosophy and Osteopathic Manipulative Treatment**
   Fellows are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) in the discipline of gynecologic oncology. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. **Medical Knowledge**
   Fellows must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and osteopathic principles and practice (OPP) in the discipline of gynecologic oncology, remain current with new developments in medicine, and participate in life-long learning activities, including research.
   a. Demonstrate competency in the understanding and application of clinical medicine to osteopathic patient care.
   b. Know and apply the foundations of clinical and behavioral medicine in the discipline of gynecologic oncology with application of osteopathic correlations.

3. **Osteopathic Patient Care**
   Osteopathic fellows must demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
   a. Gather accurate, essential information for all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, and diagnostic/therapeutic plans and treatments.
   b. Validate competency in the performance of diagnosis, osteopathic and other treatment and procedures in the discipline of gynecologic oncology.
c. Provide health care services consistent with osteopathic philosophy, including preventive medicine and health promotion based on current scientific evidence.

4. **Interpersonal and Communication Skills in Osteopathic Medical Practice**

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

   a. Demonstrate effectiveness in developing doctor-patient relationships.
   
   b. Exhibit listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

5. **Professionalism in Osteopathic Medical Practice**

Fellows are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Fellows should be cognizant of their own physical and mental health in order to care for patients.

   a. Demonstrate respect for patients and families and advocate for the primacy of patient’s welfare and autonomy.
   
   b. Adhere to ethical principles in the practice of osteopathic medicine.
   
   c. Demonstrate awareness and attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
   
   d. Demonstrate awareness of one’s mental and physical health.

6. **Osteopathic Medical Practice-Based Learning and Improvement**

Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

   a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic)
   
   
   c. Understand research methods, medical informatics, and the application of technology as applied to medicine.

7. **Systems-Based Osteopathic Medical Practice**

Fellows are expected to demonstrate an understanding of health care delivery systems, provide qualitative osteopathic patient care within the system, and practice cost-effective medicine.

   a. Understand national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.
   
   b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.
ARTICLE IV - INSTITUTIONAL REQUIREMENTS

A. The institution must have an organized division of gynecologic oncology.

B. The institution must provide a volume of major gynecologic cancer cases of scope and variety to train a minimum of three fellows.

C. The institution shall maintain a medical library containing carefully selected texts, the latest editions of medical journals and other publications, in various branches pertaining to training in gynecologic oncology medicine.

D. The institution must provide:
   1. A pathology service to train the subspecialty fellow in the broad aspects of Gynecologic Cancer diagnosis and to have available postmortem examination of women.
   2. A gynecologic oncology patient unit at one or more institutions to enable the fellow to develop expertise in managing those patients under the direction of the program director or supervising gynecologic oncologist.

ARTICLE V - PROGRAM REQUIREMENTS AND CONTENT

A. The subspecialty fellowship training program in gynecologic oncology shall be thirty-six (36) months in duration. A minimum of twenty-four (24) months is required for clinical gynecologic oncology and a minimum of six (6) months is required for research. The remaining six (6) months may be tailored to electives or be focused in a specific clinical or research area at the discretion of the program director.

B. The general educational content of the program shall be consistent with the educational objectives of the Guide to Learning in Gynecologic Oncology (reprinted in Appendix II), and include:
   1. Osteopathic philosophy, principles and practice as they relate to gynecologic oncology shall be integrated into the training program.
   2. Basic science training shall emphasize the relationship of anatomy, pathology, physiology, biochemistry and bacteriology as they relate to gynecologic oncology.
   3. There shall be a postgraduate course in statistics relative to the gathering, dissemination and interpretation of biomedical information.

A second postgraduate course relating to biomedical information and dissemination shall be required (examples: computer science in biomedical data gathering, thesis preparation, health care administration) to enable the fellow to integrate his/her skills into the present day medical health care system.

Subspecialty fellows that have already completed a graduate level course in statistics and other such courses may, at the discretion of the program director, and upon approval of PESC during the first year of training, satisfy this requirement by;
   a. Taking additional graduate level courses pertinent to the subspecialty of gynecologic oncology, or
   b. Using this protected time for the performance of the pertinent research related to the training program, or
   c. Using this protected time for the acquisition of clinical skills pertinent to the subspecialty training program.
4. The program structure and contents shall include out-patient evaluation of gynecologic oncology patients.
   a. The fellow shall receive training in and ultimately supervise high risk (complicated by cervical abnormalities or pelvic masses concurrent with the pregnancy) pregnancy clinics under the direction of an attending gynecologic oncologist.
   b. The fellow shall evaluate patients, perform or order diagnostic testing and therapeutic regimes as approved by the attending gynecologic oncologist.
   c. The service shall provide a number of gynecologic oncology patients as well as follow-up visits, both on an in-patient and out-patient basis. The clinical problems shall include, but not be limited to, the following: Pre-invasive disease of the cervix, vagina and vulva; invasive cancer of the cervix, vagina and vulva; endometrial hyperplasia; adenocarcinoma of the uterus; sarcoma of the uterus; carcinoma of the fallopian tube; epithelial ovarian cancer; germ cell and stromal tumors of the ovary; principles, toxicity and mechanisms of action of chemotherapy; genetics of cancer; biostatistics; radiation oncology; terminal care; preoperative, postoperative and intensive care management of the gynecologic oncology patient.
   d. The fellow shall be trained in the chemo-pharmacology and therapeutics of all related chemicals and physical modalities utilized in the diagnosis and management of gynecologic oncology patients.

5. The training program shall provide content with regard to behavioral characteristics involved in the interaction between the fellow, the patient and the teaching staff. The program shall enhance the ability of the fellow to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care.

6. Investigational research shall be a fundamental part of the training program. The climate must exist to facilitate both clinical and laboratory investigation to advance the body of knowledge in gynecologic oncology and the osteopathic profession.

7. The fellowship program director must provide evidence of scholarly activity and productivity by faculty and fellows in clinical and/or laboratory research. Research projects can be developed either within the department or in collaboration with other academic departments. The portion of each fellow’s education devoted to research must ultimately result in a thesis that may be worthy of publication in a peer-reviewed journal. It is expected that fellows will acquire a thorough knowledge and understanding of the methodologies and analyses used in research protocols that relate to research in their area of study. An understanding of the statistical analysis of research projects is mandatory.

C. Thesis defense will follow the form outlined in the appendix to be utilized by the faculty and program director. Thesis defense form will be provided to PESC prior to completion of program.

**ARTICLE VI- PROGRAM DIRECTOR / FACULTY**

A. Program Director Requirements

1. The program director shall be a diplomate of the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) and certified in gynecologic oncology,
2. The program director shall insure that osteopathic theory and practice and its application to the specialty are emphasized.

B. Program Director Duties

1. The program director shall be required to submit annual progress reports on the fellows to the director of medical education of the hospital, and the American College of Osteopathic Obstetricians and Gynecologists (ACOOG). These reports shall cover the fellow's progress, acceptability as a prospective specialist, and other factors pertinent to the continuation of training.

2. The program director shall annually retrieve his/her evaluation of the program director and the program faculty summary as performed by the fellows within sixty (60) days of the end of each training year and assure that these evaluations are reviewed annually with the director of medical education.

3. In the event of a program director vacancy, another faculty member certified in GYN ONC shall assume interim responsibility for oversight of the program. The Osteopathic DME will consult on the completion of all required reports and administrative functions. Status reports of the institution's efforts to recruit a permanent AOBOG certified program director shall be provided to the PESC every 6 months. Failure to comply with recruitment policy and documented deficiencies in program administration will result in a request to the PTRC for an early inspection.

C. Faculty

1. Consultative services must be available in the areas of pathology, critical care, colorectal surgery and urology. With evidence of mutually complementary active and continuing interaction between these groups and the program's fellow.

2. There must be a minimum of two faculty members who are board certified by the AOA American Osteopathic Board of Obstetrics Gynecology (AOBOG) and/or the American Board of Obstetrics and Gynecology (ABOG) in the subspeciality of gynecologic oncology.

ARTICLE VII - FELLOW REQUIREMENTS

A. The fellow must have completed an AOA approved residency in obstetrics and gynecology.

B. The fellow shall have applied for the AOBOG general OB/GYN certification exam and shall have taken the written portion of the exam prior to matriculating the fellowship.

C. All fellows shall maintain satisfactory records of work performed. These shall be submitted monthly to the program director for review and verification. These records shall be filed with the director of medical education.

D. The fellow shall not be permitted to act as a consultant; however, fellows may render services to affiliated clinics with the approval of the program director.
E. The fellow shall submit annually, verified by the signature of the program director, a training program report to the ACOOG within thirty (30) days of the end of each year’s training. The fellow must also complete an annual evaluation of the program director and faculty in a format as required by the ACOOG.

F. The fellow will conduct investigative work leading to the production of a first authored thesis. The submission of an approved thesis is a requirement for entrance to the oral examination. The subject should be in the field of gynecologic oncology, and the thesis should be on clinical or basic research and not a review of work by others. The fellow will follow the thesis defense process before graduating from the fellowship as outlined in the appendix.

G. The fellow will attend conferences relating to gynecologic oncology.

H. The fellow must attend meetings including the annual meeting of the ACOOG, and any additional meetings as directed by the program director.

**ARTICLE VIII – EVALUATION**

A. Program Director and Faculty

1. The program director must submit reports to the director of medical education at least annually or sooner if the fellow’s progress is unsatisfactory as outlined below.

B. Remediation

1. The program director will inform the fellow verbally and in writing of unsatisfactory academic or clinical performance.

2. The fellow will be provided with a written plan to correct the deficiencies.

3. The fellow will receive a written evaluation following this period.

4. If after the above period deficiencies still exist, the fellow shall be placed on probation for a period of three to six months.

5. Following the probationary period, if the performance of the fellow is still judged to be unsatisfactory the fellow shall be dismissed.

C. The fellow shall be required to defend the thesis prior to completion of the program. A model examination form is shown in Appendix.
APPENDIX

A. Data on program director compensation will be collected and benchmarked by the ACOOG every two years. Aggregated data will be reported to osteopathic obstetrics and gynecology programs.

B. The institution should fund faculty development activities in addition to the minimum standard requirements to maintain proficiency and professionalism of all trainers, ultimately benefitting the fellow, program, and institution.

C. The PESC will not review end of year reports which are not submitted, as verified by postmark or electronic system data, within thirty (30) days of completion of training year, until the program pays a delinquency fee to ACOOG per delinquent year of training.

D. Program directors, fellows and faculty will maintain a standard of professionalism that meets or exceeds the code of ethics of the ACOOG, AOA and/or the American College of Obstetricians and Gynecologist if applicable to the individual.

E. If annual evaluation of the program director and faculty is received after the thirty (30) day deadline, reports will not be reviewed by the PESC until a late fee is paid to the ACOOG.

F. Fellow Research and Thesis Defense Summary will be utilized by institutional faculty to evaluate quality of investigative study and submitted to PESC as a condition of program complete status (Form located in ACOOG Postgraduate Training Program Administrative Manual)

G. The most current Educational Curriculum is listed in The Guide to Learning in Gynecologic Oncology, 2006. ABOG: Dallas, TX; 1-79. It is reprinted in Appendix II.

APPENDIX II

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