

*Effective for residents who enter training on or after July 1, 2022.*

## **DEFINITION**

Gynecologic Oncology is a subspecialty of Obstetrics and Gynecology focused on the diagnosis and management of patients with preinvasive and invasive disease of the female genital tract.

## **GYNECOLOGIC ONCOLOGY PRACTICE**

Gynecologic oncologists provide care for patients of any age with preinvasive or invasive disease of the female genital tract, including cancers of the uterus, cervix, ovary, fallopian tube, vulva, and vagina. This includes patients with rare conditions, such as gestational trophoblastic disease and gynecological cancers presenting in pregnancy.

The practice of gynecologic oncologists extends across the cancer care continuum, spanning health promotion and preventive measures, screening, initial assessment and diagnosis of cancer, treatment, survivorship, and palliative and end-of-life care. The breadth of gynecology oncology surgical practice ranges from management of preinvasive disease of the lower genital tract to ultra-radical surgery for advanced cancer. The operative modalities employed by gynecologic oncologists include open as well as minimally invasive surgery (MIS), which may be completed by laparoscopic and/or robotic-assisted techniques. Gynecologic oncologists provide systemic therapy, including chemotherapy and novel targeted agents, for patients with neoadjuvant, adjuvant, and recurrent disease indications. Gynecologic oncologists provide ongoing care for patients after their initial medical or surgical therapy, including surveillance for recurrence, palliative treatments (surgical and/or systemic therapy), and end-of-life care.

Gynecologic oncologists work in designated gynecologic oncology centres. These are regional cancer centres, affiliated with academic institutions, that have the capacity to provide care to patients with complex needs. Gynecologic oncologists provide care in outpatient, inpatient, and operating room settings. They work with radiation oncologists, medical oncologists, radiologists, pathologists, palliative medicine specialists, surgical oncologists, and other specialists to develop and implement multimodal approaches to management. They collaborate with other health care professionals to provide broad and comprehensive care to

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patients with cancer and their families<sup>1</sup>.

Gynecologic oncologists educate undergraduate and postgraduate trainees, and colleagues in Family Medicine and Obstetrics and Gynecology. Gynecologic oncologists advance the field through scholarly innovation in patient care and medical education and through development and implementation of quality improvement initiatives. They may develop health policy and/or evaluate cost-effectiveness of oncology interventions.

## **ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING**

Royal College certification in Obstetrics and Gynecology.

**OR**

Eligibility for the Royal College examination in Obstetrics and Gynecology.

**OR**

Registration in a Royal College-accredited residency program in Obstetrics and Gynecology. (See requirements for these qualifications.)

## **ELIGIBILITY REQUIREMENTS FOR EXAMINATION<sup>2</sup>**

All candidates must be Royal College certified in Obstetrics and Gynecology in order to be eligible for the Royal College examination in Gynecologic Oncology.

## **GYNECOLOGIC ONCOLOGY COMPETENCIES**

### **Medical Expert**

#### ***Definition:***

As *Medical Experts*, gynecologic oncologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

#### ***Key and Enabling Competencies: Gynecologic oncologists are able to...***

### **1. Practise medicine within their defined scope of practice and expertise**

1.1. Demonstrate a commitment to high-quality care of their patients

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<sup>1</sup> Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

<sup>2</sup> These eligibility requirements do not apply to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

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- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Gynecologic Oncology
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Gynecologic Oncology
  - 1.3.1. Embryology, anatomy, histology, and physiology of the female genital tract, the bowel, and the pelvic region
  - 1.3.2. Principles of medical genetics as they relate to gynecologic cancers
    - 1.3.2.1. Oncogenes
    - 1.3.2.2. Tumour suppressor genes
    - 1.3.2.3. DNA repair genes
    - 1.3.2.4. Oncogenesis
    - 1.3.2.5. Basic and clinical research in manipulation of genes
  - 1.3.3. Pathology relevant to neoplasms of the female genital tract
    - 1.3.3.1. Direct visual and microscopic appearances of premalignant lesions and the features that distinguish them from benign disorders
    - 1.3.3.2. Derivation, biological behaviour, and characteristics of trophoblastic disease and cancer of the uterus, cervix, ovary, fallopian tube, vulva, and vagina
  - 1.3.4. Epidemiology and etiology of cancers of the female genital tract
  - 1.3.5. Classification, staging, and natural evolution of cancers of the female genital tract
  - 1.3.6. Screening techniques, including cervical cytology and molecular screening
    - 1.3.6.1. Molecular oncology, epidemiology, and genetics as they relate to hereditary cancer screening in Gynecologic Oncology
  - 1.3.7. Indications for and principles of investigations used in the evaluation of preinvasive and invasive lesions of the female genital tract
    - 1.3.7.1. Colposcopy
    - 1.3.7.2. Biopsy
    - 1.3.7.3. Needle biopsy
    - 1.3.7.4. Ultrasound
    - 1.3.7.5. Computed tomography (CT)
    - 1.3.7.6. Magnetic resonance imaging (MRI)
    - 1.3.7.7. Nuclear imaging, including positron emission tomography (PET)
  - 1.3.8. Principles of medical oncology as they relate to cancers of the female genital tract

*GYNECOLOGIC ONCOLOGY COMPETENCIES (2022)*

- 1.3.8.1. Classes of agents and their mechanisms of action, pharmacology, and toxicities, including
  - 1.3.8.1.1. Cytotoxic therapy
  - 1.3.8.1.2. Hormonal therapy
  - 1.3.8.1.3. Molecular targeted therapy
  - 1.3.8.1.4. Immunotherapy
- 1.3.8.2. Use of systemic therapy for the purposes of primary therapy and adjuvant therapy, and as chemoprevention
- 1.3.9. Principles of radiation oncology as they relate to cancers of the female genital tract
  - 1.3.9.1. Radiobiology and radiation physics
  - 1.3.9.2. Radiation sources and therapeutic methods
  - 1.3.9.3. Toxicities and adverse outcomes of multimodality therapy
- 1.3.10. Therapeutic modalities for preinvasive cancers of the uterus, cervix, vulva, and vagina
  - 1.3.10.1. Mode of action, indication for, contraindication to, and results of local ablative techniques and local excisions
- 1.3.11. Therapeutic modalities for invasive cancers of the female genital tract
  - 1.3.11.1. Surgical techniques, including indications for, contraindications to, and complications of
    - 1.3.11.1.1. Open procedures
    - 1.3.11.1.2. Minimally invasive surgery (MIS)
  - 1.3.11.2. Radiation therapy
    - 1.3.11.2.1. Indications for, limitations of, and complications of external beam radiotherapy and intracavitary and interstitial brachytherapy
    - 1.3.11.2.2. Technical aspects of intracavitary and interstitial brachytherapy
    - 1.3.11.2.3. Acute and chronic complications
  - 1.3.11.3. Systemic therapy
    - 1.3.11.3.1. Indications for systemic therapy
    - 1.3.11.3.2. Complications and adverse effects

- 1.3.12. Prognosis of cancers of the female genital tract, sites of recurrence, and their investigation and management
- 1.3.13. Clinical features and management of oncologic emergencies, including spinal cord compression and superior vena cava syndrome
- 1.3.14. Clinical features and management of medical and surgical complications
  - 1.3.14.1. Febrile neutropenia
  - 1.3.14.2. Sepsis
  - 1.3.14.3. Ascites, pleural effusion, and gross lymphedema
  - 1.3.14.4. Thrombosis
  - 1.3.14.5. Bowel obstruction
  - 1.3.14.6. Bowel injury and anastomotic leaks
  - 1.3.14.7. Recto-vaginal and vesico-vaginal fistulae
  - 1.3.14.8. Ureteric injury and obstruction
  - 1.3.14.9. Wound and stoma complications
- 1.3.15. Supportive care
  - 1.3.15.1. Indication for, titration of, and toxicity management of non-opioid and opioid analgesics
  - 1.3.15.2. Use of anti-emetics
  - 1.3.15.3. Indications for palliative radiation
  - 1.3.15.4. Indications for palliative surgical interventions
- 1.3.16. Psychosocial issues, including clinical features and management of anxiety and depression
- 1.3.17. Survivorship, including rehabilitation, and sexuality and fertility
- 1.3.18. Coordination of community and hospital resources to facilitate multidisciplinary and interprofessional approaches to patient care
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Gynecologic Oncology practice

## **2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter

- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Elicit a relevant and focused history, including
    - 2.2.1.1. Risk factors for cancer
    - 2.2.1.2. Family history of cancer
    - 2.2.1.3. Presence and severity of comorbidities
    - 2.2.1.4. Prior cancer treatments
  - 2.2.2. Perform an assessment of the patient's performance status and functional status
  - 2.2.3. Perform a physical exam tailored to the patient's symptoms, diagnosis, and possible toxicities and effects of treatment
  - 2.2.4. Select investigations and interpret the results of
    - 2.2.4.1. Cytology
    - 2.2.4.2. Histology
    - 2.2.4.3. Genetic testing
    - 2.2.4.4. Medical imaging
  - 2.2.5. Integrate the clinical data to establish the diagnosis, stage, and prognosis of the patient's cancer
  - 2.2.6. Assess the patient's candidacy for surgical intervention, systemic therapy, radiation therapy, or supportive care
  - 2.2.7. Assess the patient's interest in and options for fertility preservation
  - 2.2.8. Assess the patient's eligibility for enrolment in a clinical trial
  - 2.2.9. Identify patients for discussion at a multidisciplinary case conference
- 2.3. Establish goals of care in collaboration with patients and their families, which may include achieving cure, treating symptoms, slowing disease progression, improving function, and palliation
- 2.4. Establish a patient-centred management plan

### **3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

- 3.1. Determine the most appropriate procedures or therapies
  - 3.1.1. Local excision and/or ablative techniques
  - 3.1.2. Surgery
    - 3.1.2.1. Curative intent

## GYNECOLOGIC ONCOLOGY COMPETENCIES (2022)

- 3.1.2.1.1. Staging
      - 3.1.2.1.2. Debulking
    - 3.1.2.2. Palliative intent
  - 3.1.3. Systemic therapy
    - 3.1.3.1. Cytotoxic therapy
    - 3.1.3.2. Hormonal therapy
    - 3.1.3.3. Molecular targeted therapy
    - 3.1.3.4. Immunotherapy
  - 3.1.4. Radiation therapy
    - 3.1.4.1. Brachytherapy, interstitial or intracavitary
    - 3.1.4.2. External beam
  - 3.1.5. Sequential or multimodality therapy, including combinations of surgery, systemic therapy, and/or radiation therapy
  - 3.1.6. Supportive care
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
  - 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
  - 3.4. Prescribe and supervise systemic therapy
    - 3.4.1. Prescribe and supervise the delivery of oral, intravenous, and intraperitoneal systemic therapy and supportive care medications
    - 3.4.2. Manage complications and adverse reactions
  - 3.5. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
    - 3.5.1. Diagnostic procedures
      - 3.5.1.1. Colposcopy
      - 3.5.1.2. Diagnostic excision of the cervix
      - 3.5.1.3. Biopsy of cervix, vulva, vagina, endometrium, and lymph nodes, including fine needle aspiration
      - 3.5.1.4. Cystoscopy
      - 3.5.1.5. Proctosigmoidoscopy

- 3.5.2. Therapeutic procedures
  - 3.5.2.1. Conization, including loop electrosurgical excision procedure (LEEP), cold knife conization (CKC), and laser ablative procedure
  - 3.5.2.2. Wide local excision of the vulva and radical vulvectomy
  - 3.5.2.3. Simple and radical trachelectomy
  - 3.5.2.4. Vaginectomy
  - 3.5.2.5. Hysterectomy
    - 3.5.2.5.1. Abdominal
    - 3.5.2.5.2. Vaginal
    - 3.5.2.5.3. MIS
  - 3.5.2.6. Radical hysterectomy
    - 3.5.2.6.1. Abdominal
    - 3.5.2.6.2. Vaginal
    - 3.5.2.6.3. MIS
  - 3.5.2.7. Sentinel lymph node biopsy
    - 3.5.2.7.1. Abdominal/pelvic
      - 3.5.2.7.1.1. Open
      - 3.5.2.7.1.2. MIS
    - 3.5.2.7.2. Groin
  - 3.5.2.8. Lymphadenectomy
    - 3.5.2.8.1. Pelvic
      - 3.5.2.8.1.1. Open
      - 3.5.2.8.1.2. MIS
    - 3.5.2.8.2. Para-aortic
      - 3.5.2.8.2.1. Open
      - 3.5.2.8.2.2. MIS
    - 3.5.2.8.3. Groin
  - 3.5.2.9. Debulking procedures for the treatment of advanced gynecologic cancers



## GYNECOLOGIC ONCOLOGY COMPETENCIES (2022)

- 3.5.2.9.1. Diaphragmatic resection
  - 3.5.2.9.2. Peritoneal stripping
  
  - 3.5.2.10. Pelvic exenteration
    - 3.5.2.10.1. Anterior
    - 3.5.2.10.2. Posterior
    - 3.5.2.10.3. Total (anterior and posterior)
  
  - 3.5.2.11. Gastrointestinal procedures
    - 3.5.2.11.1. Small bowel
      - 3.5.2.11.1.1. Resection
      - 3.5.2.11.1.2. Anastomosis
      - 3.5.2.11.1.3. Ileostomy
  
    - 3.5.2.11.2. Large bowel
      - 3.5.2.11.2.1. Resection
      - 3.5.2.11.2.2. Anastomosis
      - 3.5.2.11.2.3. Colostomy
  
  - 3.5.2.12. Paracentesis
  - 3.5.2.13. Thoracentesis
  - 3.5.2.14. Management of wound dehiscence/evisceration
  
  - 3.6. Perform as primary surgeon or in conjunction with other surgeons
    - 3.6.1. Genitourinary procedures
      - 3.6.1.1. Ileal conduit
      - 3.6.1.2. Continent urinary diversion
      - 3.6.1.3. Ureteral anastomosis
      - 3.6.1.4. Ureteral reimplantation
      - 3.6.1.5. Vesicovaginal fistula repair
  
    - 3.6.2. Advanced debulking procedures
      - 3.6.2.1. Splenectomy
      - 3.6.2.2. Distal pancreatectomy
      - 3.6.2.3. Heated intra-peritoneal chemotherapy (HIPEC)
  
    - 3.6.3. Vulvar and vaginal reconstruction
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- 3.6.3.1. Myocutaneous flap
- 3.6.3.2. Skin graft

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Identify indications for consultation with other health care professionals
    - 4.1.1.1. Provide referral for operative or endoscopic procedures
    - 4.1.1.2. Identify indications for and timing of consultation with medical and radiation oncologists
  - 4.1.2. Provide end-of-life care
    - 4.1.2.1. Manage symptoms and support the patient and family through the dying process
    - 4.1.2.2. Identify indications for and timing of consultation with palliative care physicians
    - 4.1.2.3. Respond to and discuss requests for medical assistance in dying (MAID)

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors
  - 5.2.1. Apply strategies to enhance safe prescription and administration of systemic therapy

**Communicator**

**Definition:**

As *Communicators*, gynecologic oncologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

**Key and Enabling Competencies: Gynecologic oncologists are able to...**

**1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion

- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - 1.3.1. Demonstrate respect and understanding of factors which may affect the patient's experience and decision-making
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to the patient's clinical condition and circumstances

**2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

**3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
  - 3.1.1. Convey treatment options, including the choice of surgical technique and other treatment modalities
  - 3.1.2. Discuss fertility preservation
  - 3.1.3. Conduct patient and family meetings in a sensitive and appropriate manner, including when communicating bad news
- 3.2. Disclose harmful patient safety incidents to patients and their families

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

- 4.3.1. Support patient participation in clinical trials, where appropriate

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
  - 5.1.1. Document informed consent discussions
  - 5.1.2. Document advance care planning and goals of care discussions
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

**Collaborator**

**Definition:**

As *Collaborators*, gynecologic oncologists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

**Key and Enabling Competencies: Gynecologic oncologists are able to...**

**1. Work effectively with physicians and other colleagues in the health care professions**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Work effectively with other health professionals, including those in the hospital and in the community
  - 1.2.2. Facilitate a multidisciplinary approach to the care of a palliative patient
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
  - 1.3.1. Work effectively with medical oncologists and radiation oncologists to establish and deliver cancer management plans
  - 1.3.2. Contribute expertise to and interact collaboratively in multidisciplinary case conferences, including tumour board

**2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care

**Leader**

***Definition:***

As *Leaders*, gynecologic oncologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

***Key and Enabling Competencies: Gynecologic oncologists are able to...***

**1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

**2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
- 2.2. Apply evidence and management processes to achieve cost-appropriate care
  - 2.2.1. Demonstrate an understanding of the balance of resource allocation in screening

**3. Demonstrate leadership in health care systems**

- 3.1. Demonstrate leadership skills to enhance health care

3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in personal practice(s)**

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.2.1. Manage work schedule, including operating room time and clinic scheduling

4.3. Implement processes to ensure personal practice improvement

**Health Advocate**

***Definition:***

*As Health Advocates, gynecologic oncologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.*

***Key and Enabling Competencies: Gynecologic Oncologists are able to...***

**1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Facilitate timely access to diagnostic, therapeutic, and rehabilitative services and resources

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

1.3.1. Identify families at risk for cancer

1.3.2. Recommend risk-reducing interventions for patients with inherited syndromes or those suspected to have an increased risk of cancer

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

2.1. Work with a community or population to identify the determinants of health that affect them

- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
  - 2.3.1. Promote and support policies that improve health outcomes, including cervical cancer prevention via primary and secondary prevention, safe sex, smoking cessation, and genetic testing for hereditary cancer syndromes

## **Scholar**

### ***Definition:***

As *Scholars*, gynecologic oncologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

### ***Key and Enabling Competencies: Gynecologic oncologists are able to...***

#### **1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

#### **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

#### **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them

- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

**4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

**Professional**

**Definition:**

As *Professionals*, gynecologic oncologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

**Key and Enabling Competencies: Gynecologic oncologists are able to...**

**1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, equity, and inclusion, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
  - 1.3.1. Capacity and informed consent
  - 1.3.2. Withholding and withdrawal of treatment
  - 1.3.3. Advance directives
  - 1.3.4. End-of-life care



- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

**2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
  - 4.1.1. Develop effective strategies to monitor fatigue, burnout, and psychological distress, and mitigate their effects on personal wellbeing and clinical performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

*This document is to be reviewed by the Specialty Committee in Gynecologic Oncology by December 31, 2023.*

**APPROVED** – Specialty Standards Review Committee – April 2021