2025

2nd FELLOWSHIP CURRICULUM OF MS GYNAECOLOGICAL ONCOLOGY

Nishtar Medical University, Multan

Nishtar Medical University, Multan

Certificate Of Curriculum Approvals

Name of Department: _____

Name of Program Director: _____

Name of Faculty: _____

Name of Program: _____

Date of Preparation: _____

No	Statuary Body	Signing Authority	Signature
1	Departmental Board of Studies	Chairman	
2	Board of Faculty	Dean	
3	Curriculum Committee	Chairman	
4	Board of Advance Studies	Chairman	
5	Academic Council	Chairman	
6	Syndicate	Secretary	

Contents

STATUTES

Nomenclature of the Proposed Course

The name of degree programme shall be MS Gynecological oncology. This name is well recognized and established for the last many decades worldwide.

Course Title

MS Gynecological oncology

Training Center

Department of Obstetrics & Gynecology, Nishtar Medical University Hospital Multan, (will be accredited by NMU)

Structure of the Training Program

This training program will consist of

1) **Clinical Training**
2) **Research**

Clinical Training

During clinical training, gynecological oncology trainees will undergo a major rotation in gynecologic oncology to gain comprehensive exposure to the diagnosis, surgical management, and multidisciplinary care of patients with gynecological malignancies. In addition to this core rotation, trainees will also have minor rotations in related subspecialties such as medical oncology, radiation oncology, pathology, palliative care, Intensive care unit, Radiology Department, Urology, Colorectal and Plastic surgery unit . These rotations aim to equip trainees with the knowledge and skills necessary to understand tumor biology, interpret diagnostic findings, plan individualized treatment strategies, and provide holistic care, aligning with the educational objectives of the MS Gynecological Oncology program.

Research

During these two years of the programme, candidate will spend total time equivalent to one calendar year for research and writing two research papers

to be published in Pakistan Medical & Dental Council/ HEC recognized journals.

Admission Criteria

For admission in MS Gynecological Oncology program, the candidate shall be Required to have:

- **MBBS degree (Recognized by Pakistan Medical & Dental Council)**
- **MS Gynecological Oncology or equivalent qualification recognized by Pakistan and Medical Dental Council, Islamabad.**
- **Registration with Pakistan Medical and Dental Council.**
- **Admission will be through Central Induction Policy (CIP).**

Registration and Enrollment

- **Total number of students enrolled for the course must not exceed 5 per supervisor per year.**
- **The maximum number of trainees that can be attached with supervisor at a given point of time (inclusive of trainees in all years/phases of MS training), must not exceed 10.**
- **Beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.**
- **The University will approve supervisors for MS Gynecological Oncology Programme.**
- **Candidates selected for the program after their enrolment at the relevant institutions shall be registered with NMU as per prescribed Registration Regulations.**

Accreditation Related Issues of the Institution

Faculty:

Properly qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council will be responsible to conduct the MS Gynecological Oncology Programme.

CPSP supervisors for Gynecological Oncology will be supervisors of MS Gynecological Oncology initially as per grandfather clause.

Adequate Space:

Class-rooms equipped with audiovisual aids, demonstration rooms, computer lab, pathology lab along with clinical facilities will be provided to facilitate the teaching programme.

Library:

- **Institutional and departmental Libraries will have latest editions of recommended books\, reference books and latest journals (National and International).**
- **Accreditation of Gynecological Oncology training programme can be suspended on temporary or permanent basis by the University, if the programme does not comply with requirements for residents training as laid down in this curriculum.**
- **To ensure a uniform and standardized quality of training and availability of the training facilities, the University reserves the right to make surprise visits of the training centres for monitoring purposes and may take appropriate action if deemed necessary.**

Goals & Objectives

- **A key strength of the programme is the high-calibre training provided by experienced and dedicated academic Gynaecologic Cancer Surgeons, who are committed to excellence in both patient care and education. This is complemented by the expertise of non-gynaecologic faculty, including Medical Oncologists, Radiation Oncologists, Gynaecologic Pathologists, Intensivists, and Radiologists.**
- **The training programme emphasizes the development of core academic, technical and clinical judgment skills within a structured framework essential for effective cancer management, research, and teaching.**
- **Fellows will participate in a comprehensive clinical, instructional, and investigative curriculum designed to ensure the achievement of these objectives.**

- **A competency-based curriculum supports direct, hands-on clinical experience in all aspects of training. Fellows benefit from exposure to a diverse patient population within a tertiary care teaching hospital, supported by modern facilities and the resources of a reputable healthcare institution.**
- **Additional goals include the development of competencies in inpatient management, involvement in inpatient consultations, and active participation in tumour board discussions.**
- **Over the course of two years, fellows will receive progressively advanced surgical training in radical and complex gynecologic oncology procedures, in accordance with the programmer's objectives.**
- **The programme also includes dedicated training in colposcopy and related procedures.**

Duration of Training

- **The programme offers a two-year Fellowship.**
- **"Rotations are in accordance with college of physicians and surgeons"**

INTRODUCTION

The competencies required for the Second Fellowship in Gynaecological Oncology involves management of whole range of cancer patients pertaining to female genital tract. The competence to manage these patients involves integrated learning of relevant cognitive material as well as acquisition of procedural skills specific to the specialty. In addition the trainee is also required to cultivate effective communication, interpersonal and other generic competencies in order to optimize patient management through teamwork.

GENERIC COMPETENCIES

The Generic competencies include Communication and Interpersonal Skills, Leadership, Good Medical Practice, Clinical Governance and Risk Management, Teaching, Research and Administrative Skills. Since this is second fellowship, it is expected that most of the generic competencies are already acquired. However, efforts will be made to hone these competencies further, particularly the skills related to Clinical Governance and Risk Management.

The overall goal of the subspecialty training program is to train young gynaecologists to become trained gynaecological oncologists (GO) who are not only highly skilled surgical specialists but also have in-depth knowledge of the subject, can audit and conduct research and are capable of developing new academic program at other teaching institutions. The broad range of knowledge and skills expected upon completion of training in Gynae Oncology include:

Learning Outcomes:

- Assess effects of treatment and long term management of pre-invasive and invasive gynaecological malignancies.
- Recognize the need for multidisciplinary care in the management of GO and the development of appropriate relationships with other health professionals to deliver timely and appropriate health care.
- Understand aetiology, epidemiology and screening and prevention of Gynae Malignancy.
- Demonstrate Skills in a wide range of investigative procedures such as cystoscopy, colposcopy, sigmoidoscopy, paracentesis and biopsy.
- Demonstrate Knowledge of the use, interpretation and indications for relevant ultrasonic, CT, MRI and PET scan.
- Manage and treat pre-invasive lesions.
- Perform radical surgery and operations on intestine, urinary and lymphovascular systems as required in the management of gynaeacologic cancer.
- Demonstrate knowledge of gross and microscopic pathology relevant to the GO sufficient for interpretation of reports.
- Plan, conduct and publish research in GO and interpret research reports.
- Recognize complex psychological needs and demands of patients and demonstrate appropriate communication skills in dealing with these issues.
- Demonstrate knowledge of cancer chemotherapy, the practical use of various drugs required for treatment and skills in the management of toxic side-effects.
- Comprehend the methods and techniques of radiation therapy, including intracavity and inteterstitial brachytherapy, external beam therapy and intraperitoneal radioisotope therapy.
- Participate in the planning of radiation treatment and understanding of the principles of radiotherapy & radiation physics.
- Manage side-effects and complications of radiotherapy
- Perform dissection of inguinal, pelvic and para-aortic lymph nodes.
- Understand available reconstructive procedures required for the restoration of pelvic anatomy and function.
- Understand of parenteral nutrition and intensive care management of peri-operative patient.
- Demonstrate Knowledge and skills in the management of pain and care of terminally ill patients.

Rotations:

- Intensive Care unit
- Medical Oncology
- Radiation Oncology
- Palliative Care
- Urological Surgery
- Colorectal Surgery
- Plastic Surgery
- Radio diagnostics

Competencies

The competencies required for a gynecological oncologist, and the enabling objectives to acquire each competency are given below. In addition competencies in various support systems are also given:

- General management of GO patient
- Generic Surgical Skills in Gynaecological Oncology
- Management of Cancer of the Ovary
- Management of Cancer of the Uterus
- Management of Cancer of the Cervix
- Management of Cancer of the Vulva
- Management of Cancer Vagina
- Management of Gestational Trophoblastic Tumour

GENERAL MANAGEMENT OF GO PATIENT

Objectives:

- Take an appropriate history
- Family history and genetic susceptibility.
- Perform a clinical examination.
- Counsel patients about the diagnosis, investigations and appropriate treatments for gynaecological cancer including adverse effects and complications of treatment.
- Communicate to patients the results of investigations and treatment, including prognosis.
- Anticipate results of radiological investigations.
- Counsel appropriately about screening and interpret screening results.
- Counsel patients regarding diagnosis, management and risks of treatment. Recognize and manage intraoperative complications. Postoperative care and complications arising.
- Manage the following clinical problems:
  - Haemorrhage, Bowel resection, Unexpected finding, Inoperability.
  - Inform patient of results, Thrombosis, Infection, Bowel obstruction.
  - Appropriately order and interpret investigations.
  - Manage fluid balance per-operatively
  - Order and supervise appropriate thromboprophylaxis.
- Liaise with nutritional support team.
- Decide when TPN or enternal feeding is appropriate.

SURGICAL SKILLS IN GYNAECOLOGICAL ONCOLOGY

The surgical skills required for the management of gynaecological cancers include abilities to perform following procedures:

- Hysterectomy.
- Radical hysterectomy.
- Pelvic lymph node dissection.
- Para-aortic lymph node dissection.
- Infracolic and supracolic omentectomy.
- Fine-needle aspiration or biopsy of superficial lymph node.
- Trucut biopsy.
- Urinary diversion procedures
- Ileostomy/Colostomy.
- Anterior, posterior and total exenteration

MANAGEMENT OF CANCER OVARY

- Counsel patients sensitively about the options available and to respect patient confidentially.
- Explain clearly and openly about treatments, complications and adverse effects of surgical treatment.
- Formulate and implement a plan of management and modify if necessary.
- Liaise effectively with colleagues in other disciplines, clinical and non-clinical.
- Stage ovarian cancer.
- Perform optimal debulking surgery for ovarian cancer.
- Select appropriate surgery, including resection of bowel and formation of stoma.
- Select patients for conservative surgery, e.g. unfit, stage-4 disease, very young (less than 35 years).
- Perform a laparoscopic assessment and biopsy in suspected advanced ovarian cancer to obtain histology.
- Counsel patients regarding entry into clinical trials.

MANAGEMENT OF CANCER UTERUS

- Take history and investigate appropriately.
- Recognize histological patterns of disease.
- Interpret preoperative investigations and liaise with anaesthetist.
- Counsel patients regarding treatment options and histology.
- Select and perform appropriate surgical management of endometrial cancer according to patient's needs.
- Perform Total abdominal hysterectomy and bilateral salpingo-
- ophorectomy
- Perform Pelvic node dissection/sampling
- Perform Para-aortic node biopsy
- Manage postoperative care and complications.
- Define FIGO stage of tumor.
- Recognize the need for adjuvant therapy.
- Follow up patients appropriately.

MANAGEMENT OF CANCER CERVIX

- Take and appropriate history.
- Perform a clinical examination.
- Perform colposcopy.
- Perform cervical biopsy including punch biopsy, large loop excision of the transformation zone (LLETZ), ablation therapy in appropriate cases.
- Perform clinical staging for invasive cervical cancer. Perform total hysterectomy (both abdominal and vaginal).
- Perform radical hysterectomy.
- Perform pelvic lymphadenectomy.
- Perform para-aortic lymph node biopsy.
- Manage adverse effects and recognize complications of treatment Diagnose, investigate & manage recurrent cervical cancer
- Select patients for exenterative surgery.

MANAGEMENT OF CANCER VULVA

- Perform appropriate clinical investigations.
- Perform biopsy of vulva.
- Perform vulvoscopy.
- Perform wide local excision of vulva.
- Perform simple vulvectomy.
- Perform radical vulvectomy.
- Select and perform competently diagnostic and therapeutic surgery for vulval cancer.
- Perform subfascial groin node dissection.
- Manage vulval cancer patients perioperatively.
- Manage recurrence of vulval cancer.

MANAGEMENT OF CANCER VAGINA

- Perform appropriate clinical investigations.
- Perform a biopsy of vagina.
- Perform a wide local excision of vagina.
- Perform a simple vaginectomy.
- Perform a radical vaginectomy.
- Select and perform competently diagnostic and therapeutic surgery for vaginal cancer.
- Perform a subfascial groin node dissection.
- Perioperative management of vaginal cancer patients.
- Manage recurrence of vaginal cancer.

MANAGEMENT OF GESTATIONAL TROPHOBLASTIC DISEASE

- Take history and perform appropriate physical examination.
- Perform suction evacuation, including preoperative, intraoperative and postoperative management.
- Perform suction evacuation for molar pregnancy.
- Follow-up patients following treatment for GTN
- Decide need for and perform hysterectomy in emergency situations.
- Diagnose end stage gestational trophoblastic neoplasia.

MEDICAL ONCOLOGY

- Take and appropriate history.
- Perform a clinical examination.
- Recognize indications for chemotherapy.
- Assess response to chemotherapy.
- Recognize limitations of chemotherapy and when to change or stop treatment.
- Identify, assessand manageme acute and chronic toxicity.
- Counsel patients about clinical trials.

RADIATION ONCOLOGY

- Understand principles of radiotherapy.
- Understand how radiotherapy affects organs and radio-sensitivity of different cancers.
- Select patients for radiotherapy according to disease, tumour type and stage.
- Understand how to plan patients for radiotherapy.
- Counsel patient on how radiotherapy works, how it will affect them and what complications may occur.
- Understand the difference between curative and palliative treatment.
- Management of long term effects of radiotherapy, e.g. vaginal stenosis, ovarian failure, osteopenia and fistula.

PALLIATIVE CARE

- Effective and sympathetic communication skills.
- Recognition of the need for palliative care input into patient's management.
- Recognize anxiety and depression and psychosexual problems and involve appropriate teams in management.
- Recognize and appropriately manage symptoms in a palliative care setting.

UROLOGY

- Manage patients with suspected disorders of urinary tract.
- Order and interpret investigations of urinary tract.
- Appropriate selection of patients for intervention surgery involving the urinary tract.
- Insert supra-pubic catheter.
- Perform cystoscopy.
- Perform surgical repair of bladder injury.
- Perform surgical repair of ureteral injury with the assistance of urology colleagues.
- Assist in exenterative procedures and assist the urology colleagues in formation of ileal conduit.

COLORECTAL SURGERY

- Perform laparotomy and identify abnormalities throughout abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas and large and small bowel.
- Perform bowel surgery (with the assistance of surgical colleagues).
- Select appropriate tissue and resect large bowel with formation of colostomy.
- Order and interpret appropriate investigations preoperatively.
- Order appropriate bowel preparation preoperatively.
- Select patients preoperatively and intraoperatively, who will benefit from bowel surgery.
- Mange postoperative care of patients following bowel surgery.

PLASTIC SURGERY

- Close wound, with appropriate choice of suture material.
- Diagnose and select antibiotics and identify need for incision and drainage.
- Repair wound dehiscence.
- Manage surgical site infections.
- Manage recognized wound dehiscence.
- Select patients for appropriate surgical intervention using split-thickness skin graft, Myocutaneous graft and Williams procedure.

RADIOLOGY

- Assess and interpret with relevance to clinical scenario:
  - Standard plain ultrasound
  - Cross-sectional imaging
  - Nuclear.
- Recognize the indications for interventional radiology.
- Discuss findings of images with relevance to clinical scenario with radiologist/ trainers

GENETIC PRE-DISPOSITION TO GYNAE CANCER

- Diagnose, investigate and manage patients with genetic predisposition to gynaecological cancer.
- Manageme patients with a family history suggesting genetic predisposition to gynaecological cancer.
- Understand familial ovarian cancer syndromes, BRCA and hereditary nonpolyposis ,colorectal cancer.
- Comprehend concepts of cancer screening.
- Recognize issues surrounding prophylactic surgery
- *Prospective rotation in few years once Dept of Genetic Screen evolves.

EXIT SURGICAL SKILLS

Following surgical skills at the levels mentioned below are mandatory for the award second fellowship in GO; and hence have to be certified by the supervisor before allowing the trainee to sit in the exit (final) examination.

PROCEDURAL SKILLS

Procedure	By the end of 1st Year	By the end of 2nd year
Open surgery	Pelvic Side wall (PSW) exploration and dissection Ureteric tunnel dissection Omentectomy Pelvic Lymphadenectomy	Radical Hysterectomy Para-aortic exploration/ lymphadenectomy
Vulval surgery	Vulvectomy & repair	Groin Node dissection
Bladder surgery	Repair of Bladder	-
Laparoscopic Surgery	-	PSW exploration/ Lymphadectomy
Bowel Surgery	-	Formation of Stoma Resection and anastomosis of Small bowel/Large bowel

Note: Minimum number of following procedures will be completed and entered by the trainees in e-logbook:

a) Minimal 3 RHND independently
b) Minimal 5 Debulking surgery independently
c) Vulvectomy 02 independently
d) LAVH 01 independently

ANNEX 1

Personal Development Plan

What development needs have I?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed

Research work

During the MS Gynecological Oncology Program, a research project must be completed.

Research Experience

The active research component program must ensure meaningful, supervised research experience with appropriate protected time for each resident while maintaining the essential clinical experience. Recent productivity by the program faculty and by the residents will be required, including publications in peer-reviewed journals. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The program must provide instruction in the critical assessment of new therapies and of the surgical literature.

Residents should be advised and supervised by qualified staff members in the conduct of research.

Clinical Research

Each resident will participate in at least two clinical research study to become familiar with:

1. Research design
2. Research involving human subjects including informed consent and operations of the Institutional Review Board and ethics of human experimentation
3. Data collection and data analysis
4. Research ethics and honesty
5. Peer review process

This usually is done during the consultation and outpatient clinic rotations.

Case Studies or Literature Reviews

Each resident shall write, and submit for publication in a peer-review PMDC/HEC recognized journal, a case study or literature review on a topic of his/her choice.

Laboratory Research/ Bench Research

Participation in laboratory research is at the option of the resident and may be arranged through any faculty member of the Division. When appropriate, the research may be done at other institutions. Research involving animals. Each resident participating in research involving animals is required to:

1. Become familiar with the pertinent Rules and Regulations of the University of Health Sciences Lahore i.e. those relating to "Health and Medical Surveillance Programme for Laboratory Animal Care Personnel "and " Care and Use of Vertebrate Animals as Subjects in Research and Teaching"
2. Read the "Guide for the Care and Use of Laboratory Animals"
3. View the videotape of the symposium on Humane Animal Care Research involving Radioactivity. Each resident is required to participating in research involving radioactive materials
4. Attend a Radiation Review session
5. Work with an Authorized User and receive appropriate instruction from him/her.

Log Book

The Gynecological Oncology must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MS examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and the interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

Proposed Format of Log Book is as follows:

Candidate's Name: _____

Roll No. _____

The above-mentioned procedures shall be entered in the log book as performas:

Procedures Performed

Sr.#	Date	Nam of patient, Age, Sex & Admission No	Diagnosis	Procedure performed	Supervisor's Signature
1.					
2.					
3.					
4.					

Emergencies Handled

Sr.#	Date	Nam of patient, Age, Sex & Admission No	Diagnosis	Procedure performed	Supervisor's Signature
1.					
2.					
3.					
4.					

Case Presented

Sr.#	Date	Nam of patient, Age, Sex & Admission No	Case Presented	Supervisor's Signature
1.				
2.				
3.				
4.				

Seminar / Journal Club Presentation

Sr.#	Date	Topic	Supervisor's Signature
1.			
2.			
3.			
4.			

Evaluation Record

(Excellent, Good, Adequate, Inadequate, Poor)

At the end of the rotation, each faculty member will provide an evaluation of the clinical performance of the fellow

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1.				
2.				
3.				
4.				

Assessment

Formative assessment:

Formative assessment shall be an integral part of the training and shall be the responsibility of the supervisor. It will employ following methods and results and remedial measures taken will be reported quarterly through log book by the supervisor. The methods to be employed include:

- Mini-CEX
- Case-based discussion.
- DOPS

Assessment methods:

Formative assessment will take place every 6 months. Portfolio will remain the main assessment tool where trainee will record the activities and evidence for these activities. Trainee will defend the portfolio records and learning outcomes for next 06 months will be outlined.

- During the training the fellow is expected to keep a detailed learning portfolio of cases which are linked to program's objectives which are reviewed on a monthly basis by supervising faculties at the 06 months review with the program director. These cases will be reviewed as case bases discussions.
- Continuous evaluations of fellows will be done on a 6 monthly basis by the immediate supervising faculty.
- For non Gynae Oncology rotations evaluations will be done by the respective supervising faculty of that discipline.
- At the end of each year a written examination will be given to assess the knowledge. This **written examination** will comprise of both MCQ's and short answer questions.
- The procedural skill will be assessed by keeping a **log of procedures (log book)** under the supervision of faculty and also by administering **DOPS** to be verified by the supervisor. Entries in log book will also be maintained for each DOPS administered.
- Multisource feedback will be sought to complete the evaluation process.

- After completion of Fellowship of two years, the formal summative examination comprising of SAQs, MCQ's, TOACS and structure viva examination will be conducted.

Eligibility Requirements for Second Fellowship Examination:

All candidates shall appear in Final (clinical) examination at the end of structured training program (end of 2nd calendar year).

Eligibility Criteria:

- To appear in the Final Examination the candidate shall be required:
- To have submitted the certificate of completion of training, issued by the Supervisor will be mandatory.
- To have achieved a cumulative score of 75% in Continuous Internal assessments of all training years.
- To have got the paper accepted and will then be eligible to appear in Final Examination.
- To have submitted no dues certificate from all relevant departments including library, hostel, cashier etc.
- To have submitted evidence of submission of examination fee.

Final Examination Schedule and Fee

- The candidates shall have to satisfy eligibility criteria before permission is granted to take the examination.
- Examination fee will be determined and varied at periodic intervals by the University.
- The examination fee once deposited cannot be refunded /carried over to the next examination under any circumstances.
- The Controller of Examinations will issue an Admittance Card with a photograph of the candidate on receipt of prescribed application form, documents satisfying eligibility criteria and evidence of payment of examination fee. This card will also show the Roll Number, date/time and venue of examination.
- Final examination will be held twice a year.

FORMAT OF EXAMINATION

Total Marks: 800 Marks

All the candidates admitted in MS Gynecological Oncology course, shall appear in final examination at the end of 2nd calendar year.

THEORY EXAMINATION 200 MARKS

It will comprise of two papers:

Paper I:	10 Short Answer questions (SAQs) Each carry 10 marks	100 Marks	3 hours
Paper II:	100 MCQs (single best type) Each carry 01 marks	100 Marks	3 hours

The candidates securing a score of 60% marks in theory examination, will become eligible to appear in clinical & oral examination. The written result will be valid for 3 consecutive attempts for appearing in the clinical and oral part of final examination after that candidate shall have to re-sit the written part of final examination.

CLINICAL EXAMINATION:

The clinical examination comprises of two components the long case and short case and TOACS (Task Oriented Assessment of Clinical Skills)

FORMAT OF TOACS 150 MARKS

It will comprise of fifteen (15) stations each carry 10 marks of 08 minutes duration. It will include both static and interactive station. There will be 05 static station & 10 interactive station.

- On static station the candidate can be presented with clinical data, clinical problem or research study and will be asked written response.
- Interactive station the candidate can be asked to perform a procedure e.g. history taking, examination, counselling, or a procedure etc.

LONG CASE: 100 MARKS

Each candidate will be allocated one long case and allowed 30 minutes for history taking and clinical examination. In this section the candidate will be assessed for the following things,

- Interviewing skill
- Clinical examination skill
- Case presentation discussion
- Give correct finding
- Develops and appropriate differential diagnosis
- Gives logical interpretations of ultrasound scans
- Enumerates and justifies relevant investigations
- Outlines management plans
- Discusses prevention and prognosis
- Recent advances are discussed

FORMAT OF SHORT CASES 100 MARKS

Each candidate will be assessed on 4 short cases. The candidates will be given specific tasks to perform on patients. The candidate will be assessed on

- Clinical examination skills
- Logical interpretation of findings
- Justifies diagnoses

Percentage of 60% is required to pass each component of the examination.

SUMMARY

THEORY EXAMINATION	**200 Marks**
CLINICAL EXAMINATION	
• **TOACS EXAMINATION**	**150 Marks**
• **LONG CASE:**	**100 Marks**
• **SHORT CASES**	**100 Marks**
INTERNAL ASSESSMENT	**100 Marks**
Two Research Papers examination	**100 Marks**
Log Book	**50 Marks**

- Number of examiners will be discretion of controller of examination with permission of vice chancellor.
- A panel of ten (10) examiners will be appointed by the Vice Chancellor and of these five (05) will be from the university whilst the other five (05) will be the external examiners. Internal examiner will act as a coordinator. In case of difficulty in finding an internal examiner in a given subject, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person with appropriate qualification and experience, outside the University as an examiner.
- The panel of examiners will not examine the candidates for whom they have acted as Supervisor and will be substituted by another internal examiner.
- The candidates scoring 60% marks in each component of the Clinical & Oral Examination will pass this part of the Final Examination.
- The candidates will have two attempts to pass the final examination with normal fee. A special administration fee of Rs.10,000 in addition to normal fee or the amount determined by the University from time to

time shall be charged for further attempts and total number of attempts are limited to six in three years after completion of training.

Continuous Internal Assessments (CIS)

- Continuous Internal Assessments would be submitted by the supervisor considering the following:
- Workplace Based Assessments: These assessments will include the following:
- Generic and Specialty specific Competency Assessments
- Multisource Feedback Evaluation
- Assessment of Candidates' Training Portfolio

Declaration of Result

- The candidate must get his/her papers accepted.
- The candidate must have passed the final written examination with 60% marks and the clinical & oral examination securing 60% marks. The cumulative passing score from the written and clinical/ TOACS examination shall be 60%. Cumulative score of 60% marks to be calculated by adding up secured marks of each component of the examination i.e written and clinical/ oral and then calculating its percentage.
- The MS degree shall be awarded after acceptance of papers and success in the final examination.
- On completion of stipulated training period, irrespective of the result (pass or fail) the training slot of the candidate shall be declared vacant.

SUBMISSION / EVALUATION OF SYNOPSIS

- The candidates shall prepare their synopsis as per guidelines provided by the Advanced Studies & Research Board, available on university website.
- The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.
- Synopsis of research project shall be submitted by the end of the six months of MS program. The synopsis after review by an Institutional Review Committee shall be submitted to the University for Consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

Submission of Papers

- Papers shall be submitted by the candidate duly recommended by the Supervisor.

- The minimum duration between approval of synopsis and submission of thesis shall be one year, but the paper cannot be submitted later than8 years of enrolment.
- The research papers must be compiled and bound in accordance with the Format Guidelines approved by the University and available on website.
- The research papers will be submitted along with the fee prescribed by the University.

Papers Examination

- The candidate will submit his/her Papers at least 04 months prior to completion of training.
- The Papers along with a certificate of approval from the supervisor will be submitted to the Registrar's office, who would record the date / time etc. and get received from the Controller of Examinations within 05 working days of receiving.
- The Controller of Examinations will submit a panel of eight examiners within 07 days for selection of four examiners by the Vice Chancellor. The Vice Chancellor shall return the final panel within 05 working days to the Controller of Examinations for processing and assessment. In case of any delay the Controller of Examinations would bring the case personally to the Vice Chancellor.
- The Supervisor shall not act as an examiner of the candidate and will not take part in evaluation of papers.
- The Controller of Examinations will make sure that the papers are submitted to examiners in appropriate fashion and a reminder is sent after every ten days.
- The Papers will be evaluated by the examiners within a period of 06 weeks.
- In case the examiners fail to complete the task within 06 weeks with 02 fortnightly reminders by the Controller of Examinations, the Controller of Examinations will bring it to the notice of Vice Chancellor in person.

- In case of difficulty in find an internal examiner for evaluation, the Vice Chancellor would, in consultation with the concerned Deans, appoint any relevant person as examiner in supersession of the relevant Clause of the University Regulations.
- There will be two internal and two external examiners. In case of difficulty in finding examiners, the Vice Chancellor would, in consultation with the concerned Deans, appoint minimum of three, one internal and two external examiners.
- The total marks of papers evaluation will be 200 and 60% marks will be required to pass the evaluation.
- The papers will be considered / accepted, if the cumulative score of all the examiners is 60%.
- The clinical training will end at completion of stipulated training period but the candidate will become eligible to appear in the Final Examination at completion of clinical training and after acceptance of thesis. In case clinical training ends earlier, the slot will fall vacant after stipulated training period.

Award of MS Gynae Oncology Degree

After the successful completion of structure course of MS Gynecological Oncology and passing the examination the degree with the title MS Gynecological Oncology shall be awarded.