

# SITM: Colposcopy (C)

## SECTION 1: CAPABILITIES IN PRACTICE (CiP)

<b>C CiP 1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital tract pre-malignant disease.</b>	
<b>Key skills</b>	<b>Descriptors</b>
Is able to take history, perform a clinical examination and use appropriate investigations to establish a diagnosis	<ul style="list-style-type: none"> <li>Assesses symptoms and takes a focused personal and family history, including comorbidity, other pre-disposing factors and a cervical screening history.</li> <li>Conducts an appropriate examination of the whole of the lower genital tract.</li> </ul>
Communicates how they will manage care effectively to patients and other healthcare professionals	<ul style="list-style-type: none"> <li>Can counsel people appropriately about HPV vaccination, cytology cervical screening, primary HPV screening and test of cure for cervix.</li> <li>Interprets screening results and communicates these to patients.</li> <li>Recognises colposcopy requirements for people who are pregnant, immune-compromised or postmenopausal, and those who have had a hysterectomy.</li> <li>Communicates the results of investigations and treatment, including outcomes and follow-up plans, for both cervical squamous and glandular pre-invasive disease.</li> <li>Can counsel people about examination techniques, management and treatment plans and potential referrals to specialised services for vulva, vagina, perineum and anal disease.</li> <li>Communicates clinical plan to patients, relatives and primary care professionals.</li> </ul>
Initiates appropriate management plans	<ul style="list-style-type: none"> <li>Starts an appropriate discussion or specialist referral with the multidisciplinary team (MDT).</li> <li>Communicates management plan to primary care professionals.</li> </ul>
Demonstrates ability to undertake colposcopic treatment	<ul style="list-style-type: none"> <li>Counsels and demonstrates ability to take informed consent or colposcopic procedures.</li> <li>Performs diagnostic and colposcopic treatment procedures where appropriate.</li> <li>Manages immediate and post procedure complications.</li> <li>Communicates ongoing management plans and pathology results with patients.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>Mini-CEX</li> <li>CbD</li> </ul>	<ul style="list-style-type: none"> <li>UK NHS guidance</li> <li>RCOG Learning</li> </ul>

<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Local and deanery teaching</li> <li>• TO2 (includes SO)</li> <li>• OSATS           <ul style="list-style-type: none"> <li>○ diagnostic colposcopy</li> <li>○ treatment: cold coagulation or cryotherapy</li> <li>○ treatment: large loop excision of the transformation zone (LLETZ)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Communications courses</li> <li>• British Society for Colposcopy and Cervical Pathology (BSCCP) or RCOG accreditation</li> <li>• Attendance at recommended British Society for the Study of Vulval Disorder courses</li> </ul>
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### Knowledge criteria

<ul style="list-style-type: none"> <li>• Epidemiology, aetiology, diagnosis, prevention, management prognosis of a female lower genital tract pre-malignant disease, including HPV screening and triage and HPV vaccination</li> <li>• Indications to use, and limitations of, screening and investigative techniques</li> <li>• Cytology</li> <li>• The recognised national and international colposcopy classifications and terminologies</li> <li>• Methods and limitations for colposcopy</li> <li>• The colposcopy requirements for pregnant, immune-compromised, postmenopausal or transplant patients</li> <li>• Complications and anatomical considerations of pre-malignant conditions of the female lower genital tract</li> <li>• Indications, techniques, complications and outcomes of treatment of benign and pre-malignant conditions of the female lower genital tract</li> <li>• The psychosexual sequelae of disease and clinical management</li> </ul>
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## C CiP 2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy service.

Key skills	Descriptors
Understands the role of the lead colposcopist	<ul style="list-style-type: none"> <li>• Creates local guidelines in tandem with national guidance and structures.</li> <li>• Defines a regular audit programme.</li> <li>• Demonstrates an awareness of the minimum dataset required for quality assurance (QA).</li> <li>• Makes sure all colposcopists are BSCCP-accredited.</li> <li>• Organises compliant regular MDT meetings and chairs them.</li> <li>• Attends local business meetings regularly.</li> <li>• Refers someone, when appropriate, to gynaecological oncology MDT.</li> </ul>
Understands QA structures and processes	<ul style="list-style-type: none"> <li>• Is involved in writing a cervical screening provider lead (CSPL) report, understanding the principles of critical incident reporting.</li> <li>• Demonstrates understanding of the practical interaction between primary and secondary care within QA.</li> <li>• Is involved in an invasive cancer audit.</li> </ul>

Evidence to inform decision	
<ul style="list-style-type: none"> <li>• Mini-CEX</li> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Audits</li> <li>• TO2 (includes SO)</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at relevant meetings</li> <li>• Participation at QA visits</li> <li>• RCOG Learning</li> <li>• NHS colposcopy lead and QA publications</li> <li>• CbD</li> </ul>
Knowledge criteria	
<ul style="list-style-type: none"> <li>• The structure of the NHS cervical screening programme, including the roles and responsibilities of all involved</li> <li>• How colposcopy integrates with the NHS cervical screening programme, including the roles and responsibilities of all involved</li> <li>• QA structures and standards, implementation, documentation and the process of inspection, as locally appropriate</li> </ul>	

## SECTION 2: PROCEDURES

Procedures marked with \* require three summative competent OSATS.

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP</i>
Colposcopy of the lower genital tract*	5	1
Treatment: Cold coagulation or cryotherapy*	5	1
Treatment: LLETZ*	5	1

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

### Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty
- Clinical skills (history taking, diagnosis and management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)

Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

## SECTION 4: MAPPING OF ASSESSMENTS TO C CiPs

C CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital tract pre-malignant disease.	X	X	X	X	X	X
2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy service.		X	X	X	X	X