



# **Curriculum 2024 Guide for Special Interest Training Module (SITM): Therapeutic Hysteroscopy (TH)**

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# 1. The Therapeutic Hysteroscopy SITM

This SITM is aimed at learners who are interested in therapeutic hysteroscopy. Learners who undertake this SITM will develop the skills and knowledge to provide care for women requiring hysteroscopic surgery. They will learn how to assess and counsel these women, as well as the necessary skills to perform a range of hysteroscopic procedures. After completing this SITM, doctors will be prepared to manage a hysteroscopy service, and will be able to develop services and ensure high-quality practice through effective governance and quality assurance.

As they progress through the SITM, learners will be exposed to a wide variety of clinical presentations. In addition to participating in clinical and managerial activity relevant to the SITM, learners will utilise a range of instructional materials and have the opportunity to attend educational events to further develop their learning.

Throughout training, learners will need to reflect on whether projects and clinical interactions have gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Therapeutic Hysteroscopy Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

## 2. Design of the SITM

The Therapeutic Hysteroscopy 2024 SITM is made up of two Therapeutic Hysteroscopy (TH) CiPs. If undertaking the module full time, it is expected to take 12–18 months. However, this timeframe is indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post.

Here is the GMC-approved Therapeutic Hysteroscopy SITM:

## 3. Capabilities in Practice (CiPs)

**Therapeutic Hysteroscopy CiP 1: The doctor demonstrates skills and attitudes to manage the care of people who need hysteroscopic surgery.**



Key skills	Descriptors
Carries out preoperative planning and makes case selection	<ul style="list-style-type: none"> <li>• Can counsel people on benign gynaecological conditions and how they are managed.</li> <li>• Can counsel people on the benefits and risks of surgery and explains the alternatives.</li> <li>• Conducts appropriate preoperative investigations.</li> <li>• Performs ultrasound of the pelvis to form a differential diagnosis and plans how to manage someone's care.</li> <li>• Appropriately triages people to inpatient or outpatient pathway.</li> </ul>
Manages hysteroscopic surgery using a number of techniques and procedures	<ul style="list-style-type: none"> <li>• Manages difficult cervical dilation.</li> <li>• Manages complications during and after surgery.</li> <li>• Demonstrates safe use of mechanical instrumentation (conventional and tissue removal devices).</li> <li>• Can safely use electrosurgery.</li> <li>• Can safely use hysteroscopic fluid management.</li> </ul>
Manages outpatient hysteroscopy	<ul style="list-style-type: none"> <li>• Demonstrates awareness of how to diagnose and treat people using outpatient services.</li> <li>• Performs diagnostic and simple operative procedures, where appropriate.</li> <li>• Applies the principles of best practice in outpatient hysteroscopy.</li> </ul>
Manages advanced outpatient procedures	<ul style="list-style-type: none"> <li>• Counsels on and performs outpatient procedures where appropriate, such as endometrial ablation and polypectomy.</li> </ul>
<b>Evidence to inform decision – examples of evidence (not mandatory requirements)</b>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Local and deanery teaching</li> <li>• Mini-CEX</li> <li>• Cbd</li> <li>• TO2 (including SO)</li> <li>• RCOG e-learning</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of hysteroscopic simulation training</li> <li>• Attendance at RCOG/British Society for Gynaecological Endoscopy (BSGE) Diagnostic and Operative Hysteroscopy course</li> <li>• Attendance at BSGE conference or similar</li> </ul>
<b>Mandatory requirements</b>	
<ul style="list-style-type: none"> <li>• OSATS:             <ul style="list-style-type: none"> <li>○ hysteroscopic biopsy/removal of foreign bodies</li> <li>○ hysteroscopic removal of products of conception</li> <li>○ hysteroscopic polypectomy</li> <li>○ resect submucous fibroids</li> </ul> </li> </ul>	



- resects filmy intrauterine adhesions without cavity distortion or incomplete septum
- endometrial ablation
- ultrasound examination in gynaecology (non-pregnant person)

**Knowledge criteria**

- The theatre environment –set-up, how to position the patient and effective use of assistants
- The outpatient operative environment – clinic set-up and infrastructure, and awareness of national guidance for best practice in outpatient hysteroscopy
- Instrumentation – knowledge of endoscopes, imaging systems and ancillary instruments (electrosurgical and mechanical)
- Principles of safely using mechanical instrumentation, including:
  - conventional hysteroscopic instruments (forceps and scissors)
  - hysteroscopic tissue removal systems
- Principles of safely using different energy sources, including:
  - monopolar and bipolar electrosurgery
  - second-generation endometrial ablation (e.g. impedance controlled electrosurgical, thermal balloons and microwave techniques)
- Principles of safely using distension media and awareness of national guidelines
- Potential strategies for preventing intrauterine adhesions and managing them

**Therapeutic Hysteroscopy CiP 2: The doctor demonstrates the skills to develop and manage a hysteroscopy service.**

Key skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> <li>● Liaises with management teams and clinical commissioning groups.</li> <li>● Has an understanding of financial considerations.</li> <li>● Participates in clinical governance.</li> <li>● Demonstrates involvement in quality improvement.</li> <li>● Is able to analyse and collect data related to outcomes.</li> </ul>
Develops clinical guidelines and information for patients	<ul style="list-style-type: none"> <li>● Is aware of available sources of both printed and web-based information.</li> <li>● Designs and adapts information for patients for local use and understands local process.</li> <li>● Participates in:               <ul style="list-style-type: none"> <li>○ writing protocols</li> <li>○ developing clinical pathways</li> <li>○ service development</li> <li>○ developing evidence-based guidelines.</li> </ul> </li> <li>● Establishes and/or enhances local clinical pathways.</li> </ul>

**Evidence to inform decision – examples of evidence (not mandatory requirements)**



<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Meeting attendance and membership of the BSGE</li> <li>• TO2 (including SO)</li> <li>• Mini-CEX</li> <li>• CbD</li> </ul>	<ul style="list-style-type: none"> <li>• RCOG e-learning</li> <li>• Performs a quality improvement project</li> <li>• Develops and/or enhances local clinical pathways</li> <li>• NOTSS</li> </ul>
<b>Mandatory requirements</b>	
No mandatory evidence	
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• NHS service requirements and local procedures to develop and improve services</li> <li>• Clinical governance issues in hysteroscopy</li> <li>• The different skills needed for job roles in different disciplines</li> <li>• National guidance on best practice in outpatient hysteroscopy, hysteroscopic fluid management and heavy menstrual bleeding</li> </ul>	

## 4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Therapeutic Hysteroscopy CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

<b>Mapping to the GPCs</b>
<b>Domain 1: Professional values and behaviours</b>
<b>Domain 2: Professional skills</b>
<b>Domain 3: Professional knowledge</b>
<b>Domain 4: Capabilities in health promotion and illness prevention</b>
<b>Domain 5: Capabilities in leadership and team-working</b>
<b>Domain 6: Capabilities in patient safety and quality improvement</b>
<b>Domain 7: Capabilities in safeguarding vulnerable groups</b>
<b>Domain 8: Capabilities in education and training</b>
<b>Domain 9: Capabilities in research and scholarship</b>



Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each Therapeutic Hysteroscopy CiP.

<b>Statement of Expectations for the Therapeutic Hysteroscopy SITM</b>	
Meeting expectations for the Therapeutic Hysteroscopy CiP1	Learners are meeting expectations and can independently care for women requiring hysteroscopic surgery. Learners have obtained the necessary non-surgical as well as surgical 'craft' skills. Essential non-surgical skills include being able to counsel women regarding the rationale, alternatives to and settings/modes of anaesthesia for hysteroscopic interventions. Learners will be able to perform hysteroscopic interventions independently for specific presenting complaints and uterine pathologies. This proficiency must include the ability to troubleshoot when difficulties arise, recognise and manage complications, undertake procedures in both an inpatient and outpatient setting applying principles of best practice, and formulate appropriate management plans and follow up where necessary. Learners can also use a range of mechanical and electrosurgical technologies, and should comprehensively understand the principles of fluid management.
Meeting expectations for the Therapeutic Hysteroscopy CiP2	Learners are meeting expectations and can independently manage a hysteroscopy service. Learners are able to scrutinise services by implementing effective systems for quality assessment and establishing mechanisms to rectify where necessary, and improve and develop services in a timely fashion. Learners understand evidence-based practice and can use this knowledge to provide a contemporary and efficient service. They are aware of the clinical literature and can draft practice protocols, formulate clinical pathways and develop patient information resources.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to be a Therapeutic Hysteroscopy special interest doctor. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice and at MDT meetings.





## 5. Procedures associated with the Therapeutic Hysteroscopy CiPs

The procedures required to complete this SITM are listed below. A learner can show progress in these procedures through OSATS, procedure logs, and other forms of evidence.

If a procedure is marked with \*, the learner will require three summative competent OSATS to demonstrate the level of competency needed to complete the SITM.

Procedures	Level by end of training	CiP1
Hysteroscopic biopsy/removal of foreign bodies*	5	X
Hysteroscopic removal of products of conception*	5	X
Hysteroscopic polypectomy*	5	X
Resect submucous fibroids*	5	X
Resect filmy intrauterine adhesions without cavity distortion or incomplete septum*	4	X
Endometrial ablations*	5	X
Ultrasound examination in gynaecology (non-pregnant person)*	5	X

The 'level by end of training' corresponds to the levels of entrustability defined in Section 5.4 of the [Special Interest Training Definitive Document](#). Level 5 indicates that a learner should be able to perform the procedure independently.

OSATS are not assigned a level of entrustability, rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

## 6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.



<ul style="list-style-type: none"> <li>Objective Structured Assessment of Technical Skills (OSATS) (<b>mandatory</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Local, Deanery and National Teaching</li> </ul>
<ul style="list-style-type: none"> <li>Case-based discussions</li> </ul>	<ul style="list-style-type: none"> <li>RCOG (and other) eLearning</li> </ul>
<ul style="list-style-type: none"> <li>Mini-Clinical Evaluation Exercise (Mini-CEX)</li> </ul>	<ul style="list-style-type: none"> <li>Attendance at relevant conferences and courses</li> </ul>
<ul style="list-style-type: none"> <li>Discussion of correspondence (Mini-CEX)</li> </ul>	<ul style="list-style-type: none"> <li>Procedural log</li> </ul>
<ul style="list-style-type: none"> <li>Reflective practice</li> </ul>	<ul style="list-style-type: none"> <li>Case log</li> </ul>
<ul style="list-style-type: none"> <li>Team observation (TO2), including self-observation</li> </ul>	<ul style="list-style-type: none"> <li>Case presentations</li> </ul>
<ul style="list-style-type: none"> <li>NOTSS</li> </ul>	<ul style="list-style-type: none"> <li>Quality improvement activity</li> </ul>

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific Therapeutic Hysteroscopy CiP:

Therapeutic Hysteroscopy CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor demonstrates skills and attitudes to manage the care of people who need hysteroscopic surgery.	X	X	X	X	X	X
2: The doctor demonstrates the skills to develop and manage a hysteroscopy service.		X	X	X	X	X

## 7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the Therapeutic Hysteroscopy SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and



gynaecology or gynaecology-only special interest post. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.

## 8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Society for Gynaecological Endoscopy \(BSGE\)](#)

Find out more at  
[rcog.org.uk/curriculum2024](https://rcog.org.uk/curriculum2024)



Royal College of  
Obstetricians &  
Gynaecologists