Royal College of Obstetricians & Gynaecologists

Curriculum 2024 Guide for Special Interest Training Module (SITM): Management of Complex Non-malignant Disease (MCND)

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1. The Management of Complex Non-malignant Disease (MCND) SITM

This SITM is aimed at learners who have an interest in complex non-malignant gynaecology. As learners progress through the SITM, they will develop the specialist surgical skills required for excisional treatment of complex non-malignant gynaecological conditions, using complex laparoscopic techniques, and the gynaecological ultrasound scanning competencies required to non-invasively assess the non-pregnant female genital tract. After completing the SITM, a learner will be prepared to become a tertiary referral unit lead in the future.

This is a 'Contingent' SITM and is paired with the Gynaecological Surgical Care SITM. This means that if a learner is interested in a career in complex non-malignant gynaecology, they must have started the Gynaecological Surgical Care SITM, and demonstrated sufficient surgical aptitude, before they can register for the MCND SITM. No additional ultrasound skills or competencies other than those acquired during core training are necessary for registering for this SITM. Learners undertaking this SITM will be expected to be able to access regular gynaecological ultrasound scanning lists, attend appropriate courses and collect evidence in the form of OSATS and other workplace-based assessments (WPBAs) to evidence their scanning capabilities by the completion of this SITM.

As a learner progresses through the SITM, they will learn how to handle a variety of scenarios. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has 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 MCND 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 MCND 2024 SITM is made up of four MCND CiPs. If undertaking the module full time, it is expected to take 24 months. However, this timeframe is indicative as training is entirely competency based.

The MCND SITM is the contingent SITM for the Gynaecological Surgical Care SITM. The Gynaecological Surgical Care SITM must be undertaken and good progress must be demonstrated before undertaking the MCND SITM.

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Here is the GMC-approved MCND SITM:

3. Capabilities in Practice (CiPs)

MCND CiP 1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	
Key skills	**Descriptors**
Manages a preoperative planning and case selection	• Selects patients for laparoscopic gynaecological surgery appropriately. • Is able to map areas of pain or abnormal masses in relation to underlying anatomical structures. • Interprets images in consultation with an imaging specialist. • Audits surgical practice.
The doctor can safely perform a transvaginal scan of the female genital tract	• Able to identify all key pelvic structures, recognises and describes normality and deviations from normal. • Is able to construct a differential diagnosis using information obtained from ultrasound examination. • Is able to optimise image quality. • Can store images securely and constructs a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies.
Manages preoperative investigations	• Performs investigative surgery, where appropriate. • Plans surgery, taking into account someone's fertility desires.
Develops and provides information about laparoscopic gynaecological surgery for patients	• Produces appropriate information leaflets that are tailored for a person who is having laparoscopic gynaecological surgery. • Enters patients onto surgical database for severe rectovaginal endometriosis.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
• Mini-CEX • CbD • Reflective practice • Personal learning	• TO2 (including SO) • NOTSS • RCOG Learning
Mandatory requirements	
• OSATS: ○ cystoscopy	

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- endoscopic lower bowel examination
- ultrasound examination in gynaecology (non-pregnant patient)

Knowledge criteria

- How history, investigations and careful counselling determines which patients are selected for laparoscopic surgery
- The symptoms that women may talk about
- The various components of a relevant history, such as dysmenorrhoea, dyspareunia, dyschezia, pelvic pain, lower backache, and bowel and urinary symptoms
- The associated gastrointestinal and urological symptoms that should also be assessed
- The relevance of fertility history, if a woman is trying for pregnancy, and past investigations and treatment
- Relationship with other medical conditions and psychosexual health
- How standardised questionnaires for patients with MCND are devised
- The significance of quality-of-life questionnaires
- How questionnaires are validated
- The anatomy and innervation of the genital tract and the impact of disease on the organs
- The findings relevant to benign gynaecological conditions, including assessment of the posterior cul-de-sac
- How to determine whether someone is suitable for laparoscopic excisional surgery, including:
    - American Society of Anaesthesiologists (ASA) score and fitness
    - assessment to determine whether their condition will respond well to laparoscopic surgery
    - knowledge of appropriate preoperative investigations
    - knowledge of appropriate alternative options to laparoscopic gynaecological surgery
    - effect of previous surgery
    - impact of body mass
- The necessary laparoscopic equipment
- The alternatives, risks and benefits of laparoscopic surgery
- Indications for imaging (pelvic/renal ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), plain X-ray, contrast studies of renal/gastrointestinal tracts, and dimercaptosuccinic acid (DMSA) scans)
- Indications for endoscopy (sigmoidoscopy, colonoscopy and cystoscopy)
- Physiological and pathological processes affecting blood tests, including haematological indices, renal function, liver function, future markets, sex steroids, a type of protein called CA125 and fertility tests
- Indications and how to refer for a tubal patency test and semen analysis for partners

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MCND CiP 2: The doctor understands the role of alternative treatments in providing holistic care to a patient.	
Key skills	**Descriptors**

Manages hormonal and non-hormonal treatments	• Is able to choose from appropriate hormonal treatments including:
	  • combined oral contraceptive pill (COCP)
	  • progestogens
	  • gonadotrophin-releasing hormone (GnRH) analogues
	  • aromatase inhibitors
	• Is able to choose from appropriate non-hormonal treatments including:
	  • counselling
	  • physiotherapy
	  • initial treatments for bowel and urinary dysfunction
	• Understands the indications for hormone replacement therapy (HRT) in conjunction with hormonal treatments.

Is aware of assisted conception techniques	• Advises when it is appropriate to use assisted conception techniques and timing of treatments. • Understands indication for referral to a fertility specialist. • Can discuss fertility-sparing and surgical options that best preserve a woman's fertility. • Can observe an oocyte retrieval to better appreciate access requirements in women with endometriosis. • Is aware of the significance of hydrosalpinges on fertility and when to remove them.

Understands principles of how to manage sexual dysfunction	• Is able to identify causes of dyspareunia and offer appropriate treatment including:
	  • vaginal dilators
	  • lubricants
	  • referral to pelvic floor physiotherapy
	  • referral for psychosexual counselling

Pain management	• Has the ability to accurately document a woman's description of pain • Has the ability to prescribe effective and safe analgesia • Has observed nerve blocks and transcutaneous electrical nerve stimulation (TENS) use in a pain clinic • Knowledge of multidisciplinary team (MDT) who work together on pain management
Evidence to inform decision – examples of evidence (not mandatory requirements)	

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• Reflective practice • Attending meetings at and membership of the British Society of Gynaecological Endoscopy (BSGE) • TO2 (including SO)	• RCOG Learning • CbD • Mini-CEX • Attendance at pain clinics

Mandatory requirements

- OSATS
  - Ultrasound examination in gynaecology (non-pregnant patient)

Knowledge criteria

- The principles of pharmacology and the side effects of non-steroidal anti-inflammatories, tranexamic acid and immune modulators
- The pharmacology of chemical substances that have an effect on benign gynaecological conditions
- Indication for hormonal treatments, including COCP, progestogens, GnRH analogues, aromatase inhibitors and HRT
- The pharmacology and side effects of analgesic drugs
- Understands overlay of constipation and irritable bowel syndrome (IBS) with symptoms of pelvic pain and initiates initial treatments, where appropriate
- Indication for assisted conception techniques
- How to choose appropriate treatment and counsel woman accordingly
- Theories of pain causation and perception
- Principles of pain mapping
- Understands that dyspareunia can be multifactorial and is able to offer appropriate surgical and non-surgical treatment options
- People's responses to and strategies for dealing with pain
- Indications for using nerve blocks and TENS for analgesia and the principles of how they work
- The role of complementary therapies and their contribution for analgesia
- When to refer to counsellors and pain management teams
- When to refer to gastroenterology, urology and other specialists, including the management of intraoperative surgical injury

MCND CiP 3: The doctor can perform appropriate laparoscopic surgery to treat the patient.	
Key skills	**Descriptors**
Recognises bowel and bladder complications of surgery	• Inspects bowel for perforation or damage. • Checks integrity of bladder using visual inspection and dye tests. • Visually checks ureter and passes appropriate catheter.

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	• Demonstrates understanding of the importance of nerve preservation in pelvic surgery.
Manages initial intraoperative complications	• Undertakes primary bladder closure. • Performs primary laparoscopic repair of bowel perforation, under supervision. • Recognises and is able to control haemorrhage during laparoscopic surgery.
Recognises and manages delayed onset complications of laparoscopic surgery	• Is aware of delayed onset complications such as peritonitis, ileus, faecal contamination and urinary leakage. • Uses appropriate investigations to manage delayed onset complications. • Seeks appropriate support in a timely manner to manage delayed onset complications.
Is able to demonstrate advanced laparoscopic surgical skills	• Builds on laparoscopic skills acquired in core training by using advanced skills in various complex clinical situations. • Is confident with a number of laparoscopic entry techniques (Hasson, Palmer's point and Veress etc).

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

• CbD • Mini-CEX • RCOG Learning • NOTSS	• TO2 (including SO) • Reflective practice • Meeting attendance at and membership of the BSGE

Mandatory requirements

- OSATS:
  - laparoscopic myomectomy
  - laparoscopic division of adhesions, including ureterolysis
  - laparoscopic uterovesical and rectovaginal disease excision
  - laparoscopic excision of superficial and deep infiltrating endometriosis
  - total laparoscopic hysterectomy

Knowledge criteria

- Relevant anatomy and pathophysiology
- The current controversies about and theories of aetiology about all benign gynaecological diseases that pertain to laparoscopic excisional surgery
- The advantages and pitfalls of:
  - Veress needle entry
  - Hasson technique
  - direct visual entry
  - Palmer's point entry

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- The principles of port site closure and avoiding a port site hernia or damaging underlying structures
- The principles of electrosurgery, laser modalities, beam coagulators, ultrasound robotic surgery and other future energy sources
- How to competently suture pedicles and hollow viscera laparoscopically
- How to undertake intracorporeal and extracorporeal knot tying
- How to use tissue morcellation techniques, posterior colpotomy and tissue retrieval techniques
- How to inspect the bladder, ureters, small and large bowel for perforation or damage; recognising the perforation or damage; and undertaking appropriate special tests, such as air insufflation and use of dyes

Management of complications

- How to recognise bowel and bladder complications. Assessment of these and ability, if appropriate, to perform primary repair
- The principles of more complex repairs, such as segmental bowel resection and ureteric anastomosis and reimplantation
- How to recognise and control haemorrhage during laparoscopic surgery
- How to recognise delayed onset complications, such as peritonitis, ileus, faecal contamination or urinary leakage
- How to start appropriate initial management of delayed onset complications and the principles of subsequent management

Specific procedures

- The division of dense adhesions involving bowel
- The repair of seromuscular layer of bowel
- How to undertake adhesiolysis using appropriate instruments or energy source, the ability to check for bowel integrity and appropriate suture of sero-muscular tears
- How to explain the risks and benefits of the procedure to be undertaken
- How to recognise and deal with complications such as bowel perforation, ischaemic damage or haemorrhage

Utero-vesical dissection, repair of bladder

- How to undertake dissection of the utero-vesical fold of the peritoneum and reflection of the bladder
- How to excise the peritoneum overlying the bladder and fibrotic lesions, such as infiltrating endometriotic deposits
- How to recognise and suture bladder defects
- How to recognise urinary leakage postoperatively

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Excision of endometriosis, pelvic sidewall dissection

- How to excise superficial and deep endometriosis overlying pelvic structures, bowel and the pelvic sidewall using the appropriate instruments and energy sources
- How to dissect the pelvic sidewall to demonstrate the course of the pelvic ureter, the great vessels, uterine arteries and the root of the sigmoid colon
- Recognition of immediate and late postoperative complications

Rectovaginal dissection

- How to recognise and excise infiltrating and nodular endometriosis of the rectovaginal septum and uterosacral ligaments
- How to recognise the degree of obliteration of the posterior cul-de-sac and involvement of the rectum
- How to appropriately repair seromuscular lesions of the intraperitoneal and extraperitoneal rectum and vaginal epithelium of the posterior vaginal fornix
- The risks of ischaemic damage and wound breakdown leading to fistula formation or faecal peritonitis

Laparoscopic myomectomy

- How to assess the appropriateness of laparoscopic myomectomy, and how to undertake the excision of subserosal intramural and broad ligament fibroids
- How to suture the defect using the appropriate intra- and extra-corporeal techniques. The ability to deal with haemorrhage from the uterine serosa and myometrium
- How to remove fibroids using the appropriate morcellation, posterior colpotomy or tissue retrieval techniques
- Recognition of potential complications, such as haemorrhage, disseminated intravascular coagulation and late uterine dehiscence

MCND CiP 4 The doctor can manage urological and colorectal interventions.	
Key skills	**Descriptors**
Undertakes urological surgical procedures to support laparoscopic surgery	• Uses cystoscopy during laparoscopic surgery. • Performs catheterisation of ureters. • Recognises where more advanced urological techniques may be needed, such as stenting, anastomosis or ureteric reimplantation. • Works closely with urology team during surgery.

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Undertakes colorectal procedures to support laparoscopic surgery	• Performs basic colorectal investigations (proctoscopy, rigid sigmoidoscopy). • Recognises specific bowel complications where more advanced techniques are required. • Liaises appropriately with colorectal team during laparoscopic surgery. • Recognises when more advanced colorectal techniques may be needed, such as colostomy or ileostomy. Cares for the physical and psychological needs of women who have experienced colorectal complications, including stoma formation.
Recognises and manages late complications of laparoscopic surgery	• Recognises the adverse functional bowel and bladder effects of radical surgery. • Diagnoses and manages fistulae when carrying out laparoscopic surgery. • Is able to counsel women about late complications of laparoscopic surgery. Liaises with appropriate members of MDT for further care.

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

• TO2 (including SO) • CbD • Mini-CEX • Log of experience	• Reflective practice • NOTSS • Personal learning

Mandatory requirements

- OSATS:
  - cystoscopy
  - endoscopic lower bowel examination
  - ureteric catheterisation
  - bladder injury repair

Knowledge criteria

- The indications for cystoscopy
- The surgical principles for the treatment of ureteric injury
- The investigation of and diagnostic criteria for fistulae
- The surgical principles of the repair and complications that may occur
- The correct investigations and treatments for ureteric obstruction and ureteric injury
- When and how to insert ureteric stents
- The surgical principles of ureteric re-anastomoses and reimplantation techniques
- The principles of ureteric preservation and reconstructive techniques
- The risks and management of voiding dysfunction postoperatively
- The indications for and limitations of visual inspection of the lumen of the lower gastrointestinal tract.
- The principles of bowel resection, stoma formation and bowel anastomosis

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• The principles and practice of postoperative care for women who have had bowel surgery

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the MCND 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.

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

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 MCND CiP.

	Statement of Expectations for the MCND SITM
Meeting expectations for the MCND CiP1	Learners are meeting expectations and have the appropriate knowledge base to independently manage preoperative planning and carry out appropriate case selection indicated for surgical treatment. They can map areas of pain or abnormal masses in relation to underlying anatomical structures. They can manage and perform investigative surgery, taking the patient's fertility desires into account. They are able to develop and

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	provide patient information leaflets and use surgical databases appropriately. They are also able to audit their surgical practice.
Meeting expectations for the MCND CiP2	Learners are meeting expectations and have the appropriate knowledge base to independently manage hormonal and non-hormonal treatments. They can advise on indications for use of assisted conception techniques and timing of treatment, and are aware of the effect of endometriosis on fertility treatments. They can assess sexual dysfunction and offer treatment. They are be able to document the patient's description of pain, prescribe effective and safe analgesia, and have knowledge of multidisciplinary pain management teams.
Meeting expectations for the MCND CiP3	Learners are meeting expectations and can independently perform complex laparoscopic gynaecological surgery. This includes surgery without the complex involvement of non-gynaecological organs and surgery requiring more complex skills, such as total laparoscopic hysterectomy and treatment of superficial and deep infiltrating endometriosis. They are able to recognise and manage initial intraoperative complications and delayed onset complications.
Meeting expectations for the MCND CiP4	Learners are meeting expectations and are able to recognise and investigate urological and colorectal surgical procedures to aid laparoscopic surgery. They can perform basic urological and colorectal procedures and know when to involve the urology/colorectal team. They are able to manage late complications of laparoscopic surgery and liaise with the MDT appropriately for further care.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to become an MCND 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. Learners will not experience the entire range of possible complex non-malignant gynaecological surgery (laparoscopic) scenarios during their training for this SITM, and so are not expected to achieve independent competency in the full spectrum of complex laparoscopic surgery by the end of the module. However, at the very least, learners should have working knowledge of everything covered in this SITM.

After completing the module they should continue their learning and skill development through their independent practice and at MDT meetings.

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5. Procedures associated with the MCND 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	CiP2	CiP3	CiP4
Cystoscopy*	5	X			X
Endoscopic lower bowel examination*	5	X			X
Ultrasound examination in gynaecology (non-pregnant patient)*	5	X	X		
Laparoscopic myomectomy*	5			X	
Laparoscopic division of adhesions including ureterolysis*	5			X	
Laparoscopic excision of superficial and deep infiltrating endometriosis*	5			X	
Laparoscopic uterovesical and rectovaginal disease excision*	5			X	
Total laparoscopic hysterectomy*	5			X	
Ureteric catheterisation*	5				X
Bladder injury repair*	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**

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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.

• Objective Structured Assessment of Technical Skills (OSATS) **(mandatory)**	• Local, Deanery and National Teaching
• Case-based discussions	• RCOG (and other) eLearning
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Attendance at relevant conferences and courses
• Discussion of correspondence (Mini-CEX)	• Procedural log
• Reflective practice	• Case log
• Team observation (TO2), including self-observation	• Case presentations
• NOTSS	• Quality improvement activity

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 MCND CiP:

MCND CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes to perform advanced laparoscopic gynaecological surgery.	X	X	X	X	X	X
2: The doctor understands the role of alternative treatments in		X	X		X	X

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MCND CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
providing holistic care to a patient.						
3: The doctor can perform appropriate laparoscopic surgery to treat the patient.	X	X	X	X	X	X
4: The doctor can manage urological and colorectal interventions.	X	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.

The MCND SITM is the contingent SITM for the Gynaecological Surgical Care SITM. The Gynaecological Surgical Care SITM must be undertaken and good progress must demonstrated before undertaking the MCND SITM. This combination is recommended if a learner aspires to a special interest career in advanced laparoscopic surgery.

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)

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