



Curriculum 2024 Guide for Special Interest Training Module (SITM): Gynaecological Surgical Care (GSC)

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1. The Gynaecological Surgical Care SITM

This SITM is aimed at learners with an interest in benign gynaecology. Learners who undertake this SITM will learn how to manage women with non-malignant gynaecological problems, including key abdominal and laparoscopic surgical skills. After completing the training, learners will be able to provide a comprehensive service for women with menstrual and adnexal disorders, including surgical and non-surgical measures.

This module is a 'Foundation' SITM, which means that for learners who are interested in a career in gynaecological oncology, robotic assisted gynaecological surgery or complex non-malignant gynaecology, adequate progress through this SITM is required before they can register for those SITMs.

As they progress through the SITM, learners will be extensively and regularly exposed to a wide variety of clinical presentations in both an outpatient and the surgical setting within general gynaecology and/or diagnostic gynaecological-oncology, such as rapid access clinics. During training, learners should attend at least one relevant national meeting in the field. This can be the annual scientific meeting of the British Society for Gynaecological Endoscopy (BSGE), or equivalent.

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 Gynaecological Surgical Care (GSC) 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 GSC 2024 SITM is made up of four GSC 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.

The GSC SITM is the foundation SITM for the:

- Oncology SITM
- Management of Complex Non-malignant Disease SITM
- Robotic Assisted Gynaecological Surgery SITM.



The GSC SITM must be undertaken and good progress must be demonstrated before undertaking any of the above SITMs if a learner aspires to a special interest post in complex gynaecological surgery.

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 GSC SITM:

3. Capabilities in Practice (CiPs)

GSC CiP 1: The doctor demonstrates the skills and attributes needed to perform abdominal gynaecological surgery.

Key skills	Descriptors
Manages preoperative planning and case selection	<ul style="list-style-type: none">• Can counsel people on the options for managing non-cancerous gynaecological conditions, including not treating them.• Considers the different surgical options (open or laparoscopic) and discusses this with the patient.• Can counsel people on the benefits and risks of surgery, and discuss the alternatives. Takes into account a person's background, health and preferences.• Conducts appropriate preoperative investigations.• Involves other specialities where needed, setting up combined operating as necessary.• Uses human factors analysis tools to improve personal and team performance.• Plans for optimal care and how to enhance someone's recovery.• Interprets images in consultation with an imaging specialist.• Audits surgical practice.• Anticipates potential problems with planned surgical approach to make sure they are prepared.



<p>Manages the ergonomic risks to patients and surgeons</p>	<ul style="list-style-type: none"> • Makes sure the patient is in a position that avoids nerve injury during surgery. • Makes sure the operating table and camera stacks are positioned correctly to protect his or her own musculoskeletal system.
<p>Recognises and manages delayed-onset complications</p>	<ul style="list-style-type: none"> • Is able to manage postoperative complications. • Recognises the long-term complications of abdominal surgery.
<p>Can counsel patients before and after receiving treatment</p>	<ul style="list-style-type: none"> • Can counsel patients on: <ul style="list-style-type: none"> ○ hormone replacement therapy (HRT) and the types of HRT given after someone has had an oophorectomy ○ cervical screening strategies after having a hysterectomy ○ the implications of ovarian surgery for women who want to get pregnant in the future.
<p>Gets consent from a patient</p>	<ul style="list-style-type: none"> • Supports women to make their own decisions. • Understands the legal implications of consent. • Considers views, preferences and expectations when they work with patients and their families. This helps to make sure management plans are patient-centred. • Shares clear information with patients and their families, in a timely and non-judgmental way and supports them to understand the information being given to them by working with translators, advocates and supporters, when needed. • Recognises limitations and escalates care, where appropriate. • Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment.
<p>Manages and advises on postoperative pain relief</p>	<ul style="list-style-type: none"> • Is aware of options for postoperative analgesia. • Is able to use a variety of approaches for pain relief, including local anaesthetic delivery systems. • Prescribes appropriate analgesia and medication to counter side effects. • Liaises with pain teams for patients with complex pain issues.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • CbD • Mini-CEX 	<ul style="list-style-type: none"> • TO2 (including SO) • RCOG e-learning



<ul style="list-style-type: none"> • Reflective practice • NOTSS • Local and deanery teaching 	<ul style="list-style-type: none"> • At least one audit from any of the three procedure-related CiPs
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The theatre environment – knowledge of instruments, theatre set-up, how to position the patient and effective use of staff assistants • Pelvic anatomy – the bladder, ureters and bowel • The anatomy and innervation of the genital tract • The potential risks and complications of abdominal surgery (including anaesthesia) • Understand and know how to manage major haemorrhage Knowledge of emergency hysterectomy procedures, complications and risks • The principles of diathermy • How to safely use different energy sources • Principles of governance over the introduction of new procedures, equipment and devices 	

GSC CiP 2: The doctor demonstrates the skills and attributes needed to perform open gynaecological surgery.

Key skills	Descriptors
Manages open gynaecological surgery, using a number of techniques and procedures	<ul style="list-style-type: none"> • Discusses appropriate procedures with the patient. • Can counsel patients on the procedures, potential risks and complications of open gynaecological surgery.
Recognises and manages intraoperative complications	<ul style="list-style-type: none"> • Is aware of potential complications during open gynaecological surgery. • Recognises clinical scenarios where emergency hysterectomy is necessary (e.g. major haemorrhage during myomectomy). • Is able to control major haemorrhage. • Is able to recognise damage to the bowel, bladder and ureter. • Is aware of how to safely manage unexpected findings. • Seeks help from other specialists, or those with advanced surgical skills, when appropriate.
Recognises bowel and bladder complications of surgery	<ul style="list-style-type: none"> • Inspects bowel for perforation or damage. • Checks integrity of bladder using visual inspection and dye tests. • Visually checks ureter.



<p>Recognises and manages delayed onset complications (e.g. peritonitis, ileus, faecal contamination and urinary leakage)</p>	<ul style="list-style-type: none"> Uses radiological investigations (ultrasound scan, computed tomography (CT) scan and magnetic resonance imaging (MRI)), as necessary, to diagnose a problem. Liases with other specialities (surgery and urology), as needed. Seeks appropriate support in a timely manner. Considers the need for the patient to return to theatre and is aware of their personal limitations.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> CbD Mini-CEX Reflective practice NOTSS Local and deanery teaching 	<ul style="list-style-type: none"> TO2 (including SO) RCOG e-learning Attendance at RCOG benign abdominal surgery course or similar
<p>Mandatory requirements</p>	
<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> midline incision, safe opening and closure technique adnexal surgery (cystectomy, oophorectomy, post-hysterectomy) abdominal total (or, if appropriate, subtotal) hysterectomy, with or without (+/-) bilateral salpingo oophorectomy (BSO), including surgery for large fibroids abdominal myomectomy adhesiolysis (including omentum, bladder and bowel) 	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> Anatomy of anterior abdominal wall and major vascular structures Anatomy and innervation of the genital tract Understand the principles of diathermy Anatomy of major vascular structures in relation to infundibulopelvic ligaments Variations in the anatomy of a uterus with large fibroids Post myomectomy counselling for future pregnancies e.g. IVF and delivery Emergency hysterectomy procedures, the complications and risks Knowledge of equipment, instruments and theatre set-up The potential risks and complications of abdominal surgery (including anaesthesia) How to manage major haemorrhage How to manage bowel, bladder and ureter damage 	

GSC CiP 3: The doctor demonstrates the skills and attributes needed to perform laparoscopic gynaecological surgery.

Key skills	Descriptors
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Manages laparoscopic gynaecological surgery, using a number of techniques and procedures	<ul style="list-style-type: none"> Selects patients appropriately for operative laparoscopy. Can counsel people on the procedures, potential risks and complications of laparoscopic gynaecological surgery.
Recognises and manages complications that could happen during an operation, including knowing when to convert to an open procedure	<ul style="list-style-type: none"> Is able to manage complications that could happen during an operation. Is able to recognise visceral injury of the bowel and bladder. Recognises when to convert to an open procedure. Seeks help from other specialists and those with advanced laparoscopic surgery skills, when appropriate.
Evidence to inform decision – examples for evidence (not mandatory requirements)	
<ul style="list-style-type: none"> Reflective practice NOTSS Local and deanery teaching Mini-CEX Attendance at a British Society for Gynaecological Endoscopy conference 	<ul style="list-style-type: none"> CbD TO2 (including SO) RCOG Learning Evidence of laparoscopic simulation training Attendance at a laparoscopic hysterectomy course
Mandatory requirements	
<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> adnexal surgery (cystectomy, oophorectomy and post-hysteroscopy) adhesiolysis (including omentum, bladder and bowel) treatment of superficial endometriosis or adhesions total laparoscopic hysterectomy (or laparoscopic-assisted vaginal hysterectomy) in uncomplicated patients 	
Knowledge criteria	
<ul style="list-style-type: none"> Anatomy of the abdomen, female genital tract, bladder, ureters and lower bowel The contribution of preoperative investigations, particularly CA125 and transvaginal ultrasound scan findings Laparoscopic equipment and theatre set-up How to safely use energy sources Safe entry techniques for carrying out laparoscopic gynaecological surgery, port positioning to insert the instruments and port site problems Anatomy of the pelvis, including the relations of the ureter, ovarian and uterine vessels and major vascular structures The different methods to retrieve tissue specimens The techniques for extending laparoscopic incisions, vaginal morcellation, intra-abdominal morcellation and extraction through retrieval bags Potential risks and complications of laparoscopic surgery, including anaesthesia The pathological processes involved in ovarian disease and endometriosis 	



GCS CiP 4: The doctor understands the role of alternative treatments in the holistic management of the patient.	
Key s	Descriptors
Manages hormonal and non-hormonal treatments	<ul style="list-style-type: none"> • Is able to choose from appropriate hormonal treatments including: <ul style="list-style-type: none"> ○ combined oral contraceptive pill (COCP) ○ progestogens (including Mirena) ○ gonadotropin-releasing hormone analogues ○ aromatase inhibitors • Is able to choose from appropriate non-hormonal treatments, including but not exclusively: <ul style="list-style-type: none"> ○ haematinics ○ counselling
Manages a patient’s pain	<ul style="list-style-type: none"> • Can accurately document someone’s description of pain. • Can prescribe effective and safe analgesia.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Cbd • Mini-CEX • Reflective practice • TO2 	<ul style="list-style-type: none"> • Attendance at teaching sessions • RCOG Learning • Attendance at suitable meetings
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • Understanding of hormonal control of menstrual cycle • How to manage anaemia • Ability to take a patient’s history and perform an appropriate clinical examination • Can diagnose people with chronic pelvic pain • Can assess an acute flare of chronic pelvic pain 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the GSC 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 GSC CiP.

	Statement of Expectations for the GSC SITM
Meeting expectations for the GSC CiP1	Learners are meeting expectations and can independently manage preoperative planning and appropriate case selection for surgical treatment. They can also manage ergonomic risks to patients and surgeons. They are able to counsel women before and after receiving treatment, including giving appropriate advice on HRT, cervical screening, and implication on future symptoms and fertility. They can recognise and manage delayed onset postoperative complications appropriately. They are able to obtain consent and manage postoperative pain.
Meeting expectations for the GSC CiP2	Learners are meeting expectations and can independently perform open gynaecological surgery safely by both a transverse and midline laparotomy incisions. They can recognise and manage intraoperative complications. They are aware of their limitations and know when seek help from other specialties or those with advanced surgical skills when appropriate.
Meeting expectations for the GSC CiP3	Learners are meeting expectations and can independently perform laparoscopic gynaecological surgery safely to the level of an intermediate surgeon. This includes surgery without the complex involvement of non-gynaecological organs and surgery requiring a moderate amount of more



	special interest skills, such as adhesiolysis and treatment of superficial endometriosis. They can recognise and manage intraoperative complications. They are aware of their limitations and know when to seek help from other specialties or those with special interest surgical skills when appropriate.
Meeting expectations for the GSC CiP4	Learners are meeting expectations and have the appropriate knowledge base to independently manage hormonal and non-hormonal treatments. They can document the patient's description of pain and prescribe effective and safe analgesia.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to become a gynaecological surgery 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 non-malignant gynaecological surgery (open and laparoscopic) scenarios during their training for this SITM, and so are not expected to achieve independent competency in the full spectrum of benign gynaecological 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.

5. Procedures associated with the GSC 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	CiP2	CiP3
Midline incision, safe opening and closure technique*	5	X	
Adnexal surgery (cystectomy, oophorectomy and post-hysterectomy)*	5	X	X
Abdominal total (or, if appropriate, subtotal) hysterectomy +/- BSO, including surgery for large fibroids*	5	X	
Abdominal myomectomy*	5	X	
Adhesiolysis (including omentum, bladder and bowel)*	5	X	X



Procedures	Level by end of training	CiP2	CiP3
Surgical management of pelvic abscess	3	X	
Emergency hysterectomy (e.g. major obstetric haemorrhage)	2	X	
Treatment of superficial or mild endometriosis*	5		X
Total laparoscopic hysterectomy (or laparoscopic assisted vaginal hysterectomy) in uncomplicated patients*	5		X
Excision and ablation of peritoneal, endometriosis and ovarian endometrioma	4		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"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Local, Deanery and National Teaching
<ul style="list-style-type: none"> Case-based discussions 	<ul style="list-style-type: none"> RCOG (and other) eLearning
<ul style="list-style-type: none"> Mini-Clinical Evaluation Exercise (Mini-CEX) 	<ul style="list-style-type: none"> 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 GSC CiP:

GSC CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor demonstrates the skills and attributes needed to perform abdominal gynaecological surgery.		X	X	X	X	X
2: The doctor demonstrates the skills and attributes needed to perform open gynaecological surgery.	X	X	X	X	X	X
3: The doctor demonstrates the skills and attributes needed to perform laparoscopic gynaecological surgery.	X	X	X	X	X	X
4: The doctor understands the role of alternative		X	X		X	X



GSC CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
treatments in the holistic management of the patient.						

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 GSC SITM is the foundation SITM for the:

- Oncology SITM
- Management of Complex Non-malignant Disease SITM
- Robotic Assisted Gynaecological Surgery SITM.

The GSC SITM must be undertaken and good progress must be demonstrated before undertaking any of the above SITMs if a learner aspires to a special interest career in complex gynaecological surgery.

Otherwise, learners can undertake any obstetrics or gynaecology SITM with the GSC SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest career. 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



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