

SITM: Gynaecological Surgical Care (GSC)

SECTION 1: CAPABILITIES IN PRACTICE

GSC CiP 1: The doctor demonstrates the skills and attributes required to perform abdominal gynaecological surgery.	
Key Skills	Descriptors
Manages preoperative planning and case selection	<ul style="list-style-type: none"> • Counsels on the management options of benign gynaecological conditions including no treatment. • Considers the options of surgical approach (open or laparoscopic) and discusses this with the patient. • Counsels patients on the benefits, risks and alternatives in the surgical approach, taking into account the individual's background health and preferences. • Conducts appropriate preoperative investigations. • Involves other specialties where required, setting up combined operating as necessary. • Uses human factors analysis tools to improve personal and team performance. • Optimisation and enhanced recovery. • Interprets images in consultation with imaging specialist. • Audits surgical practice. • Anticipates potential problems with planned surgical approach.
Manages the ergonomic risks to patients and surgeons	<ul style="list-style-type: none"> • Ensures that the patient is positioned to avoid nerve injury during the surgery. • Is aware of how to protect his/her own musculoskeletal system by the correct positioning of the operating table, camera stacks etc.
Recognises and manages delayed-onset complications	<ul style="list-style-type: none"> • Is able to manage postoperative complications. • Recognises long-term complications of abdominal surgery.
Counsels patients before and after receiving treatment	<ul style="list-style-type: none"> • Counsels patients on: <ul style="list-style-type: none"> ○ Hormone Replacement Therapy and the types of HRT after having an oophorectomy ○ cervical screening strategies after having a hysterectomy ○ the implications of ovarian surgery for women who desire future fertility



Consent	<ul style="list-style-type: none"> Ability to facilitate women’s decision-making. Understanding the legal implications of consent. Considers views, preferences and expectations when working with patients and their families to establish patient-centered management plan. Shares information with patients and their families clearly, in a timely, non-judgmental fashion and facilitates communication (including use of a translator, advocate or supporter 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.
Post operative pain relief	<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. Liases with pain teams for patients with complex pain issues.
Evidence to inform decision	
<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 At least one audit from any of the 3 procedure related CiPs
Knowledge criteria	
<ul style="list-style-type: none"> The theatre environment – knowledge of instruments, theatre set-up, patient positioning and effective use of 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) The principles and management of major haemorrhage Knowledge of emergency hysterectomy procedures, complications and risks The principles of diathermy Principles of safe use of 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 required to perform open gynaecological surgery.

Key Skills	Descriptors
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Manages open gynaecological surgery relying on a number of techniques and procedures	<ul style="list-style-type: none"> • Discusses appropriate procedures for the patient. • Counsels on the procedures, potential risks and complications.
Recognises and manages intraoperative complications	<ul style="list-style-type: none"> • Has awareness of potential complications during the procedure. • Recognises clinical scenarios where emergency hysterectomy is necessary (for example, major haemorrhage during myomectomy). • Is able to control major haemorrhage. • Is able to recognise damage to bowel, bladder and ureter. • Has an awareness of how to safely manage unexpected findings. • Seeks help from other specialists or those with advanced surgical skills when appropriate.
Is able to recognise bowel and bladder complications of surgery	<ul style="list-style-type: none"> • Uses radiological investigations (USS, CT, MRI) as necessary to diagnose problem. • Liaises with other specialties (surgery, urology) as required • Seeks appropriate support in a timely manner. • Considers the need for return to theatre and is aware of their personal limitations.
Recognises and manages delayed onset complications (e.g. peritonitis, ileus, faecal contamination, urinary leakage)	<ul style="list-style-type: none"> • Uses radiological investigations (USS, CT, MRI) as necessary to diagnose problem. • Liaises with other specialties (surgery, urology) as required • Seeks appropriate support in a timely manner. • Considers the need for return to theatre and is aware of their personal limitations.
Evidence to inform decision	
<ul style="list-style-type: none"> • Cbd • Mini-CEX • Reflective practice • NOTSS • Local and Deanery Teaching • TO2 (including SO) • RCOG e-learning • Attendance at RCOG Benign abdominal surgery course or similar 	<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 +/- BSO including surgery for large fibroids ○ Abdominal myomectomy ○ Adhesiolysis (including omentum, bladder and bowel) ○ Surgical management of pelvic abscess
Knowledge criteria	

- Anatomy of anterior abdominal wall and major vascular structures
- Anatomy and innervation of the genital tract
- Principles of diathermy
- Anatomy of major vascular structures in relation to infundibulo pelvic ligaments
- Variations in the anatomy of uterus with large fibroids
- Post myomectomy counselling for future pregnancy events, e.g. IVG and delivery
- Emergency hysterectomy procedures, the complications and risks
- Knowledge of equipment, instrumentation and theatre set-up
- The potential risks and complications of abdominal surgery (including anaesthesia)
- The principles and management of major haemorrhage
- The management strategies of bowel, bladder and ureter damage

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

Key Skills	Descriptors
Manages laparoscopic gynaecological surgery relying on a number of techniques and procedures	<ul style="list-style-type: none"> • Selects patients appropriately for operative laparoscopy. • Counsels on the procedures, potential risks and complications.
Recognises and manages intraoperative complications, including when to convert to an open procedure	<ul style="list-style-type: none"> • Is able to manage intraoperative complications. • 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

<ul style="list-style-type: none"> • Reflective practice • NOTSS • Local and Deanery Teaching • Mini-CEX • Cbd • TO2 (including SO) • RCOG e-learning • Evidence of laparoscopic simulation training • Attendance at a BSGE conference or similar • Attendance at a laparoscopic hysterectomy course 	<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Adnexal surgery (cystectomy, oophorectomy, post-hysteroscopy) ○ Adhesiolysis (including omentum, bladder and bowel) ○ Treatment of superficial endometriosis/adhesions ○ Total laparoscopic hysterectomy (or laparoscopic assisted vaginal) in uncomplicated patients
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Knowledge criteria

- 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
- The principles of safe use of energy sources
- Safe entry techniques, port positioning and port site problems
- Anatomy of the pelvis, including the relations of the ureter, the 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, extraction through retrieval bags
- Potential risks and complications of laparoscopic surgery, including anaesthesia
- The pathological processes involved in ovarian disease and endometriosis

AGCS CiP 4: The doctor understands the role of alternative treatments in the holistic management of the patient.

Key Skills	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"> o COCP o progestogens (including Mirena) o GnRH analogues o aromatase inhibitors • Is able to choose from appropriate non-hormonal treatments including but not exclusively: <ul style="list-style-type: none"> o haematinics o counselling
Pain management	<ul style="list-style-type: none"> • Ability to accurately document woman's description of pain. • Ability to prescribe effective and safe analgesia
Evidence to inform decision	
<ul style="list-style-type: none"> • CbD • Mini-CEX • Reflective Practice • TO2 	<ul style="list-style-type: none"> • Attendance a teaching sessions • RCOG Learning • Attendance at suitable meetings
Knowledge criteria	
<ul style="list-style-type: none"> • Understanding of hormonal control of menstrual cycle • Management techniques for anaemia • Ability to take a history and perform an appropriate clinical examination • Ability to diagnose women with chronic pelvic pain • Ability to assess an acute flare of chronic pelvic pain 	



SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 2</i>	<i>CIP 3</i>
Midline incision, safe opening and closure technique *	5	X	
Adnexal surgery (cystectomy, oophorectomy, post-hysterectomy) *	5	X	X
Abdominal total (or if appropriate, subtotal) hysterectomy +/- BSO including surgery for large fibroids *	5	X	
Abdominal myomectomy *	4	X	
Adhesiolysis (including omentum, bladder and bowel) *	5	X	X
Surgical management of pelvic abscess *	3	X	
Emergency hysterectomy (e.g. major obstetric haemorrhage)	2	X	
Treatment of superficial endometriosis/adhesions *	4		X
Total laparoscopic hysterectomy (or laparoscopic assisted vaginal) in uncomplicated patients *	4		X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- Practical skills
- Communication and interpersonal skills
- Dealing with complexity and uncertainty

Domain 3: Professional knowledge

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

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO GSC CiPs

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