

# SITM: Gynaecological Surgical Care (GSC)

## SECTION 1: CAPABILITIES IN PRACTICE (CiP)

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"> <li>• Can counsel people on the options for managing non-cancerous gynaecological conditions, including not treating them.</li> <li>• Considers the different surgical options (open or laparoscopic) and discusses this with the patient.</li> <li>• Can counsel people on the benefits and risks of surgery, and discuss the alternatives. Takes into account a person's background, health and preferences.</li> <li>• Conducts appropriate preoperative investigations.</li> <li>• Involves other specialities where needed, setting up combined operating as necessary.</li> <li>• Uses human factors analysis tools to improve personal and team performance.</li> <li>• Plans for optimal care and how to enhance someone's recovery.</li> <li>• Interprets images in consultation with an imaging specialist.</li> <li>• Audits surgical practice.</li> <li>• Anticipates potential problems with planned surgical approach to make sure they are prepared.</li> </ul>
Manages the ergonomic risks to patients and surgeons	<ul style="list-style-type: none"> <li>• Makes sure the patient is in a position that avoids nerve injury during surgery.</li> <li>• Makes sure the operating table and camera stacks are positioned correctly to protect his or her own musculoskeletal system.</li> </ul>
Recognises and manages delayed-onset complications	<ul style="list-style-type: none"> <li>• Is able to manage postoperative complications.</li> <li>• Recognises the long-term complications of abdominal surgery.</li> </ul>
Can counsel patients before and after receiving treatment	<ul style="list-style-type: none"> <li>• Can counsel patients on:             <ul style="list-style-type: none"> <li>○ hormone replacement therapy (HRT) and the types of HRT given after someone has had an oophorectomy</li> <li>○ cervical screening strategies after having a hysterectomy</li> <li>○ the implications of ovarian surgery for women who want to get pregnant in the future</li> </ul> </li> </ul>

<b>Gets consent from a patient</b>	<ul style="list-style-type: none"> <li>• Supports women to make their own decisions</li> <li>• Understands the legal implications of consent.</li> <li>• Considers views, preferences and expectations when they work with patients and their families. This helps to make sure management plans are patient-centred.</li> <li>• 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.</li> <li>• Recognises limitations and escalates care, where appropriate.</li> <li>• Creates the conditions for informed consent to be given, explaining the risks and benefits of, or the rationale for, a proposed procedure or treatment.</li> </ul>
<b>Manages and advises on postoperative pain relief</b>	<ul style="list-style-type: none"> <li>• Is aware of options for postoperative analgesia.</li> <li>• Is able to use a variety of approaches for pain relief, including local anaesthetic delivery systems.</li> <li>• Prescribes appropriate analgesia and medication to counter side effects.</li> <li>• Liaises with pain teams for patients with complex pain issues.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• Cbd</li> <li>• Mini-CEX</li> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Local and deanery teaching</li> </ul>	<ul style="list-style-type: none"> <li>• TO2 (including SO)</li> <li>• RCOG e-learning</li> <li>• At least one audit from any of the three procedure-related CiPs</li> </ul>
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• The theatre environment – knowledge of instruments, theatre set-up, how to position the patient and effective use of staff assistants</li> <li>• Pelvic anatomy – the bladder, ureters and bowel</li> <li>• The anatomy and innervation of the genital tract</li> <li>• The potential risks and complications of abdominal surgery (including anaesthesia)</li> <li>• Understand and know how to manage major haemorrhage Knowledge of emergency hysterectomy procedures, complications and risks</li> <li>• The principles of diathermy</li> <li>• How to safely use different energy sources</li> <li>• Principles of governance over the introduction of new procedures, equipment and devices</li> </ul>	

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

Key skills	Descriptors
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<p>Manages open gynaecological surgery, using a number of techniques and procedures</p>	<ul style="list-style-type: none"> <li>• Discusses appropriate procedures with the patient.</li> <li>• Can counsel patients on the procedures, potential risks and complications of open gynaecological surgery.</li> </ul>
<p>Recognises and manages intraoperative complications</p>	<ul style="list-style-type: none"> <li>• Is aware of potential complications during open gynaecological surgery.</li> <li>• Recognises clinical scenarios where emergency hysterectomy is necessary (e.g. major haemorrhage during myomectomy).</li> <li>• Is able to control major haemorrhage.</li> <li>• Is able to recognise damage to the bowel, bladder and ureter.</li> <li>• Is aware of how to safely manage unexpected findings.</li> <li>• Seeks help from other specialists, or those with advanced surgical skills, when appropriate.</li> </ul>
<p>Recognises bowel and bladder complications of surgery</p>	<ul style="list-style-type: none"> <li>• Inspects bowel for perforation or damage.</li> <li>• Checks integrity of bladder using visual inspection and dye tests.</li> <li>• Visually checks ureter.</li> </ul>
<p>Recognises and manages delayed onset complications (e.g. peritonitis, ileus, faecal contamination and urinary leakage)</p>	<ul style="list-style-type: none"> <li>• Uses radiological investigations (ultrasound scan, computed tomography (CT) scan and magnetic resonance imaging (MRI)), as necessary, to diagnose a problem.</li> <li>• Liaises with other specialities (surgery and urology), as needed.</li> <li>• Seeks appropriate support in a timely manner.</li> <li>• Considers the need for the patient to return to theatre and is aware of their personal limitations.</li> </ul>
<p><b>Evidence to inform decision</b></p>	
<ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Local and deanery teaching</li> <li>• TO2 (including SO)</li> <li>• RCOG e-learning</li> <li>• Attendance at RCOG benign abdominal surgery course or similar</li> </ul>	<ul style="list-style-type: none"> <li>• OSATS: <ul style="list-style-type: none"> <li>○ midline incision, safe opening and closure technique</li> <li>○ adnexal surgery (cystectomy, oophorectomy, post-hysterectomy)</li> <li>○ abdominal total (or, if appropriate, subtotal) hysterectomy, with or without (+/-) bilateral salpingo oophorectomy (BSO), including surgery for large fibroids</li> <li>○ abdominal myomectomy</li> <li>○ adhesiolysis (including omentum, bladder and bowel)</li> <li>○ surgical management of pelvic abscess</li> </ul> </li> </ul>
<p><b>Knowledge criteria</b></p>	
<ul style="list-style-type: none"> <li>• Anatomy of anterior abdominal wall and major vascular structures</li> </ul>	

- 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
Manages laparoscopic gynaecological surgery, using a number of techniques and procedures	<ul style="list-style-type: none"> <li>• Selects patients appropriately for operative laparoscopy.</li> <li>• Can counsel people on the procedures, potential risks and complications of laparoscopic gynaecological surgery.</li> </ul>
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"> <li>• Is able to manage complications that could happen during an operation.</li> <li>• Is able to recognise visceral injury of the bowel and bladder.</li> <li>• Recognises when to convert to an open procedure.</li> <li>• Seeks help from other specialists and those with advanced laparoscopic surgery skills, when appropriate.</li> </ul>

### Evidence to inform decision

<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> <li>• Evidence of laparoscopic simulation training</li> <li>• Attendance at a British Society for Gynaecological Endoscopy conference</li> <li>• Attendance at a laparoscopic hysterectomy course</li> </ul>	<ul style="list-style-type: none"> <li>• OSATS:               <ul style="list-style-type: none"> <li>○ adnexal surgery (cystectomy, oophorectomy and post-hysteroscopy)</li> <li>○ adhesiolysis (including omentum, bladder and bowel)</li> <li>○ treatment of superficial endometriosis or adhesions</li> <li>○ total laparoscopic hysterectomy (or laparoscopic-assisted vaginal hysterectomy) in uncomplicated patients</li> </ul> </li> </ul>
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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
- 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"> <li>• Is able to choose from appropriate hormonal treatments including:               <ul style="list-style-type: none"> <li>o combined oral contraceptive pill (COCP)</li> <li>o progestogens (including Mirena)</li> <li>o gonadotropin-releasing hormone analogues</li> <li>o aromatase inhibitors</li> </ul> </li> <li>• Is able to choose from appropriate non-hormonal treatments, including but not exclusively:               <ul style="list-style-type: none"> <li>o haematinics</li> <li>o counselling</li> </ul> </li> </ul>
Manages a patient's pain	<ul style="list-style-type: none"> <li>• Can accurately document someone's description of pain.</li> <li>• Can prescribe effective and safe analgesia</li> </ul>
Evidence to inform decision	
<ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> <li>• Reflective practice</li> <li>• TO2</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at teaching sessions</li> <li>• RCOG Learning</li> <li>• Attendance at suitable meetings</li> </ul>
Knowledge criteria	
<ul style="list-style-type: none"> <li>• Understanding of hormonal control of menstrual cycle</li> <li>• How to manage anaemia</li> <li>• Ability to take a patient's history and perform an appropriate clinical examination</li> <li>• Can diagnose people with chronic pelvic pain</li> </ul>	

- Can 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 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
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

## 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
- 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 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 treatments in the holistic management of the patient.		X	X		X	X