



Curriculum 2024 Guide for Special Interest Training Module (SITM): Colposcopy

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1. The Colposcopy SITM

This SITM is aimed at learners who have an interest in colposcopy practice or want to develop the necessary skills to take up a leadership role in a colposcopy service. It provides training in both basic and complex areas of colposcopy practice. As the learner progresses through the SITM, they will obtain the knowledge and skills to provide care to patients in a wide range of colposcopy scenarios. After completing the SITM, a learner will be prepared to become a colposcopy unit lead in the future.

Doctors must complete the training programme produced by the [British Society for Colposcopy and Cervical Pathology \(BSCCP\)](#) if they want to practice independently as a colposcopist in the UK. Therefore, starting the BSCCP programme should be the learner's first step when undertaking this module. Registration with the BSCCP as a trainee colposcopist or holding accreditation with the BSCCP are specific entry requirements for the SITM.

If a learner has already completed the BSCCP programme, they can proceed immediately with the rest of the module. If a learner has started but not yet completed the BSCCP programme, they can proceed with this module and will be able to achieve many required elements, but all learners must achieve BSCCP accreditation to complete the SITM.

As a learner progresses through the SITM, they will learn how to handle a variety of colposcopy diagnostic and treatment situations. 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 Colposcopy Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Documents](#).

2. Design of the SITM

The Colposcopy 2024 SITM is made up of two Colposcopy CiPs. If undertaking the module full time, it is expected to take 12 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 Colposcopy SITM:

3. Capabilities in Practice (CiPs)

Colposcopy CiP 1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital tract pre-malignant disease.	
Key skills	Descriptors
Is able to take history, perform a clinical examination and use appropriate investigations to establish a diagnosis	<ul style="list-style-type: none"> Assesses symptoms and takes a focused personal and family history, including comorbidity, other pre-disposing factors and a cervical screening history. Conducts an appropriate examination of the whole of the lower genital tract.
Communicates how they will manage care effectively to patients and other healthcare professionals	<ul style="list-style-type: none"> Can counsel people appropriately about HPV vaccination, cytology cervical screening, primary HPV screening and test of cure for cervix. Interprets screening results and communicates these to patients. Recognises colposcopy requirements for people who are pregnant, immune-compromised or postmenopausal, and those who have had a hysterectomy. Communicates the results of investigations and treatment, including outcomes and follow-up plans, for both cervical squamous and glandular pre-invasive disease. Can counsel people about examination techniques, management and treatment plans and potential referrals to specialised services for vulva, vagina, perineum and anal disease. Communicates clinical plan to patients, relatives and primary care professionals.
Initiates appropriate management plans	<ul style="list-style-type: none"> Starts an appropriate discussion or specialist referral with the multidisciplinary team (MDT). Communicates management plan to primary care professionals.
Demonstrates ability to undertake colposcopic treatment	<ul style="list-style-type: none"> Counsels and demonstrates ability to take informed consent or colposcopic procedures. Performs diagnostic and colposcopic treatment procedures where appropriate.



	<ul style="list-style-type: none"> • Manages immediate and post procedure complications. • Communicates ongoing management plans and pathology results with patients.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • NOTSS • Local and deanery teaching • TO2 (includes SO) 	<ul style="list-style-type: none"> • UK NHS guidance • RCOG Learning • Communications courses • British Society for Colposcopy and Cervical Pathology (BSCCP) or RCOG accreditation • Attendance at recommended British Society for the Study of Vulval Disease courses
Mandatory requirements	
<p>For further details, refer to the RCOG Matrix of Progression</p> <ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ diagnostic colposcopy ○ treatment: cold coagulation or cryotherapy ○ treatment: large loop excision of the transformation zone (LLETZ) 	
Knowledge criteria	
<ul style="list-style-type: none"> • Epidemiology, aetiology, diagnosis, prevention, management prognosis of a female lower genital tract pre-malignant disease, including HPV screening and triage and HPV vaccination • Indications to use, and limitations of, screening and investigative techniques • Cytology • The recognised national and international colposcopy classifications and terminologies • Methods and limitations for colposcopy • The colposcopy requirements for pregnant, immune-compromised, postmenopausal or transplant patients • Complications and anatomical considerations of pre-malignant conditions of the female lower genital tract • Indications, techniques, complications and outcomes of treatment of benign and pre-malignant conditions of the female lower genital tract • The psychosexual sequelae of disease and clinical management 	

Colposcopy CiP 2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy service.

Key skills	Descriptors
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<p>Understands the role of the lead colposcopist</p>	<ul style="list-style-type: none"> • Creates local guidelines in tandem with national guidance and structures. • Defines a regular audit programme. • Demonstrates an awareness of the minimum dataset required for quality assurance (QA). • Makes sure all colposcopists are BSCCP-accredited. • Organises compliant regular MDT meetings and chairs them. • Attends local business meetings regularly. • Refers someone, when appropriate, to gynaecological oncology MDT.
<p>Understands QA structures and processes</p>	<ul style="list-style-type: none"> • Is involved in writing a cervical screening provider lead (CSPL) report, understanding the principles of critical incident reporting. • Demonstrates understanding of the practical interaction between primary and secondary care within QA. • Is involved in an invasive cancer audit.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • Mini-CEX • Reflective practice • NOTSS • Audits • TO2 (includes SO) 	<ul style="list-style-type: none"> • Attendance at relevant meetings • Participation at QA visits • RCOG Learning • NHS colposcopy lead and QA publications • CbD
<p>Mandatory requirements</p>	
<p>For further details, refer to the RCOG Matrix of Progression</p>	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • The structure of the NHS cervical screening programme, including the roles and responsibilities of all involved • How colposcopy integrates with the NHS cervical screening programme, including the roles and responsibilities of all involved • QA structures and standards, implementation, documentation and the process of inspection, as locally appropriate 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Colposcopy 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 Colposcopy CiP.

	Statement of Expectations for the Colposcopy SITM
Meeting expectations for the Colposcopy CiP1	Learners are meeting expectations and can independently assess symptoms and take a focused personal and family history. Learners can appropriately counsel patients about HPV vaccination, cervical cytology screening, primary HPV screening, and test of cure. Learners can interpret test results and communicate them to the patient. Learners can counsel patients on examination techniques, management and treatment plans, and potential referrals to specialised services. Learners initiate appropriate MDT discussion or specialist referral, and can communicate a management plan to primary care. Learners are competent at independently performing a full colposcopic examination and appropriate treatments (see Procedures section below).
Meeting expectations for the Colposcopy CiP2	Learners are meeting expectations and understand the role of a lead colposcopist by: independently defining local guidelines in tandem with national guidelines, defining a regular audit programme, being aware of the minimum dataset for QA, ensuring colposcopists are accredited, and organising regular MDT meetings. Learners understand QA structures and processes.



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 colposcopist. 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 as a colposcopist and at MDT meetings.

5. Procedures associated with the Colposcopy 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	CiP
Colposcopy of the lower genital tract*	5	1
Treatment: Cold coagulation or cryotherapy*	5	1
Treatment: LLETZ*	5	1

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](#) 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)	• Case presentations
• Case-based discussions	• Quality improvement activity
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Certification of training courses
• Reflective practice	• Attendance at relevant meetings
• Team observation (TO2), including self-observation	• Participation at QA visits
• Local, Deanery and National Teaching	• British Society for Colposcopy and Cervical Pathology/RCOG Accreditation
• RCOG (and other) eLearning	• Attendance at recommended British Society for the Study of Vulval Disease courses
• Procedural log	• Relevant publications

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 Colposcopy CiP:

Colposcopy CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor is competent to make an appropriate clinical assessment of a person with a suspected or known female lower genital tract pre-malignant disease.	X	X	X	X	X	X
2: The doctor demonstrates appropriate knowledge and leadership of a colposcopy 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 Colposcopy 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 Colposcopy and Cervical Pathology \(BSCCP\)](#)