

## SST: Urogynaecology (UG)

Subspecialty training in Urogynaecology consists of:

- The Urogynaecology and Vaginal Surgery SITM (UGVS CiPs 1, 2, 3 and 4)
- Four subspecialty specific CiPs (SST UG CiP 1, 2, 3 and 4)
- One subspecialty specific research CiP (SSTR CiP)

These 9 CiPs are outlined below.

The subspecialty trainee will need to complete all 9 CiPs to achieve subspecialty accreditation. The subspecialty specific CiPs can only be completed as part of an accredited subspecialty training programme in Urogynaecology. A doctor who has completed part or all of the SITM (UGVS CiPs 1-4) prior to commencing subspecialty training in UG does not need to repeat any part of the SITM CiPs already completed.

Trainees with previous research experience, such as SIPM Clinical Research can be used as evidence for the Research (SSTR) CiP and does not need to be repeated.

### UG Sub-speciality Programme Summary

<b>SITM</b> Urogynaecology & Vaginal Surgery (UGVS) – x4 CiPs	4
Sub-specialty training – x4 CiPs	4
Subspecialty specific Research CiP	1

## SITM: Urogynaecology and Vaginal Surgery (UGVS)

### SECTION 1: CAPABILITIES IN PRACTICE (CiP)

**UGVS CiP 1: The doctor has the knowledge, skills and attitudes required to clinically assess patients who have pelvic floor dysfunction.**

**Key skills**

**Descriptors**

<p>Takes and presents a urogynaecological history in patients with urinary, bowel, pelvic organ prolapse and sexual problems</p>	<ul style="list-style-type: none"> <li>• Takes and presents an appropriate history, including the impact on quality of life.</li> <li>• Uses terminology in accordance with the International Continence Society.</li> <li>• Communicates patient's symptoms effectively and understands their severity and social and psychological impact.</li> </ul>
<p>Uses standardised assessment tools when assessing patients</p>	<ul style="list-style-type: none"> <li>• Uses a clinical history and a bladder diary to make an initial diagnosis.</li> <li>• Selects appropriate standardised symptom and quality of life questionnaires.</li> </ul>
<p>Performs a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction</p>	<ul style="list-style-type: none"> <li>• Performs an appropriate examination, elicits abdominal and pelvic signs, and highlights relevant findings to the team.</li> <li>• Describes the stage of pelvic organ prolapse using a recognised method, like the Pelvic Organ Prolapse Quantification (POP-Q) system, or new assessments as they are introduced into clinical practice.</li> <li>• Performs a neurological examination to assess neurological conditions that may affect the pelvic floor, and for perineal denervation.</li> <li>• Puts clinical findings in the context of the patient's symptoms.</li> </ul>
<p>Communicates and links with members of local and regional multidisciplinary teams</p>	<ul style="list-style-type: none"> <li>• Communicates the significance of clinical findings to the patient and multidisciplinary team.</li> <li>• Recognises indications and refers appropriately to specialist centres (eg mesh complications, fistula).</li> </ul>
<p><b>Evidence to inform decision</b></p>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• TO1/TO2 (including SO)</li> <li>• Attend urogynaecology clinics</li> <li>• Case discussion and observation of senior medical staff</li> <li>• Personal study</li> </ul>	<ul style="list-style-type: none"> <li>• Tailored clinical experience</li> <li>• Feedback from trainer</li> <li>• CbD</li> <li>• Mini-CEX</li> <li>• Evidence of attendance at appropriate courses</li> </ul>
<p><b>Knowledge criteria</b></p>	
<ul style="list-style-type: none"> <li>• The terminology used for pelvic floor dysfunction</li> <li>• The relationship between pelvic floor symptoms and other medical conditions, including neurological conditions and their impact on the pelvic floor</li> <li>• An understanding of evidence-based guidance</li> </ul>	

- Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)
- Objective methods for assessing pelvic organ prolapse, including the POP-Q system
- Design and validation of standardised symptom and quality of life questionnaires
- Examination findings relevant to lower urinary tract disorders and prolapse

### UGVS CiP 2: The doctor selects and performs tests appropriate for common urogynaecological presentations and interprets the results.

Key skills	Descriptors
Performs, understands, and interprets appropriate investigation for assessment of pelvic floor and functional bladder symptoms	<ul style="list-style-type: none"> <li>• Requests and interprets results of urinalysis and formal urine culture and cytology.</li> <li>• Assesses urinary residual by bladder scan.</li> <li>• Undertakes urodynamics according to the standards set down in the common curriculum for multidisciplinary training in urodynamics (<a href="http://www.ukcs.uk.net">www.ukcs.uk.net</a>).</li> <li>• Undertakes urodynamic investigation according to national standards.</li> <li>• Demonstrates an understanding of fluid dynamics, bladder, and urethral function.</li> <li>• Understands the basic principles of urodynamic testing.</li> <li>• Demonstrates an ability to set up, use and maintain the equipment. Takes the measures necessary to achieve quality control of the equipment.</li> <li>• Explains the relevance of the test findings.</li> <li>• Is able to understand the impact of results on clinical management.</li> </ul>
Refers for further investigation and management when appropriate	<ul style="list-style-type: none"> <li>• Recognises indications for more advanced urodynamic assessment (ie video urodynamics, ambulatory urodynamics and urethral function studies) and refers appropriately.</li> <li>• Identifies available modalities and indications for imaging the urinary tract and makes appropriate requests.</li> <li>• Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.</li> </ul>
Evidence to inform decision	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Direct observation of senior colleagues</li> <li>• Attendance at local, deanery and national teaching and meetings:               <ul style="list-style-type: none"> <li>○ attendance at a national urodynamics course</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Leads critical incident review</li> <li>• OSATS:               <ul style="list-style-type: none"> <li>○ standard urodynamics (cystometry)</li> <li>○ bladder scan</li> </ul> </li> <li>• Cbd</li> <li>• Mini-CEX</li> <li>• TO1/TO2 (including SO)</li> </ul>

- attendance at a national or regional anatomy teaching course
- Confirmed participation in multidisciplinary team meetings and clinics

### Knowledge criteria

- Relevant anatomy and physiology, and pathophysiology of pelvic floor conditions
- Indications for and methods of urodynamic testing, including:
  - Urinalysis
  - Urine culture and cytology
  - Pad tests
  - Assessment of urinary residual and bladder scan
  - Uroflowmetry
  - Subtracted dual channel cystometry
- Modalities for imaging the urinary tract
- Regional referral pathways and the role of regional subspecialist in the management of complex cases
- Modalities for investigating bowel symptoms

### UGVS CiP 3: The doctor manages pelvic floor dysfunction using non-surgical methods.

Key skills	Descriptors
Demonstrates conservative management of pelvic floor dysfunction	<ul style="list-style-type: none"> <li>● Recognises the importance of non-surgical management in the treatment pathway and explains this to patients.</li> <li>● Manages patients using agreed clinical pathways and evidence-based guidelines.</li> <li>● Is aware of referral of patients to physiotherapists and nurse specialists at an early stage in the treatment pathway.</li> <li>● Works in a multidisciplinary team and liaises appropriately with community continence services.</li> <li>● Counsels patients on containment measures and support groups.</li> </ul>
Demonstrates conservative management of overactive bladder syndrome	<ul style="list-style-type: none"> <li>● Analyses charts (frequency, frequency/volume, input/output) and counsels the patient accordingly.</li> <li>● Recognises the role of drug therapy for patients with overactive bladder symptoms, including pharmacological action, interactions and adverse effects.</li> <li>● Implements drug therapy appropriately and counsels patients on its success and adverse effects.</li> <li>● Manages patients with mixed urinary incontinence as part of a multidisciplinary team.</li> </ul>

<p>Demonstrates conservative management of stress urinary incontinence (SUI)</p>	<ul style="list-style-type: none"> <li>Assesses pelvic floor strength.</li> <li>Instructs patients on the role of pelvic floor muscle assessment and training, and other physical therapies, and refers on to colleagues, as appropriate.</li> </ul>
<p>Demonstrates non-surgical management of pelvic organ prolapse</p>	<ul style="list-style-type: none"> <li>Assesses and manages complications of vaginal pessaries as part of a multidisciplinary team, referring on to other specialities as appropriate.</li> </ul>
<p>Recognises indications for anorectal investigation and treatment</p>	<ul style="list-style-type: none"> <li>Counsels patients on simple treatments for faecal incontinence and obstructive defaecation and refers appropriately.</li> </ul>
<p><b>Evidence to inform decision</b></p>	
<ul style="list-style-type: none"> <li>Reflective practice</li> <li>Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist</li> <li>Attend a continence clinic and observe continence nurse</li> <li>Confirmed participation in multidisciplinary team clinics and meeting</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates adequate exposure to managing pelvic floor dysfunction using non-surgical methods during training</li> <li>CbD</li> <li>Mini-CEX</li> <li>Feedback with trainer</li> <li>TO1/TO2 (including SO)</li> <li>Attendance at local/deanery teaching or training days/courses</li> </ul>
<p><b>Knowledge criteria</b></p>	
<ul style="list-style-type: none"> <li>The role of pharmacology in pelvic floor dysfunction, including mechanism of action, adverse effects, and interaction, for treatment of:             <ul style="list-style-type: none"> <li>overactive bladder syndrome</li> <li>nocturnal frequency and nocturia</li> <li>stress urinary incontinence</li> <li>painful bladder syndrome</li> <li>use of hormone replacement therapy, including vaginal oestrogen</li> </ul> </li> <li>Use of different charts to assess intake and/or output of urine and to assess and treat patients with excessive voiding patterns</li> <li>Principles of pelvic floor muscle training and role of different physical therapies</li> <li>Principles of bladder retraining and how to instruct patients on this treatment</li> <li>Non-surgical management of pelvic organ prolapse</li> <li>The indications for and fitting of ring, shelf, and other pessaries</li> <li>Basic understanding of anorectal dysfunction, faecal urgency, and incontinence</li> </ul>	

**UGVS CiP 4: The doctor provides high-quality surgery for primary incontinence and prolapse.**

Key skills	Descriptors
Counsels patients appropriately on surgical management of pelvic floor disorders	<ul style="list-style-type: none"> <li>• Formulates a management plan and modifies it, if necessary.</li> <li>• Counsels on the different surgical options for prolapse and incontinence, including non-surgical alternatives, complications, and outcomes.</li> <li>• Demonstrates ability to take informed consent for surgery accordingly.</li> </ul>
Demonstrates safe surgical practice	<ul style="list-style-type: none"> <li>• Recognises the indications and complications of surgical procedures in the management of pelvic floor dysfunction.</li> <li>• Selects patients appropriately for vaginal prolapse and/or continence surgery.</li> <li>• Performs surgery for primary incontinence and prolapse in a fluent and safe manner.</li> <li>• Recognises the clinical findings which need onward management from a multidisciplinary team, including urology and sub-specialist urogynaecologists.</li> <li>• Counsels on remaining NICE-approved primary procedures for stress urinary incontinence.</li> </ul>
Manages postoperative complications, including voiding difficulty	<ul style="list-style-type: none"> <li>• Advises nursing staff on catheter management following continence surgery.</li> <li>• Supervises a patient undergoing a programme of intermittent self-catheterisation.</li> <li>• Recognises the role of other specialists in the management of surgical complications.</li> </ul>
Recognises indications for referral to sub-specialist teams	<ul style="list-style-type: none"> <li>• Demonstrates an understanding of the different available surgical procedures for apical prolapse, including their indication and how to refer on for them, if required.</li> </ul>
Actively participates in clinical audit	<ul style="list-style-type: none"> <li>• Commits to audit of procedures, according to guidelines.</li> <li>• Uses nationally recommended databases, such as the BSUG Audit Database.</li> <li>• Engages in local audits and leads a minimum of one audit a year, which must include one surgical audit.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Non-Technical Skills for Surgeons NOTSS</li> <li>• Attendance at postoperative ward rounds</li> <li>• Attendance at risk management meetings</li> </ul>	<ul style="list-style-type: none"> <li>• OSATS:               <ul style="list-style-type: none"> <li>○ rigid cystourethroscopy</li> <li>○ anterior vaginal wall repair (colporrhaphy)</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Direct observation/consultant supervision within the module</li> <li>• Attendance at multidisciplinary team (MDT) meetings</li> <li>• Participation and completion of audit</li> <li>• Tailored clinical experience under supervision:           <ul style="list-style-type: none"> <li>○ personal study</li> <li>○ appropriate postgraduate education courses and reading</li> <li>○ recording outcomes on national databases (egBSUG Audit Database)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ posterior vaginal wall repair ± perineorrhaphy</li> <li>○ vaginal hysterectomy</li> <li>○ sacrospinous fixation</li> <li>○ colposuspension (open or laparoscopic)</li> <li>○ autologous fascial sling</li> <li>• CbD</li> <li>• Feedback from trainer</li> <li>• TO1/TO2 (including SO)</li> <li>• Mini-CEX</li> </ul>
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### Knowledge criteria

- The necessary equipment, diathermy instrumentation and theatre set-up
- Potential surgical complications, assessment, investigation (including imaging) and management
- How to manage major haemorrhage
- The indications and complications of the following procedures, including principles of surgery:
  - cystoscopy
  - anterior and posterior vaginal wall repair +/- perineorrhaphy
  - vaginal hysterectomy for prolapse, including uterosacral plication or McCall culdoplasty
  - continence procedures in line with NICE guidance and as relevant to local services
  - bladder neck injections
  - sacrospinous fixation
- Surgical management of detrusor overactivity
- Treatment options for recurrent SUI and pelvic organ prolapse (POP) and ability to refer appropriately
- Surgical management of faecal incontinence and appropriate referral
- The surgical procedures for vault and apical prolapse, including potential benefits and risks
- The role of the local and regional MDT in primary and complex pelvic floor surgery
- How to audit surgical outcomes
- Preoperative and postoperative care

## SECTION 2: PROCEDURES

Procedures marked with \* require 3 summative OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 2</i>	<i>CIP 3</i>	<i>CIP 4</i>
Standard urodynamics (cystometry)*	5	X		



<b>Procedures</b>	<b>Level by end of training</b>	<b>CIP 2</b>	<b>CIP 3</b>	<b>CIP 4</b>
Bladder scan	5	X		
Inserts and changes pessaries	5		X	
Rigid cystourethroscopy*	5			X
<i>Vaginal surgery for primary pelvic organ prolapse</i>				
○ anterior vaginal wall repair (colporrhaphy)*	5			X
○ posterior vaginal wall repair (colporrhaphy)*	5			X
○ vaginal hysterectomy*	5			X
○ uterosacral plication or McCall culdoplasty for vault support at vaginal hysterectomy	5			X
○ sacrospinous fixation*	5			X
<i>One first line procedure for primary stress urinary incontinence in line with NICE guidance and as relevant to local services, eg</i>				
○ colposuspension (open or laparoscopic)*	5			X
○ autologous fascial sling*	5			X

**Subspecialty trainees in Urogynaecology will be expected to acquire the procedural skills listed in this table as well as the subspecialty-specific procedures listed in the subspecialty-specific CIPs table.**

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

<b>Mapping to GPCs</b>
Domain 1: Professional values and behaviours
Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul>
Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative structure</li> <li>• The health service and healthcare system in the four countries</li> </ul>
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 UGVS CiPs

UGVS CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and attitudes required to clinically assess patients with pelvic floor dysfunction		X	X		X	X
2: The doctor selects and performs tests appropriate for common urogynaecological presentations, and interprets the results	X	X	X		X	X
3: The doctor manages pelvic floor dysfunction using non-surgical methods		X	X		X	X
4: The doctor provides high-quality surgery for primary incontinence and prolapse	X	X	X	X	X	X

## UG SST specific CiPs

### SECTION 1: CAPABILITIES IN PRACTICE (CiP)

**SST UG CiP 1: The doctor has the knowledge, skills and aptitude required for clinical assessment of complex pelvic floor dysfunction.**

Key skills

Descriptors

Assesses women with potential urethral diverticula (UD)	<ul style="list-style-type: none"> <li>• Diagnoses UD and investigates the condition appropriately.</li> </ul>
Assesses women with potential mesh complications	<ul style="list-style-type: none"> <li>• Assists and has been supervised in the assessment, diagnosis and management of mesh complications and can request appropriate investigations.</li> <li>• Recognises indications for referral to specialist mesh centres.</li> </ul>
Assesses women with potential urinary tract and enteric fistulae	<ul style="list-style-type: none"> <li>• Diagnoses fistulae and orders appropriate investigations.</li> </ul>
Assesses women with potential neurological conditions that affect the bladder	<ul style="list-style-type: none"> <li>• Carries out appropriate neurological examination and requests appropriate investigations for these conditions.</li> </ul>
Links with specialists in other disciplines to assess and manage complex pelvic floor disorders	<ul style="list-style-type: none"> <li>• Determines correct indications for referral to specialist urology for complex urodynamic stress incontinence (USI) and detrusor overactivity.</li> <li>• Determines correct indications for referral to specialist colorectal services for rectal prolapse and functional bowel disorders.</li> <li>• Determines correct indications for referral to specialist neurology or neurourology for the management of neurological conditions that affect the bladder.</li> </ul>

#### Evidence to inform decision

<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Attend urogynaecology clinics</li> <li>• Case discussion and observation of senior medical staff</li> <li>• Personal study</li> <li>• Tailored clinical experience</li> <li>• Works with clinicians in other disciplines and spends time in their service:             <ul style="list-style-type: none"> <li>○ coloproctologists, radiologists, physiotherapists, specialist nurses</li> <li>○ urologists and radiologists</li> <li>○ neurology and regional neuromodulation services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from trainer</li> <li>• CbD</li> <li>• Mini-CEX</li> <li>• Evidence of attendance at appropriate courses</li> <li>• TO1/TO2 (including SO)</li> </ul>
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#### Knowledge criteria

<ul style="list-style-type: none"> <li>• The impact of neurological conditions on lower urinary tract function (e.g. multiple sclerosis), and how to assess and counsel patients appropriately</li> <li>• The lower urinary tract manifestations of specific neurological conditions and their management:</li> </ul>
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- spina bifida
- multiple sclerosis
- Parkinson's disease
- spinal cord injury
- lower motor neuropathy
- stroke
- Surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity:
  - artificial urinary sphincters
  - augmentation cystoplasty
  - urinary diversion procedures
- The investigation and diagnostic criteria for fistulae (vesicovaginal, uterovaginal and urethrovaginal) and the surgical principles for repair and complications that may occur
- Urethral diverticula
- Treatments for ureteric obstruction and injury, including ureteric stents (double-J stents or ureteric catheters)
- Surgical principles of ureteric reanastomosis and reimplantation techniques
- Methods of investigations and principles of treatment of faecal incontinence:
  - secondary anal sphincter repair
  - bulking agents
  - pelvic floor exercises
  - surgical management of rectal prolapse such as Delorme's procedure and rectopexy
  - use of constipating agents
- Methods of investigations and principles of treatment for bowel emptying problems:
  - use of laxatives/conservative therapies
  - trans-anal rectocele repair
- Methods of investigations and principles of treatment for bowel urgency:
  - biofeedback
  - drug treatment
  - behavioural modification
- Investigations and principles of treatment of enteric fistulae, including those involving bladder, vagina, anus, or the perineum
- Pelvic floor electromyogram: use of sacral nerve stimulator
- Tibial nerve stimulation
- Range of mesh complications, methods of investigation and principles of treatment
- Context of mesh complications and specialist mesh centres in the United Kingdom

**SST UG CiP 2: The doctor selects and performs tests that are appropriate for complex pelvic floor dysfunction and interprets the results.**

Key skills	Descriptors
Performs, understands, and interprets appropriate investigation for assessment	<ul style="list-style-type: none"> <li>● Performs and interprets results of more complex urodynamic assessment, including:               <ul style="list-style-type: none"> <li>○ video-cystourethrography</li> </ul> </li> </ul>



<p>of pelvic floor and functional bladder symptoms</p>	<ul style="list-style-type: none"> <li>○ ambulatory urodynamics</li> <li>○ urethral function studies</li> <li>● Interprets results appropriately for urinary tract investigations, including:             <ul style="list-style-type: none"> <li>○ renal ultrasound</li> <li>○ abdominal X-ray</li> <li>○ computerised tomography (CT)/magnetic resonance imaging (MRI)</li> <li>○ intravenous urogram/CT urogram/MRI urogram</li> <li>○ Micturating Cystogram</li> <li>○ isotope renography (e.g. MAG3 scan)</li> </ul> </li> <li>● Interprets results appropriately for gastrointestinal tract investigations, including:             <ul style="list-style-type: none"> <li>○ anorectal function studies</li> <li>○ endoanal ultrasound</li> <li>○ Defecating proctogram/MRI</li> <li>○ barium enema</li> <li>○ contrast CT colon/Colonoscopy</li> </ul> </li> <li>● Interprets pelvic floor electromyogram results</li> </ul>
<p>Refers for further investigation and management, when appropriate</p>	<ul style="list-style-type: none"> <li>● Describes the test procedure and results to patient and refers to relevant specialists.</li> <li>● Works within MDT services, including Urology and Coloproctology, in regional referral pathways and in managing complex cases.</li> </ul>

**Evidence to inform decision**

<ul style="list-style-type: none"> <li>● Reflective practice</li> <li>● Direct observation of senior colleagues</li> <li>● Attendance at local, deanery and national teaching and meetings:             <ul style="list-style-type: none"> <li>○ attendance at a national urodynamics course</li> <li>○ attendance at a national or regional anatomy teaching/course</li> </ul> </li> <li>● Works with clinicians in other disciplines and spends time in their service, including:             <ul style="list-style-type: none"> <li>○ coloproctologists, radiologists, physiotherapists, specialist nurses</li> <li>○ urologists and radiologists</li> <li>○ neurology, regional neuromodulation services</li> </ul> </li> <li>● Attendance at perineal and anorectal physiology investigation clinics</li> </ul>	<ul style="list-style-type: none"> <li>● Confirmed participation in MDT meetings and specialist clinics</li> <li>● Leads critical incident review</li> <li>● OSATS:             <ul style="list-style-type: none"> <li>○ flexible cystourethroscopy</li> <li>○ rigid cystourethroscopy</li> <li>○ operative cystourethroscopy +/- bladder biopsy</li> </ul> </li> <li>● CbD</li> <li>● Mini-CEX</li> <li>● TO1/TO2 (including SO)</li> <li>● NOTSS</li> </ul>
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**Knowledge criteria**

- The role of more complex methods of investigation of lower urinary tract disorders:
  - video-cystourethrography
  - ambulatory urodynamics
  - urethral function studies
  - cystourethroscopy: rigid/flexible
  - bladder biopsy
- Investigations of the upper urinary tract:
  - renal ultrasound
  - abdominal X-ray
  - intravenous urogram/CT urogram/MRI urogram
  - micturating cystogram
  - isotope renography (e.g. MAG3 scan)
- Neurourology:
  - pelvic floor electromyography (use of sacral nerve stimulators and tibial nerve stimulation)
- Pelvic floor investigation:
  - magnetic resonance imaging
  - ultrasound of pelvic floor
- Colorectal investigations:
  - anorectal function studies
  - barium enema
  - contrast CT colon/Colonoscopy
  - defecating proctogram
- The impact of results on clinical management
- Effects of abnormal anatomy, physiology, and systemic disease. Also, the related symptoms and clinical findings
- Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns

### SST UG CiP 3: The doctor is competent in non-surgical management of complex pelvic floor dysfunction.

Key skills	Descriptors
Demonstrates conservative management of complex pelvic floor disorders	<ul style="list-style-type: none"> <li>• Can counsel patients on the role of neuromodulation in managing pelvic floor disorders, including potential complications, and refers appropriately.</li> <li>• Demonstrates understanding of, and initiates pharmacological measures in, more complex pelvic floor disorders.</li> </ul>
Manages indications and use of the different types of urinary catheters	<ul style="list-style-type: none"> <li>• Demonstrates understanding of the indications, use and potential complications for the different types of catheters.</li> <li>• Manages complications of catheters appropriately.</li> </ul>

	<ul style="list-style-type: none"> <li>• Can counsel patients on, and teaches them about, intermittent self-catheterisation and manages any complications that arise from this appropriately.</li> </ul>
Initiates management of faecal incontinence	<ul style="list-style-type: none"> <li>• Requests appropriate investigations and interprets results.</li> <li>• Formulates a management plan and modifies it, if necessary.</li> <li>• Initiates conservative management for faecal urgency and incontinence, including behavioral therapy.</li> </ul>
Initiates management of obstructive defecation	<ul style="list-style-type: none"> <li>• Requests appropriate investigations and interprets results independently.</li> <li>• Formulates a management plan and modifies it independently, if necessary.</li> <li>• Initiates conservative management independently for obstructive defecation, including behavioral therapy.</li> </ul>

#### Evidence to inform decision

<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist</li> <li>• Attend a continence clinic and observe continence nurse</li> <li>• Confirmed participation in specialist clinics and MDT meetings</li> <li>• Works with clinicians in other disciplines and spends time in their service:           <ul style="list-style-type: none"> <li>○ coloproctologists, radiologists, physiotherapists and specialist nurses</li> <li>○ urologists and radiologists</li> <li>○ neurology, regional neuromodulation services</li> </ul> </li> <li>• Attendance at perineal and anorectal physiology investigation clinics</li> <li>• Observation of, assisting and discussion with, senior medical staff</li> </ul>	<ul style="list-style-type: none"> <li>• Personal study</li> <li>• Demonstrates adequate exposure during training</li> <li>• CbD</li> <li>• Mini-CEX</li> <li>• OSATS:           <ul style="list-style-type: none"> <li>○ Inserts and changes suprapubic catheters</li> </ul> </li> <li>• Feedback with trainer</li> <li>• TO1/TO2 (including SO)</li> <li>• Attendance at local/deanery teaching or training days/courses</li> </ul>
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#### Knowledge criteria

<ul style="list-style-type: none"> <li>• Relevant anatomy, physiology, and abnormal function to the clinical situation</li> <li>• The role of pharmacology in pelvic floor dysfunction, including mechanism of action, adverse effects, and interactions</li> </ul>
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- The effects of drugs used in other conditions on the lower urinary tract system
- The role of neuromodulation in the treatment of Overactive Bladder Syndrome (OAB), including tibial nerve stimulation, and how to counsel someone on success and adverse effects
- The principles of different modalities of pelvic floor exercises:
  - cones
  - electrical therapy
  - magnetic stimulator
  - biofeedback
- The principles of management of faecal urgency and incontinence
- The conservative management for faecal urgency and incontinence, including behavioral therapy
- Understands the role of sacral neuromodulation for faecal incontinence and has observed the procedure
- The principles of managing obstructive defecation
- The pharmacology, role and complications of laxatives and other drug therapies for these conditions
- The role of the MDT in managing patients and how to refer on, as appropriate
- Indications for different types of catheters, insertion of catheters and intermittent self-catheterisation
- Principles of, and possible indications for, treating overactive bladder syndrome:
  - biofeedback
  - acupuncture
  - hypnotherapy
  - psychotherapy

**SST UG CiP 4: The doctor provides high-quality surgical treatment for recurrent, less common, or more complex pelvic floor disorders.**

Key skills	Descriptors
Can counsel patients appropriately on surgical management of pelvic floor disorders	<ul style="list-style-type: none"> <li>• Can counsel patients in situations of surgical complexity, including failed previous surgery.</li> </ul>
Demonstrates safe surgical practice	<ul style="list-style-type: none"> <li>• Selects patients appropriately for vaginal, abdominal, or laparoscopic prolapse procedures and/or continence surgery.</li> <li>• Performs surgery for primary and recurrent, prolapse and stress urinary incontinence independently, in a fluent and safe manner.</li> </ul>
Diagnoses and manages intra- and postoperative complications	<ul style="list-style-type: none"> <li>• Inspects bladder, ureter, and the small and large bowel for perforation or damage, and undertakes appropriate special tests such as air insufflation and using dyes to aid recognition of injury.</li> </ul>



	<ul style="list-style-type: none"> <li>• Recognises and repairs bladder injuries and institutes appropriate postoperative bladder drainage.</li> <li>• Recognises and observes management of other intraoperative visceral injury, including bowel, urethra and ureters.</li> <li>• Recognises and controls haemorrhage until appropriate help, if required, is available.</li> <li>• Recognises delayed onset complications, such as peritonitis, ileus, faecal contamination, or urinary leakage.</li> <li>• Recognises postoperative ureteric injury or obstruction and initiates investigations and management of them with the urology team.</li> <li>• Uses upper renal tract investigations appropriately.</li> <li>• Recognises the role of other specialists in managing surgical complications.</li> </ul>
<p>Selects appropriate mesh and can counsel patients about the benefits and risks of using mesh</p>	<ul style="list-style-type: none"> <li>• Applies up to date knowledge and guidelines to selecting and using mesh.</li> <li>• Can counsel patients independently regarding mesh complications, including: infection, erosion, extrusion, and chronic pain.</li> </ul>
<p>Performs incontinence and prolapse surgery and manages complications</p>	<ul style="list-style-type: none"> <li>• Demonstrates understanding of what clinical findings require referral for assessment or further management by Urology.</li> <li>• Is able to perform the procedures listed below.</li> <li>• Recognises when it is unsafe to continue with a procedure laparoscopically and the need to convert to a laparotomy, call for support, or when the procedure should be abandoned altogether.</li> </ul>
<p>Manages postoperative voiding difficulty</p>	<ul style="list-style-type: none"> <li>• Can counsel patients on the different types of catheters (intermittent, urethral and suprapubic), explaining how to use them, their advantages, appropriateness and risks.</li> </ul>

**Evidence to inform decision**

<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• Attendance at theatre lists</li> <li>• Attendance at postoperative ward rounds</li> <li>• Attendance at risk management meetings</li> <li>• Leads critical incident review</li> <li>• Direct observation/consultant supervision within the module</li> <li>• Tailored clinical experience, under supervision, of:</li> </ul>	<ul style="list-style-type: none"> <li>• OSATS: <ul style="list-style-type: none"> <li>○ intravesical administration of botulinum toxin (through both rigid and flexible cystoscopes)</li> <li>○ laparoscopic sacrocolpopexy</li> <li>○ colposuspension (open or laparoscopic)</li> <li>○ autologous fascial sling</li> <li>○ At least two first-line stress urinary incontinence procedures, in line with NICE guidance, and as relevant to local</li> </ul> </li> </ul>
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<ul style="list-style-type: none"><li>○ personal study</li><li>○ appropriate postgraduate education courses and reading</li><li>○ recorded outcome on national databases (e.g. BSUG)</li><li>● CbD</li><li>● Mini-CEX</li><li>● Feedback from trainer</li><li>● TO1/TO2 (including SO)</li><li>● Attendance at MDT meetings</li><li>● Attendance at regional mesh complications MDT</li><li>● Participation and completion of audit</li></ul>	<p>services, e.g. colposuspension (open or laparoscopic), autologous fascial sling]</p> <ul style="list-style-type: none"><li>○ bladder neck injections</li></ul>
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### Knowledge criteria

- Knowledge of appropriate preoperative investigations
- The equipment for vaginal, open, and laparoscopic procedures and theatre set-up
- Diathermy instrumentation:
  - how to use laparoscopic bipolar energy effectively and at least one energy source for cutting, i.e. monopolar or ultrasound
  - the principles underlying other types of energy sources
  - the safety checks required before activating the energy source
- Potential surgical complications and how to avoid them
- Relevant anatomy, including anatomy of sacral promontory
- Safe laparoscopic entry and choosing correct entry for each patient, including: use of Veress needle, open entry, direct vision entry and Palmer's point entry
- The principles of surgical site closure, including port site closure in laparoscopic surgery, and the need to avoid surgical site hernia or damage underlying structures
- The principles of more complex repairs, such as segmental bowel resection and ureteric anastomosis and reimplantation
- The principles underlying the repair of major vessels
- The role of synthetic mesh, in line with national guidelines, including the potential risks, as well as benefits, of mesh procedures
- The indications, and potential complications of urethral dilatation
- The variations of apical procedures, such as sacrohysteropexy
- The various types of mesh that are available and their suitability for sacrocolpopexy and sacrohysteropexy
- The methods of mesh fixation to the sacral promontory, including safe use of stapling devices
- The use of imaging in assessing and managing postoperative complications
- The role of investigations and diagnostic criteria for fistulae (vesicovaginal, ureterovaginal and urethrovaginal)
- The role of the MDT in managing these patients and how to refer on, as appropriate
- The surgical principles of fistula repair and complications that may occur

- The role of investigations and diagnostic criteria for urethral diverticula
- The surgical principles of diverticulum surgery and complications that may occur
- Potential complications following mesh procedures for incontinence and/or prolapse
- Understands the surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity, including the following procedures:
  - artificial urinary sphincters
  - augmentation cystoplasty
  - urinary diversion procedures
  - sacral nerve stimulation
  - bladder-neck injections
  - botulinum toxin injections
  - sacral nerve stimulation
- The principles for treating voiding difficulties, including urethral dilatation, postoperative problems, and the advantages/disadvantages of different techniques
- The principles for treating complex pelvic organ prolapse, including paravaginal repair
- The principles for treating vault prolapse, including:
  - sacrospinous fixation
  - sacrocolpopexy (open and laparoscopic)
- The principles of subsequent management
- Surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity:
  - artificial urinary sphincters
  - augmentation cystoplasty
  - urinary diversion procedures
- The investigation and diagnostic criteria for fistulae (vesicovaginal, uterovaginal and urethrovaginal) and the surgical principles for repair and complications that may occur
- Urethral diverticula
- Treatments for ureteric obstruction and ureteric injury, including ureteric stents (double-J stents or ureteric catheters)
- Surgical principles of ureteric re-anastomosis and reimplantation techniques
- Secondary anal sphincter repair
- Surgical management of rectal prolapse, such as Delorme's procedure and rectopexy

## 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>	<i>CIP 4</i>
Urethral function studies	2	X		
Video-urodynamic function studies	2	X		
Ambulatory urodynamic studies	2	X		
Cystourethroscopy				
○ flexible cystourethroscopy*	5	X		



<b>Procedures</b>	<b>Level by end of training</b>	<b>CIP 2</b>	<b>CIP 3</b>	<b>CIP 4</b>
○ rigid cystourethroscopy*	5	X		
○ operative cystourethroscopy +/- bladder biopsy*	5	X		
Pelvic floor electromyography (EMG)	1	X		
Renal ultrasound	1	X		
Intravenous urogram/CT urogram/MRI urogram	1	X		
Micturating cystogram	1	X		
Isotope renography	1	X		
Ultrasound of the pelvic floor	1	X		
MRI scan of the pelvic floor	1	X		
Barium enema	1	X		
Contrast CT/colonoscopy	1	X		
Anorectal function studies	1	x		
Defecating proctogram	1	X		
Endoanal ultrasound	1	X		
Sacral nerve stimulation	1		X	
Posterior tibial nerve stimulation	1		X	
Teaches clean intermittent self-catheterisation (CISC)	3		X	
Inserts and changes suprapubic catheters	5		X	
Intravesical administration of botulinum toxin, through both rigid and flexible cystoscopes*	5			X
<i>Vaginal surgery for recurrent pelvic organ prolapse:</i>				
○ non-mesh anterior repair (colporrhaphy)*	5			X
○ non-mesh posterior repair (colporrhaphy) *	5			X
○ sacrospinous fixation*	5			X
<i>Abdominal and laparoscopic surgery for pelvic organ prolapse:</i>				
○ Laparoscopic sacrocolpopexy*	5			X
○ Open sacrocolpopexy	1			X
<i>Advanced laparoscopic surgery:</i>				
○ close port sites safely with all entry types	5			X
○ suture using laparoscopic needle holders	5			X
○ undertake intracorporeal and extracorporeal knot tying	5			X
<i>At least two first-line stress urinary incontinence procedures, in line with NICE guidance, and as relevant to local services, e.g.</i>				
○ colposuspension (open or laparoscopic)*	5			X
○ autologous fascial sling *	5			X
Bladder neck injections	5			X



<b>Procedures</b>	<b>Level by end of training</b>	<b>CIP 2</b>	<b>CIP 3</b>	<b>CIP 4</b>
Management of intraoperative bladder injury	5			X
Insertion of ureteric catheters	5			X
<i>Other prolapse procedures e.g.</i>				
o colpocleisis	1			X
o manchester repair	1			X
Repair of enteric fistulae	1			X
Trans-anal repair of rectocele	1			X
Delorme's procedure	1			X
Rectopexy	1			X
Secondary anal sphincter repair	1			X
Artificial urinary sphincter	1			X
Augmentation cystoplasty	1			X
Vesicovaginal fistula repair	1			X
Urethrovaginal fistula repair	1			X
Nephrostomy	1			X
Urinary diversion procedures	1			X
Ureteric re-anastomosis and reimplantation	1			X
Urethral diverticulectomy	2			X
Urethral dilatation	1			X
Surgical management of mesh complications	2			X

**Subspecialty trainees in Urogynaecology will need to acquire the procedural skills listed in this table, and also those listed in the Urogynaecology and Vaginal Surgery SITM procedures table.**

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

<b>Mapping to GPCs</b>
Domain 1: Professional values and behaviours
Domain 2: Professional skills
<ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul>
Domain 3: Professional knowledge
<ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative structure</li> <li>• The health service and healthcare system in the four countries</li> </ul>
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 SST UG CiPs

SST UG CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor has the knowledge, skills and aptitude required for clinical assessment of complex pelvic floor dysfunction		X	X		X	X
2: The doctor selects and performs tests that are appropriate for complex pelvic floor dysfunction and interprets the results	X	X	X	X	X	X
3: The doctor is competent in non-surgical management of complex pelvic floor dysfunction	X	X	X		X	X
4: The doctor provides high-quality surgical treatment for recurrent, less common, or more complex pelvic floor disorders	X	X	X	X	X	X

## Research – Subspecialty Training

### SECTION 1: CAPABILITIES IN PRACTICE (CiP)

**SSTR CiP:** The doctor is able to engage with research and promote innovation within their subspecialty.

Key skills

Descriptors



<b>Demonstrates research skills</b>	<ul style="list-style-type: none"><li>• Is able to demonstrate practice in healthcare research and the different methodologies within their subspecialty.</li><li>• Shows continued engagement in Good Clinical Practice (GCP) and Research and Development (R&amp;D) processes.</li><li>• Engages in ethics and governance processes within research, demonstrating they are able to follow guidelines on ethical conduct and consent for research.</li><li>• Demonstrates involvement in informatics, statistical analysis and emerging research areas within their subspecialty.</li><li>• Shows engagement with national trials within their subspecialty, including patient recruitment, trial monitoring and adverse event reporting.</li><li>• Shows understanding of the role of public and patient involvement within clinical trials.</li><li>• Is able to discuss clinical trials with, and facilitate recruitment of, patients within their subspecialty.</li><li>• Has the ability to translate research into clinical practice within their subspecialty.</li></ul>
<b>Demonstrates critical thinking</b>	<ul style="list-style-type: none"><li>• Is able to develop and critically appraise a research protocol.</li><li>• Is able to critically evaluate clinical trial data to establish the clinically significant outcomes and relevance for clinical practice within their subspecialty.</li><li>• Is able to interpret research findings, reflect on the potential impact on their clinical practice and share this with colleagues and patients.</li><li>• Can develop and critically appraise a patient information leaflet.</li><li>• Is able to interpret research findings within their subspecialty and discuss these when taking informed consent for treatment.</li></ul>
<b>Innovates</b>	<ul style="list-style-type: none"><li>• Demonstrates how their clinical practice has developed from innovative research within their subspecialty.</li><li>• Is able to demonstrate engagement with the introduction of any innovations within their subspecialty, including governance and costs.</li></ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"><li>• National teaching and courses</li><li>• Critical appraisal of protocols/papers</li><li>• Subspecialty journal club presentations</li><li>• GCP re-certification</li><li>• Participation, including recruitment for national multicentre trials</li><li>• Preparation of research protocol/grant applications</li></ul>	<ul style="list-style-type: none"><li>• SIPM in Clinical Research</li><li>• Peer reviewed original research publications relevant to their subspecialty</li><li>• A higher degree such as a PhD or research MD</li></ul>

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|---|--|
| <ul style="list-style-type: none"> <li>• Oral, and/or poster presentations at national/international subspecialty meetings</li> </ul> |  |
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## SECTION 2: PROCEDURES

There are no procedures in this SST Research CiP.

## 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

- Promoting a culture of learning and academic and professional critical enquiry

Domain 6: Capabilities in patient safety and quality improvement

- Quality improvement

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship