**Application for recognition as a subspecialty training centre for Urogynaecology**

To be returned to [subspecialtytraining@rcog.org.uk](mailto:subspecialtytraining@rcog.org.uk)

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| **Name of centre(s):** |  |
| **Address:** |  |
| **Type of application:**  **(delete as appropriate)** | Application for new centre  Reapplication to renew recognition  Application for additional training post\* |
| **Joint applications**  NB. Both centres need to submit their applications for assessment at the same time | Please provide name of partner centre: |
| **Full or part time:**  **(delete as appropriate)** | Full time  Part time  Number sessions/% split clinical/academic: |
| **Funding of post:** |  |
| **No. of posts applying for:** |  |

\* If training opportunities are sufficient for an additional trainee (an additional 60% of caseload), please attach the original application form and updated centre checklists for both generic and subspecialty specific criteria.

If the training opportunities are not sufficient, please complete a new application form detailing the additional training opportunities that have become available since the initial application was submitted and attach updated centre checklists for both generic and subspecialty specific criteria. The criteria checklists can be downloaded from [Approval criteria and checklists](https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainers/delivering-postgraduate-training-in-og/curriculum-resources-for-trainers/subspecialty-training-centres/approval-criteria-and-checklists/)).

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| **Subspecialty Training Programme Supervisor’s full name:** |  |
| **Years as substantive consultant:** |  |
| **Date last attended ARCP/centralised subspecialty assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Deputy Subspecialty Training Programme Supervisor’s full name:** |  |
| **Date last attended ARCP/centralised subspecialty assessment:** |  |
| **GMC recognised trainer?** | Yes/No |
| **Deputy Subspecialty Training Programme Supervisor’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Clinical Director’s full name:** |  |
| **Clinical Director’s GMC number (for UK based doctor only):** |  |
| **Date:** |  |

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| **Head of School’s full name:** |  |
| **Head of School’s GMC number (for UK doctor only):** |  |
| **Date:** |  |

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| **Trainers within centre contributing to subspecialty training**  (other gynaecology and obstetric clinical supervisors, named supervisors from other specialties such as e.g. urologists, colorectal surgeons). | | |
| **Name** | **Role/specialty** | **Sessions per week in subspecialty** |
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| **Accessory centres contributing to subspecialty training in Urogynaecology**   * Please list centres with the training unit where the trainee will undertake a formal placement to achieve specific training objectives which cannot be wholly delivered on site at the lead centre. * A confirmation letter/email from units contributing to delivery of specific training objectives is required, e.g. to ensure adequate caseload for less common procedures. * Written confirmation is not required where existing arrangements are in place for delivery of specific attachments not available on the site of the lead unit   \* Please specify the contribution other centres will make, e.g.:   * what aspect of training will be delivered * how time will be allocated and protected for this training * other trainees who may be impacted and mitigations for this * if the accessory centre is also a subspecialty training centre, what the numbers are in that centre that will be split between more than one subspecialty trainee. | | | |
| **Institution and address** | **Clinical Supervisor** | **Specialty** | **Description\* (see above)** |
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| **Generic areas of subspecialty training**  Please explain how the centre ensures that the Stages one - three of the Core Curriculum 2024 CiPs required during subspecialty training are met (e.g. leadership, teaching, management). |
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| **Cross specialty requirements**  It is a GMC requirement that training must be undertaken in both aspects of the specialty. Please describe how the centre plans to meet the cross-specialty requirements for the clinical CiPs in the Stages one - three of the Core Curriculum 2024 provide cross-specialty supervision. Please include the name of the Educational Supervisor for the cross-specialty CiPs (e.g. obstetrics, elective non-malignant gynaecology). |
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| **On-call commitments**  Please describe the out of hours commitment:   * number days per rota cycle lost due to on call or compensatory rest * whether on calls include daytime, evening or night-time activity * which specialty/subspecialty is covered * what the arrangements are for flexing the on call depending on individual training needs * have previous trainees had training extended due to impact of on call * confirm that RCOG requirements are met [On-call and OOH guidance v1.0](https://www.rcog.org.uk/media/ip0lomdt/on-call-and-ooh-guidance-v10.pdf). |
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| Please provide further information detailing other trainees working within the centre, including research fellows, post CCT fellows, overseas fellows, and describe how the subspecialty training post impacts on O&G specialty and trainees undertaking SITM in Urogynaecology. |
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| Please list a maximum of your last six subspecialty trainees and indicate:   * where they achieved a consultant post * what type of post they were appointed to on completion of their subspecialty training, i.e. a subspecialty, special interest or general post, including if they did not complete subspecialty training * how they obtained research exemption. | | | |
| **Name** | **Subspecialty research method (by SIPM/APM, MD/PhD, publication)** | **Type of post** | **Location** |
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| **Description of subspecialty training centre** (suggested word limit 500 words)  Please describe the unit, including:   * Sites where training/service is delivered, distance between sites, structure of timetable including if different sites would be attended on same day, where the on call is carried out, location of allied specialties. * Size of service, notable expertise, robotic access. * Arrangements for modules and what is the expectation of input into urogynaecology service when trainee allocated to modules? * Number of clinics SST would attend per week and level of supervision. * Average number full days in theatre per week. * Can all aspects of the curriculum be delivered? If not, what are the arrangements? |
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**Please describe links with associated services**

For the allied specialties the SST will need experience of – include the named consultant / supervisor from that specialty, describe how the clinical training is delivered (timetable, location, specific sessions, in gynaecological oncology theatre and other responsibilities during that time that may reduce training time e.g. on-call, urogynaecology commitments).

Diagnostic facilities

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| Urodynamics |
| Radiological ultrasound |
| Endoscopic |
| General gynaecological services |
| Microbiology |
| Medical physics |
| Urology |
| Community |
| Geriatrics |
| Neurology |
| Colorectal |

**Statistics for 20… (numbers have to be within two years of the application)**

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| **Case load** | **Number per year** |
| New referrals for investigation and treatment: |  |
| Referrals from other hospitals (tertiary referrals): |  |
| Referral for urodynamic investigation: |  |
| Other patients investigated in the unit (state type): |  |
| **Investigations** |  |
| Uroflowmetry: |  |
| Cystometry: |  |
| Videocysyourethrography: |  |
| Ambulatory urodynamics: |  |
| Urethral function studies: |  |
| Cystourethroscopy: rigid/flexible: |  |
| Bladder biopsy: |  |
| Renal ultrasound (available on site): | Yes/No |
| Intravenous urogram/CT Urogram/MRI Urogram (available on site): | Yes/No |
| Micturating Cystogram (available on site): | Yes/No |
| Isotope renography (e.g. Mag3) (available on site): | Yes/No |
| Pelvic floor electromyography (available on site): | Yes/No |
| Magnetic resonance imaging (available on site): | Yes/No |
| Ultrasound of pelvic floor (available on site): | Yes/No |
| Anorectal function studies (available on site): | Yes/No |
| Contrast CT colon/colonoscopy (available on site): | Yes/No |
| Defaecating proctogram (available on site): | Yes/No |
| Endoanal ultrasound (available on site): | Yes/No |
| **Referral case mix** | **Number per annum** |
| Lower urinary tract symptoms and/or prolapse: |  |
| Urogenital fistulae/urethral diverticula: |  |
| Mesh complications: |  |
| Other (please specify): |  |
| **Therapy** |  | |
| Medical: |  | |
| Bladder retraining available within the department: | Yes/No | |
| **Surgical** | **Number of procedures per annum** | |
| Urodynamic stress incontinence (total number of primary procedures): |  | |
| Urodynamic stress incontinence (total number of secondary procedures): |  | |
| Colposuspensions (open/laparoscopic/robotic): |  | |
| Midurethral slings: |  | |
| Autologous fascial slings: |  | |
| Bladder neck injections: |  | |
| Detrusor overactivity (total number of surgical procedures excluding botulinum toxin injections): |  | |
| Botulinum toxin injections: |  | |
| Sacral nerve stimulation: |  | |
| Voiding difficulties (intermittent self-catheterisation clinic or uroflowmetry clinic): |  | |
| Pelvic organ prolapse (total number of primary POP): |  | |
| Pelvic organ prolapse (total number of secondary POP): |  | |
| Anterior and posterior repairs: |  | |
| Vaginal hysterectomy: |  | |
| Uterosacral plication or McCall culdoplasty for vault support at hysterectomy: |  | |
| Sacrospinous fixation: |  | |
| Sacrocolpopexy (total open/laparoscopic/robotic): |  | |
| **Individual numbers for laparoscopic/robotic apical procedures:**  Sacrohysteropexy  Sacrocolpopexy |  | |
| Other vaginal procedures (please specify): |  | |

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| Number of gynaecological beds: |  |
| Number of gynaecology theatre lists (per week): |  |
| Number of theatre lists designated for subspecialty (per week): |  |
| Number of theatre lists designated for subspecialty trainee (per week): |  |

Teaching programme

Please describe educational opportunities available and specify how many sessions per month subspecialty trainees would generally attend, excluding general O&G specialty training and attending multi-disciplinary teams (MDTs)/teaching ward rounds/clinics.

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| Postgraduate lectures/seminars |
| Clinical meetings/journal club/case review sessions/mortality and morbidity |
| Courses (internal) |
| Other |

Research and audit programme

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| Named research supervisor: |
| Have all non-research exempt trainees on a three-year programme attained the research component of their subspecialty training? |
| Is the centre able to deliver the SIPM in Clinical Research? |
| Detail current research activity and departmental research projects related to Urogynaecology in principal and contributing institutions |
| List current open research studies |
| List ongoing urogynaecology audits |
| List research grants/chapters in books/Cochrane reviews/national and international presentations which have had urogynaecologists from the centre listed as authors, over the last three years – highlighting those where trainees were involved. |
| List of relevant publications from the gynae oncology department in the last three years, including highlighting those which had trainees as authors. |

**Training requirements and learning guidelines**

1. Please submit detailed timetables for the training programme including sample weekly timetables to show clinic, MDT, theatre, ward round, research and other commitments, and planned timetabling for the allied specialty attachments including time allocated to these and any other responsibilities concurrent with them.
2. If the application is for two programmes it is necessary to submit detailed timetables for both, indicating how the two programmes dovetail providing evidence that the centre has sufficient workload and supervisory capacity to support two subspecialty trainees.
3. Please attach the Curriculum Vitae and weekly timetable of Subspecialty Training Programme Supervisor (STPS) and Deputy Subspecialty Training Programme Supervisor (DSTPS).

Version 1.0 approved by the Subspecialty Committee – May 2024.

How we use your information

In accordance with the General Data Protection Regulation (GDPR) 2016 and Data Protection Act (DPA) 2018, the RCOG will process your personal data to provide you with your member benefits and services, and to carry out its day-to-day business. RCOG requires the above information to process the application of your centre recognition. We will store your personal information including name, nationality, date of birth, address, telephone number, email address, employment status and location, RCOG No. and educational information. Your name and RCOG number will be used to verify your identity.

Where RCOG is required to confirm details of your qualifications and membership, we will only share this data with bona fide third parties. These include governmental and medical regulatory bodies, educational institutions and prospective employers. The information will only be released where there is a statutory, regulatory or lawful basis to do so and RCOG will obtain your consent where we do not.

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