**Urogynaecology specific centre criteria checklist (as approved by BSUG) – Curriculum 2024**

These numbers should be considered along with the preceding proposal which explains how they will be applied when reviewing applications for recognition. Subspecialty centres must be able to deliver all aspects of the subspecialty curriculum. If there are some aspects of some modules that are to be delivered outside the centre in an alternative GMC approved training unit, they must be clearly described on the application form.

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| **Domain assessed** | **Criteria** | **Criterion Met** | **Please indicate page number on application form** |
| 1. **Unit workload**1 & 2 | Minimum number of theatre lists undertaken by designated consultant urogynaecologists is three sessions/week.  Minimum number of urogynaecology outpatient clinics is two sessions/week.  Minimum number of urodynamics clinics is four sessions/week (mix of consultant and nurse led-clinics).  Minimum number of new urodynamic referrals is greater than 400/annum.  Minimum number of new urogynaecology referrals is greater than 750/annum.  Referrals should come from at least three other units (demonstration of tertiary practice). | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |  |
| 1. **Operations per annum**1 & 2 | Surgical procedures on-site or easily accessed within same service organisation:   * greater than 40 primary procedures for stress urinary incontinence (SUI) (excluding urethral bulkers), which could be a combination of the following: colposuspension (open/lap/robotic), autologous fascial slings or mid urethral tape for primary stress urinary. incontinence , with adequate numbers to allow training in at least two of the procedures (minimum 15 each). * greater than 20 cases of intra detrusor botulinum toxin A injections * greater than 20 cases urethral bulking agents * greater than 100 cases undergoing one or more vaginal operations for pelvic organ prolapse * greater than 30 procedures for vault prolapse/year (mix of sacrocolpopexy and sacrospinous fixation) * greater than 10 procedures for recurrent/failed prolapse surgery * greater than 10 procedures for recurrent/failed SUI surgery * greater than 50 diagnostic cystoscopies including flexible and rigid cystoscopy (non SUI procedure cystoscopies) * greater than 20 Laparoscopic/Robotic apical procedures (i.e. sacrocolpopexy and/or sacrohysteropexy/cervicopexy). | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |  |
| Unit should perform or have arrangements in place for trainee to access training in minimal access hysterectomies. | Yes / No |  |
| Mesh centre   * Unit must be able to provide access for trainees to attend specialist mesh services (clinics, multi-disciplinary team and operating lists) either within service or via regional mesh centre. | Yes / No |  |
| 1. **Conservative Therapies**1 & 2 | Conservative therapies on site or easily accessed within same service organisation:   * Nurse led urodynamics clinics are at least two sessions/week. * Women’s health physiotherapist with range of physical therapies for pelvic floor dysfunction * Bladder training clinic is one session/week * Nurse led ISC is available for outpatients.   Other clinics:   * Perineal clinic/management of third degree tears at specific clinic is one session/month * Availability to perform video urodynamics3 * Availability for ambulatory urodynamics | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |  |
| 1. **Service Organisation** | At least two accredited subspecialist consultants in Urogynaecology within unit.  Regular multidisciplinary team meetings. | Yes / No  Yes / No |  |
| Monthly audit meetings and/or risk management meetings. | Yes / No |  |
| Easy access (less than 30 minutes) and within same service organisation for all the following**:**   * Urology * Coloproctology * Medical Physics * Care of the Elderly * Physiotherapy * Anorectal physiology including anorectal ultrasound * Neurology including Multiple Sclerosis clinics and neurophysiology | Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No  Yes / No |  |
| On-call arrangements   * No scheduled obstetric or gynaecology on call interfering with elective urogynaecology activities. | Yes / No |  |

1 Data should be for a 12 month period in the preceding two years.

2 If applying for two trainees procedure numbers should be at least minimum for one trainee and 60%. If applying for two trainees across two centres, each centre requires at least the minimum for one trainee.

3 Preferable but not essential on site.

Version 1.0 approved by the Subspecialty Committee - May 2024