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**
Takes and presents a urogynaecological history in patients with urinary, bowel, pelvic organ prolapse and sexual problems	• Takes and presents an appropriate history, including the impact on quality of life. • Uses terminology in accordance with the International Continence Society. • Communicates patient's symptoms effectively and understands their severity and social and psychological impact.
Uses standardised assessment tools when assessing patients	• Uses a clinical history and a bladder diary to make an initial diagnosis. • Selects appropriate standardised symptom and quality of life questionnaires.
Performs a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction	• Performs an appropriate examination, elicits abdominal and pelvic signs, and highlights relevant findings to the team. • 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. • Performs a neurological examination to assess neurological conditions that may affect the pelvic floor, and for perineal denervation. • Puts clinical findings in the context of the patient's symptoms.
Communicates and links with members of local and regional multidisciplinary teams	• Communicates the significance of clinical findings to the patient and multidisciplinary team. • Recognises indications and refers appropriately to specialist centres (eg mesh complications, fistula).
Evidence to inform decision	
• Reflective practice	• Tailored clinical experience

• TO1/TO2 (including SO) • Attend urogynaecology clinics • Case discussion and observation of senior medical staff • Personal study	• Feedback from trainer • CbD • Mini-CEX • Evidence of attendance at appropriate courses

Knowledge criteria

- The terminology used for pelvic floor dysfunction
- The relationship between pelvic floor symptoms and other medical conditions, including neurological conditions and their impact on the pelvic floor
- An understanding of evidence-based guidance
- 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	• Requests and interprets results of urinalysis and formal urine culture and cytology. • Assesses urinary residual by bladder scan. • Undertakes urodynamics according to the standards set down in the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net). • Undertakes urodynamic investigation according to national standards. • Demonstrates an understanding of fluid dynamics, bladder, and urethral function. • Understands the basic principles of urodynamic testing. • Demonstrates an ability to set up, use and maintain the equipment. Takes the measures necessary to achieve quality control of the equipment. • Explains the relevance of the test findings. • Is able to understand the impact of results on clinical management.
Refers for further investigation and management when appropriate	• Recognises indications for more advanced urodynamic assessment (ie video urodynamics, ambulatory urodynamics and urethral function studies) and refers appropriately. • Identifies available modalities and indications for imaging the

	urinary tract and makes appropriate requests. • Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.

Evidence to inform decision

• Reflective practice
• Direct observation of senior colleagues
• Attendance at local, deanery and national teaching and meetings:
  ○ attendance at a national urodynamics course
  ○ attendance at a national or regional anatomy teaching course
• Confirmed participation in multidisciplinary team meetings and clinics
	• Leads critical incident review
	• OSATS:
	  ○ standard urodynamics (cystometry)
	  ○ bladder scan
	• CbD
	• Mini-CEX
	• TO1/TO2 (including SO)

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	• Recognises the importance of non-surgical management in the treatment pathway and explains this to patients. • Manages patients using agreed clinical pathways and evidence-based guidelines. • Is aware of referral of patients to physiotherapists and nurse specialists at an early stage in the treatment pathway. • Works in a multidisciplinary team and liaises appropriately with community continence services. • Counsels patients on containment measures and support groups.

Demonstrates conservative management of overactive bladder syndrome	• Analyses charts (frequency, frequency/volume, input/output) and counsels the patient accordingly. • Recognises the role of drug therapy for patients with overactive bladder symptoms, including pharmacological action, interactions and adverse effects. • Implements drug therapy appropriately and counsels patients on its success and adverse effects. • Manages patients with mixed urinary incontinence as part of a multidisciplinary team.
Demonstrates conservative management of stress urinary incontinence (SUI)	• Assesses pelvic floor strength. • Instructs patients on the role of pelvic floor muscle assessment and training, and other physical therapies, and refers on to colleagues, as appropriate.
Demonstrates non-surgical management of pelvic organ prolapse	• Assesses and manages complications of vaginal pessaries as part of a multidisciplinary team, referring on to other specialities as appropriate.
Recognises indications for anorectal investigation and treatment	• Counsels patients on simple treatments for faecal incontinence and obstructive defaecation and refers appropriately.

Evidence to inform decision

• Reflective practice • Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist • Attend a continence clinic and observe continence nurse • Confirmed participation in multidisciplinary team clinics and meeting	• Demonstrates adequate exposure to managing pelvic floor dysfunction using non-surgical methods during training • CbD • Mini-CEX • Feedback with trainer • TO1/TO2 (including SO) • Attendance at local/deanery teaching or training days/courses

Knowledge criteria

- The role of pharmacology in pelvic floor dysfunction, including mechanism of action, adverse effects, and interaction, for treatment of:
    - overactive bladder syndrome
    - nocturnal frequency and nocturia
    - stress urinary incontinence
    - painful bladder syndrome
    - use of hormone replacement therapy, including vaginal oestrogen
- Use of different charts to assess intake and/or output of urine and to assess and treat patients

with excessive voiding patterns
- Principles of pelvic floor muscle training and role of different physical therapies
- Principles of bladder retraining and how to instruct patients on this treatment
- Non-surgical management of pelvic organ prolapse
- The indications for and fitting of ring, shelf, and other pessaries
- Basic understanding of anorectal dysfunction, faecal urgency, and incontinence

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	• Formulates a management plan and modifies it, if necessary. • Counsels on the different surgical options for prolapse and incontinence, including non-surgical alternatives, complications, and outcomes. • Demonstrates ability to take informed consent for surgery accordingly.
Demonstrates safe surgical practice	• Recognises the indications and complications of surgical procedures in the management of pelvic floor dysfunction. • Selects patients appropriately for vaginal prolapse and/or continence surgery. • Performs surgery for primary incontinence and prolapse in a fluent and safe manner. • Recognises the clinical findings which need onward management from a multidisciplinary team, including urology and sub-specialist urogynaecologists. • Counsels on remaining NICE-approved primary procedures for stress urinary incontinence.
Manages postoperative complications, including voiding difficulty	• Advises nursing staff on catheter management following continence surgery. • Supervises a patient undergoing a programme of intermittent self-catheterisation. • Recognises the role of other specialists in the management of surgical complications.
Recognises indications for referral to sub-specialist teams	• Demonstrates an understanding of the different available surgical procedures for apical prolapse, including their indication and how to refer on for them, if required.
Actively participates in clinical audit	• Commits to audit of procedures, according to guidelines. • Uses nationally recommended databases, such as the BSUG Audit Database.

	• Engages in local audits and leads a minimum of one audit a year, which must include one surgical audit.

Evidence to inform decision

- Reflective practice
- Non-Technical Skills for Surgeons NOTSS
- Attendance at postoperative ward rounds
- Attendance at risk management meetings
- Direct observation/consultant supervision within the module
- Attendance at multidisciplinary team (MDT) meetings
- Participation and completion of audit
- Tailored clinical experience under supervision:
  - personal study
  - appropriate postgraduate education courses and reading
  - recording outcomes on national databases (egBSUG Audit Database)
- OSATS:
  - rigid cystourethroscopy
  - anterior vaginal wall repair (colporrhaphy)
  - posterior vaginal wall repair ± perineorrhaphy
  - vaginal hysterectomy
  - sacrospinous fixation
  - colposuspension (open or laparoscopic)
  - autologous fascial sling
- CbD
- Feedback from trainer
- TO1/TO2 (including SO)
- Mini-CEX

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

Procedures	*Level by end of training*	*CIP 2*	*CIP 3*	*CIP 4*
Standard urodynamics (cystometry)*	5	X		
Bladder scan	5	X		
Inserts and changes pessaries	5		X	
Rigid cystourethroscopy*	5			X
Vaginal surgery for primary pelvic organ prolapse				
○ 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
One first line procedure for primary stress urinary incontinence in line with NICE guidance and as relevant to local services, eg				
○ 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)

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 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