



Curriculum 2024 Guide for Special Interest Training Module (SITM): Urogynaecology and Vaginal Surgery (UGVS)

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1. The Urogynaecology and Vaginal Surgery SITM

This SITM is aimed at learners with an interest in urogynaecology. Learners will learn how to competently assess and investigate women with pelvic floor dysfunction, and provide treatment using surgical and non-surgical means. After completing the SITM, learners will be able to provide a comprehensive urogynaecological service encompassing the care of women with pelvic floor dysfunction, and recognise when referral to tertiary care is appropriate.

This SITM contributes to the subspecialty training (SST) curriculum for Urogynaecology. Learners who have completed part, or all, of this SITM will not need to evidence these key skills and competencies again if they go on to take the Urogynaecology SST.

As the learner progresses through the SITM, they will obtain the knowledge and skills to manage a wide range of urogynaecological problems. 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 Urogynaecology and Vaginal Surgery (UGVS) Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Urogynaecology and Vaginal Surgery 2024 SITM is made up of four UGVS CiPs.

If undertaking the module full time, it is expected to take 18–24 months of training. 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 UGVS SITM:



3. Capabilities in Practice (CiPs)

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Communicates the significance of clinical findings to the patient and multidisciplinary team. • Recognises indications and refers appropriately to specialist centres (e.g. mesh complications, fistula).
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • TO1/TO2 (including SO) • Attend urogynaecology clinics • Case discussion and observation of senior medical staff 	<ul style="list-style-type: none"> • Tailored clinical experience • Feedback from trainer • CbD • Mini-CEX



<ul style="list-style-type: none"> Personal study 	<ul style="list-style-type: none"> Evidence of attendance at appropriate courses
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Recognises indications for more advanced urodynamic assessment (i.e. 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.



	<ul style="list-style-type: none"> Identifies available modalities and indications for investigating bowel symptoms and makes appropriate requests.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> Reflective practice Direct observation of senior colleagues Attendance at local, deanery and national teaching and meetings: <ul style="list-style-type: none"> attendance at a national urodynamics course attendance at a national or regional anatomy teaching course 	<ul style="list-style-type: none"> Confirmed participation in multidisciplinary team meetings and clinics Leads critical incident review CbD Mini-CEX TO1/TO2 (including SO)
Mandatory requirements	
<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> standard urodynamics (cystometry) 	
Knowledge criteria	
<ul style="list-style-type: none"> Relevant anatomy and physiology, and pathophysiology of pelvic floor conditions Indications for and methods of urodynamic testing, including: <ul style="list-style-type: none"> 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"> 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.



	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Counsels patients on simple treatments for faecal incontinence and obstructive defaecation and refers appropriately.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • 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"> ○ 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Tailored clinical experience under supervision: <ul style="list-style-type: none"> personal study appropriate postgraduate education courses and reading recording outcomes on national databases (e.g. BSUG Audit Database) CbD Feedback from trainer TO1/TO2 (including SO) Mini-CEX
Mandatory requirements	
<ul style="list-style-type: none"> OSATS: <ul style="list-style-type: none"> rigid cystourethroscopy anterior vaginal wall repair (colporrhaphy) posterior vaginal wall repair ± perineorrhaphy vaginal hysterectomy sacrospinous fixation colposuspension (open, laparoscopic or robotic) autologous fascial sling 	
Knowledge criteria	
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the UGVs 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 UGVS CiP.

Statement of Expectations for the UGVS SITM	
Meeting expectations for the UGVS CiP1	<p>Learners are meeting expectations and can independently take and present an urogynaecological history in patients with urinary, bowel, pelvic organ prolapse and sexual problems. Learners are confident using standardised assessment tools when assessing patients.</p> <p>Learners can perform a general, pelvic floor and neurological examination to clinically assess pelvic floor dysfunction, and use clinical assessment to formulate a differential diagnosis. They are able to use the information acquired to plan further investigations and begin to create appropriate individualised management plans.</p> <p>Learners are able to communicate the significance of findings to the patient and multidisciplinary team, and recognise indications for appropriate referral to specialist centres.</p>
Meeting expectations for the UGVS CiP2	<p>Learners are meeting expectations and can perform, understand and interpret appropriate investigation for assessment of pelvic floor and functional bladder symptoms, undertaking urodynamics according to the standards set down in the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net).</p> <p>Learners are able to explain investigations to the patient, conveying what this means for their treatment, and recognise when further investigations or referral are required.</p>
Meeting expectations for the UGVS CiP3	<p>Learners are meeting expectations and can demonstrate conservative, non-surgical management of pelvic floor dysfunction, recognise the importance in the treatment pathway, and explain this to patients.</p> <p>Learners are able to work in a multidisciplinary team and liaise appropriately with physiotherapists, nurse specialists and community continence services.</p> <p>Learners can implement drug therapy appropriately, and assess and manage complications of vaginal pessaries.</p>



	Learners are able to counsel patients on simple treatments for faecal incontinence and obstructive defecation, referring for relevant investigations and treatment.
Meeting expectations for the UGVS CiP4	<p>Learners are meeting expectations and can recognise the indications and complications of surgical procedures used in the management of pelvic floor dysfunction.</p> <p>Learners are able to counsel patients on the different surgical options for prolapse and incontinence, according to NICE guidance, including non-surgical alternatives, complications and outcomes, and can take informed consent.</p> <p>Learners select patients appropriately for vaginal prolapse and continence surgery, perform surgery in a safe and fluent manner, and manage postoperative complications.</p> <p>Learners recognise when a patient should be referred for subspecialist management, and actively participate in clinical audit of procedures, according to guidelines.</p>

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in urogynaecology. 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 Urogynaecology and Vaginal Surgery special interest doctor and at MDT meetings.

5. Procedures associated with the UGVS 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	CiP2	CiP3	CiP4
Standard urodynamics (cystometry)*	5	X		



Procedures	Level by end of training	CiP2	CiP3	CiP4
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, e.g.				
○ colposuspension (open, laparoscopic or robotic)*	5			X
○ autologous fascial sling*	5			X

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.

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.

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](#) for 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.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Local, Deanery and National Teaching
<ul style="list-style-type: none"> Case-based discussions (CbD) 	<ul style="list-style-type: none"> RCOG (and other) eLearning
<ul style="list-style-type: none"> Mini-Clinical Evaluation Exercise (Mini-CEX) 	<ul style="list-style-type: none"> Attendance at relevant conferences and courses
<ul style="list-style-type: none"> Discussion of correspondence Mini-CEX 	<ul style="list-style-type: none"> Procedural log
<ul style="list-style-type: none"> Reflective practice 	<ul style="list-style-type: none"> Case log
<ul style="list-style-type: none"> Team observation (TO2), including self-observation (SO) 	<ul style="list-style-type: none"> Case presentations
<ul style="list-style-type: none"> NOTSS 	<ul style="list-style-type: none"> Quality improvement activity

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 UGVS CiP:

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 who have pelvic floor dysfunction.		X	X		X	X
2: The doctor selects and performs tests appropriate for common urogynaecological presentations and	X	X	X		X	X



UGVS CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
interprets the results.						
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

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 UGVS SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post. However, this will also depend on the training opportunities available for their chosen SITMs.

If the learner wants to become a subspecialist in Urogynaecology, the UGVS SITM is suitable to undertake before appointment to a Urogynaecology SST training programme. The subspecialty curriculum builds on this SITM and is included in the subspecialty curriculum for Urogynaecology. Any evidence collected during SITM training and/or completed CiPs will count toward completion of SST. This will make the learner more competitive to succeed at subspecialty interview.

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 of Urogynaecology](#)

Find out more at
rcog.org.uk/curriculum2024



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