



**INSTITUTE OF  
OBSTETRICIANS &  
GYNAECOLOGISTS**

ROYAL COLLEGE OF  
PHYSICIANS OF IRELAND

Post CSCST TRAINING IN

# OBSTETRICS AND GYNAECOLOGY

## Urogynaecology



**This curriculum of training in Urogynaecology under the specialty of Obstetrics and Gynaecology was developed in 2017 and undergoes an annual review by the Subject Matter Expert Suzanne O’Sullivan, Dr Ann O’Shaughnessy, Head of Education, Innovation & Research and by the Training Committee. The curriculum is approved by the Faculty of Obstetrics & Gynaecology.**

Version	Date Published	Last Edited By	Version Comments
0.0	01/07/2017	Ann Coughlan	New Curriculum

## Table of Contents

Introduction .....	4
Entry Requirements .....	5
Recruitment and Selection.....	5
Duration and Organisation of Training .....	5
Training Programme .....	5
Trainee Numbers .....	5
ePortfolio .....	5
Programme Management.....	6
Specialty Section .....	7
Basic Skills .....	8
General urogynaecology assessment .....	10
Examination .....	11
Investigations.....	12
Multiprofessional working (allied specialties) .....	14
Surgical skills .....	15
Documentation of Minimum Requirements for Training .....	17

## Introduction

This 1 year post CSCST Fellowship concerned with Urogynaecology, Urodynamics and Vaginal Surgery is designed to dovetail with the Irish Higher Specialist Training programme in Obstetrics and Gynaecology. It takes into account the major areas of competence required by the sub-specialist in Urogynaecology and will be supervised by the Faculty of Obstetrics and Gynaecology of the Royal College of Physicians in Ireland. The programme will provide the clinical foundation for managing women with pelvic floor disorders and future development of an interest in urogynaecology.

This programme is designed for people with a desire to practise Urogynaecology as a special interest.

On completion, individuals should:

- understand the basics of Urogynaecology
- MDT in the management of pelvic floor disorders
- be able to take a history and examine patients with pelvic floor disorders
- work as a multidisciplinary team and understand the role of related specialties
- undertake basic investigations including laboratory urodynamics
- understand the role for more advanced investigations such as video urodynamics and ambulatory urodynamics
- undertake primary continence and prolapse surgery
- understand the role of complex and re-do pelvic floor surgery
- understand regional referral pathways for complex and recurrent cases
- understand the importance of audit
- be able to use evidence-based guidelines and write new guidelines where needed.

Urodynamic investigations are an essential component in the management of women who present with lower urinary tract symptoms. This module is designed to equip individuals with the knowledge and skills required to undertake urodynamic investigations within the correct clinical context. Once the programme is successfully completed a clinician should be able to;

- Undertake an appropriate urogynaecological clinical evaluation.
- Perform all relevant urodynamic investigations.
- Establish a diagnosis and formulate a treatment plan.
- Effectively communicate the information required to both the patient and colleagues.

## Entry Requirements

Applicants for the Post CSCST Fellowship in Urogynaecology will have successfully completed the RCPI Higher Specialist Training programme in Obstetrics and Gynaecology within two years of the start date of the Post CSCST Fellowship programme.

Prior experience in Urogynaecology during Obstetrics and Gynaecology training would be an advantage.

## Recruitment and Selection

Post CSCST Fellowship training in Urogynaecology will build on broad basic and early core specialist training in Obstetrics and Gynaecology. This is in line with training models internationally. Selection of candidates for Post CSCST Fellowship training in Urogynaecology will be via a competitive recruitment process coordinated by the relevant Training Body. Recruitment will follow similar timeline where possible to HST recruitment and post will commence in July of each year (unless otherwise specified).

## Duration and Organisation of Training

The Post CSCST Fellowship in Urogynaecology is a one year training programme designed to dovetail with the Irish Higher Specialist Training programme in Obstetrics and Gynaecology. The curriculum is competency-based, however it is anticipated that the candidate will complete training within one year.

The curriculum takes into account the major areas of competence required by the subspecialist in Urogynaecology and will be supervised by the Faculty of Obstetrics and Gynaecology of the Royal College of Physicians in Ireland. Doctors who have successfully completed the RCPI Higher Specialist Training programme in Obstetrics and Gynaecology and are within two years of completion will be deemed eligible to apply for the Post CSCST Fellowship in Urogynaecology. Completion of this program will ensure the knowledge and competencies in all areas of the curriculum, meeting international standards for best practice and allowing candidates to practice as a subspecialist in Urogynaecology.

## Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Urogynaecology in approved training hospitals. Each post within the programme will have a named trainer/educational supervisor and the programme will be under the direction of the National Specialty Director for Obstetrics and Gynaecology.

## Trainee Numbers

It is expected that the Post CSCST Fellowship in Urogynaecology will be awarded to one candidate per year.

## ePortfolio

The trainee will be required to keep their ePortfolio up to date and maintained throughout their Fellowship training. The ePortfolio will be countersigned as appropriate by the Trainer to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the Trainee and must be produced at the end of year Evaluation meeting. At the end of year Evaluation, the ePortfolio will be examined. The results

of any assessments and reports by the named trainer/educational supervisor, together with other material capable of confirming the trainee's achievements, will be reviewed.

### **Programme Management**

- Coordination of the training programme will lie with the Medical Training Department.
- The training year will usually run from July to July in line with HST programmes
- Annual evaluations will usually take place between April and June each year
- Each trainee will be registered to the ePortfolio and will be expected to fulfil all requirements relating to the management of yearly training records
- Opportunities for audit and research may be available
- Each trainee will be issued with a training agreement on appointment to the training programme and will be required to adhere to all policies and procedures relating to Post CSCST Fellowships.

## **Specialty Section**

## Basic Skills

### Objective:

The objective is to equip individuals with the knowledge and skills required to undertake urodynamic investigations within the correct clinical context including the ability to:

- Undertake an appropriate urogynaecological clinical evaluation.
- Perform all relevant urodynamic investigations.
- Establish a diagnosis and formulate a treatment plan.
- Effectively communicate the information required to both the patient and colleagues.

### Knowledge

- History to include assessment of symptoms, severity and quality of life
- Examination to include neurological assessment, prolapse staging, assessment of bladder neck mobility and demonstration of stress incontinence
- Investigations prior to urodynamics including urinalysis, MSU, frequency volume charts and pad test.
- Patient counseling prior to performing a urodynamic investigation
- Knowledge and appropriate use of ICS terminology

### Skills

- Calibration of flow transducers. Calibration of Urethral Pressure Profile (UPP) withdrawal machine. Use of appropriate pump filling speeds.
- Familiarity with three-way taps including flushing, zeroing and recording of pressures
- Uroflowometry
  - a. Understand the indication for the investigation
  - b. Explain the procedure to the patient
- Correct interpretation of the results and identification of any artefacts
- Residual Urine Volume
  - a. Measurement by ultrasound
  - b. Measurement by catheterisation
- Filling/Voiding Cystometry
  - a. Explain the procedure to the patient
  - b. Zeroing of pressure transducers
  - c. Perform the test in accordance with ICS recommendations in terms of catheterisation, position, filling speed, provocation tests and voiding cystometry
  - d. Comment on the quality of their trace obtained including any artifacts
  - e. Describe and interpret the results giving an accurate diagnosis.
  - f. Provide appropriate treatment recommendations

**Assessment and Learning Methods**

- Urethral Function Tests
  - Trainees should undertake a minimum of five UPP investigations. They should be in a position to explain the test to a patient. Perform the procedure and obtain good quality traces and interpret the results

## General urogynaecology assessment

### History

**Objectives:** To demonstrate the knowledge, skills and attitudes required for clinical assessment of pelvic floor dysfunction.

- Understand the different facets of obtaining a urogynaecological history
- Obtain a general history.
- Obtain urinary/prolapse/bowel history.
- Assess impact of symptoms on quality of life (QoL) and be familiar with tools for objective assessment of pelvic floor dysfunction.

### Knowledge

- Terminology used for pelvic floor dysfunction
- Relationship between pelvic floor symptoms and other medical conditions
- Bladder diaries
- Validated questionnaires used in urogynaecology
- Evidence-based guidance
- Take an appropriate history
- Present a relevant urogynaecological history including impact of condition on QoL
- Interpret bladder diaries
- Able to select appropriate standardised symptom and QoL questionnaires

### Skills

- Ability to take an appropriate history and use terminology in accordance with the International Continence Society
- Ability to use clinical history and bladder diary to make an initial diagnosis
- Ability to communicate patient's symptoms and understand their severity and social and psychological impact
- Ability to select and analyse appropriate questionnaires
- Ability to use evidence-based guidance in clinical practice

### Assesment and learning

- Attend urogynaecology clinics
- Case discussion and observation of senior medical staff
- Record of cases seen
- CBD

## Examination

**Objectives:** To be able to carry out a competent examination.

- o Undertake a general examination.
- o Undertake a pelvic examination and be familiar with standardised methods of assessment of pelvic organ prolapse.
  
- o Undertake a relevant neurological examination.

## Knowledge

- Examination findings relevant to pelvic floor disorders
- Examination findings relevant to patients with pelvic organ prolapse
- Neurological findings in denervation of the pelvic floor
- Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)
- Objective methods for assessment of pelvic organ prolapse

## Skills

- Perform an appropriate general pelvic floor and neurological examination
- Ability to carry out a relevant examination and elicit abdominal and pelvic findings
- Ability to describe stage of pelvic organ prolapse using a recognised method
- Ability to perform neurological examination of the S4 pathway
- Ability to communicate significance of clinical findings to the patient
- Ability to put clinical findings in the context of the patient's symptoms

## Assessment and learning

- Attend supervised clinics
- Observation of senior medical staff, assisting and case discussion with senior staff
- Record of cases seen
- CBD

## Investigations

### Objectives:

- To be able to select appropriate tests, carry out the test proficiently and interpret the results.
- Initial assessment of pelvic floor symptoms and signs.
- Learn to interpret results of laboratory investigations in the context of the patient's symptoms

### Knowledge

- Relevant anatomy and physiology
- Urodynamics including:
  - urine culture and cytology
  - pad tests
  - assessment of urinary:
    - residual
    - uroflowmetry
    - subtracted dual-channel cystometry
- Modalities for imaging the urinary tract
- Indications for advanced urodynamics (i.e. video urodynamics, ambulatory urodynamics and urethral function studies)

### Skills

- Perform appropriate investigation
- Understands when to refer for further investigation
- Ability to assess urinary residual by bladder scan
- Ability to describe tests to patient and refer to relevant specialist
- Ability to explain the relevance of the test findings to the patient and to communicate the results with sensitivity
- Ability to make appropriate requests for imaging of the lower urinary tract
- Ability to understand the impact of results on clinical management
- Awareness of regional referral pathways and role of regional subspecialist in the management of complex cases

### Assessment and learning

- Direct observation of senior colleagues
- Completion of urodynamics module
- Multidisciplinary team meetings

- Urodynamics case log book
- OSATS (a trainee should complete ten, showing contemporaneous evidence of progression to full competency; at least five should indicate competency in all technical aspects)
- CbD

## Multiprofessional working (allied specialties)

### Objectives:

- To be able to select an appropriate conservative treatment pathway.
  - o Learn to refer to appropriate discipline or specialty for further investigation or treatment.
  - o Understand and set treatment goals.
  - o Know how to contribute to the multidisciplinary team

### Knowledge

- Pharmacological action and adverse effects of antimuscarinics
- Principles of pelvic floor muscle training and role of different physical therapies
- Principles of bladder retraining
- Non-surgical management of pelvic organ prolapse
- Basic understanding of anorectal dysfunction

### Skills

- Understand the role of drug therapy for women with overactive bladder symptoms
- Understand the role of pelvic floor re-education in female urinary incontinence
- Understand the indications for vaginal pessaries
- Understand the indications for anorectal investigation
- Ability to recognise the importance of nonsurgical management in the treatment pathway
- Ability to prescribe appropriately and counsel on success and adverse effects
- Ability to instruct a patient in bladder training
- Awareness of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway
- Ability to work in a multidisciplinary team and to liaise appropriately with community continence services
- Ability to counsel patients on containment measures and support groups
- Ability to counsel, select and fit an appropriate vaginal pessary for pelvic organ prolapse
- Ability to counsel on simple treatments for faecal incontinence and refer appropriately

### Assessment and learning

- Attend a physiotherapy clinic
- Observe multidisciplinary case discussion
- Case log book
- CBD

## Surgical skills

### Objectives:

- To be clinically competent in assessment prior to surgery for stress urinary incontinence (SUI) and pelvic organ prolapse (POP).
- To understand and be able to counsel patients on the prognosis and complications of surgery for SUI and POP.
- To be clinically competent in undertaking vaginal hysterectomy and colporrhaphy as primary surgery for POP.
- To be clinically competent in undertaking a mid-urethral tape procedure as primary surgery for SUI.
- To be able to manage common complications of vaginal surgery and understand when to involve other specialists.
- To understand indications for referral to a urogynaecology subspecialist.

### Knowledge

- Knowledge of equipment, diathermy instrumentation and theatre set-up
- Awareness of potential surgical complications
- Understand the management of major haemorrhage
- Understand the indications and complications of the following procedures:
  - cystoscopy
  - colposuspension
  - mid-urethral slings
  - bladder neck injections
- Knowledge of surgical management of detrusor overactivity
- Knowledge of surgical management of faecal incontinence
- Knowledge of surgical procedures for recurrent POP and SUI

### Skills

- Be able to perform and manage complications of the following procedures:
  - cystoscopy
  - anterior repair
  - posterior repair
  - vaginal hysterectomy
  - mid-urethral tape (TVT or TOT)(It is estimated that a trainee will need to complete a **minimum** of 20 of each type of procedure before independent competency is assessed)
- Able to manage postoperative voiding difficulty
- Recognise indications for referral
- Recognise referral to subspecialist
- Select patients appropriately for vaginal surgery
- Counsel on vaginal surgery including nonsurgical alternatives, surgical complications and outcome

- Perform vaginal and stress continence surgery in a fluent and safe manner
- Recognise and appropriately manage intraoperative visceral injury including repair of simple operative bladder injury and postoperative bladder drainage
- Instruct nursing staff on catheter management following continence surgery
- Supervise a patient undergoing a programme of intermittent self-catheterisation
- Recognise role of other specialists in the management of surgical complication

### **Assessment and learning**

- Training programme
- Direct observation/consultant supervision within the module
- Case log book
- OSATS x 10 (a trainee should be able to show contemporaneous evidence of progression in surgical competence and have achieved full competency for each surgical procedure)
- CBD

## Documentation of Minimum Requirements for Training

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
<b>Section 1 - Training Plan</b>				
<b>Personal Goals Plan</b> (Copy of agreed Training Plan for the module signed by both Trainee & Trainer)	Required	1	Specialty Module	Form 052
<b>Weekly Timetable</b> (Sample Weekly Timetable for module)	Required	1	Specialty Module	Form 045
<b>On Call Rota</b> (where appropriate)	Required	1	Specialty Module	Form 064
<b>Section 2 - Training Activities</b>				
<b>Urogynaecology clinics (min 3 per week)</b>	Required	120	Specialty Module	Form 001
<b>Clinics</b>				
Attendance at Physiotherapy clinic	Required	1	Specialty Module	Form 001
<b>Procedures/Practical Skills/Surgical Skills</b>				
Cystoscopy	Required	10	Specialty Module	Form 004
Anterior Repair	Required	10	Specialty Module	Form 004
Posterior Repair	Required	10	Specialty Module	Form 004
Vaginal Hysterectomy	Required	10	Specialty Module	Form 004
Mid-urethral tape (TVT or TOT)	Required	10	Specialty Module	Form 004
<b>Courses</b>				
Urodynamics Course	Required	1	Specialty Module	Form 006
<b>In-house activities</b>				
MDT Meeting	Required	1	Specialty Module	Form 011
<b>Section 3 - Educational Activities</b>				
Teaching Basic Practical Skills	Required	1	Specialty Module	Form 013
<b>Section 4 - Assessments</b>				
<b>OSATS</b>				
Cystoscopy	Required	10	Specialty Module	Form 156
Anterior Repair	Required	10	Specialty Module	Form 026

Posterior Repair	Required	10	Specialty Module	Form 024
Vaginal Hysterectomy	Required	10	Specialty Module	Form 040

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Mid-urethral tape (TVT or TOT)	Required	10	Specialty Module	Form 034
Investigations	Required	10	Specialty Module	Upload to personal library
<b>Case reports</b> (1000 words max)	Required	10	Specialty Module	Upload to personal library
<b>Case-based discussion</b>	Required	1	Specialty Module	Form 020