



## Subspecialty Training in Urogynaecology

### Syllabus

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## **I. Accreditation of training centers**

An institution in a European country can be accredited for training EUGA fellows according to the EUGA Syllabus after an onsite or online visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled. However, in countries with an existing nationally or regionally formalized subspecialty training, no separate EUGA center accreditation will be required or performed.

Recognition of an institution as a subspecialist training center in urogynecology is based on approval by the EUGA as advised by its Accreditation Committee based on the following criteria:

- The center has an internal quality control and audit system, which at least monitors and provides details about all treated patients.
- The training center should use guidelines and protocols formalized by national professional bodies reviewed at regular intervals
- Availability of a:
  - Gynaecology unit
  - Urogynaecology unit
  - Urology unit
  - Urodynamic unit
  - Physiotherapy unit
  - Multidisciplinary team regularly involved in the management of urogynecology patients
- There is an established formal tutorship. The Training Program Director and Educational Supervisors must be identified. The Training Program Director and Educational Supervisors will be consultants with special experience in Urogynecology.
- The Educational Supervisor is a core faculty member who is qualified and available to be responsible for the overall supervision and management of a specific trainee's educational progress during her/his fellowship. This role may be performed by the Training Program Director or a deputy, but each subsequent trainee should have a separate Educational Supervisor.
- There is an adequate workload providing a full range of experience in the subspecialty.
- Institutional access to electronic resources, including major medical journals, laboratory and other resources to support subspecialty work, training, and research is available.



EUROPEAN UROGYNÆCOLOGICAL ASSOCIATION

**Subspecialist training programme in**

**Urogynecology**

**Format for Application of a Visit**

POSTGRADUATE TRAINING AND ASSESSMENT  
WORKING PARTY

.....

applies for certification of subspecialist training program in Urogynaecology under the  
auspices of the European Urogynaecology Association (EUGA).

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Urogynecology Program Director**

## **II. Qualifying criteria for entering into an EUGA fellowship program**

Candidates to become a subspecialty trainee for the EUGA Diploma of European Urogynecologist must:

- be a recognized specialist qualified in Obstetrics and Gynaecology after having completed a structured and approved training program in Obstetrics and Gynaecology
- present proof of availability of a recognized training post;
- register the fellowship with EUGA prior to the start of training.

There is no restriction placed on age or nationality. Fellows must submit the application form and report the date they will start their fellowship before the fellowship commences.

## **III. Certifying criteria for a fellow**

### 1. Introduction

A fellow can be recognized by EUGA as a European Urogynecologist after a final assessment is carried out by the EUGA Educational Committee that takes into consideration the skills and knowledge documented in the logbook.

### 2. Qualitative criteria for certification of a fellow

In order to receive certification (the Diploma), the fellow must meet the following criteria:

- The fellow must be an EUGA member during the fellowship training
- The fellow should participate at the EUGA annual meetings during the course of the fellowship training
- The fellow should participate at Urogynecology courses, (particularly those proposed by EUGA) and attend a urodynamics course during the period of the fellowship training
- The training schedule and program are registered with EUGA prior to the start of the fellowship. Any changes in the schedule should be registered.
- The fellow should have 2 peer-reviewed publications in an internationally recognized journal (at least one as first author).
- The EUGA logbook of clinical experience in urogynecology is filled in and kept up-to-date throughout the training and submitted within three (3) years of registration.
- A passing mark is received on the EUGA final assessment that is held once each year during the EUGA annual meeting. The candidate can attempt the exit exam once the fellowship training has been completed. The final assessment of the fellow is carried out by the EUGA Education Committee and will take into consideration the criteria of training (entry, qualitative and quantitative). The EUGA Diploma of European Urogynecologist will typically be officially awarded during the yearly EUGA Meeting.

### 3. Quantitative criteria for certification of a fellow

There is not a specific number of surgical procedures that should be performed by the fellow, but a specific level of competence for a specific surgical procedure.

The three levels of competence are:

**Level 1:** The trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.

**Level 2:** The trainee is capable of performing the task or managing the clinical problem but with senior support.

**Level 3:** The trainee can manage the majority of cases with no direct supervision or assistance, while having the insight to recognize that senior support will be needed in certain complex cases/complications.

The levels of competence for the specific surgical procedures are the following:

#### ***Level 1:***

- Fistula surgery (vaginal, abdominal)
- Urethral diverticulectomies
- Cosmetic genital surgery
- Vaginal mesh procedures
- Management of mesh complications

#### ***Level 2:***

- Sacrocolpopexy
- Sacrohysteropexy
- Cervicopexy
- Colposuspension
- Colpocleisis
- Pubovaginal sling procedures

#### ***Level 3:***

- Cystoscopy
- Anterior Colporrhaphy
- Posterior Colporrhaphy
- Paravaginal repair
- Manchester repair
- Vaginal hysterectomy
- Mc Call's culdoplasty
- Sacrospinous ligament fixation
- Uterosacral ligament suspension
- Any other vaginal suspension procedures
- Intracystic Botox injection
- Midurethral sling procedures

- Transurethral bulking agent

Other skills:

- Urodynamic assessments (at least 50).
- Proven experience in ultrasound of the pelvic floor and of the lower genito-urinary tract (at least 50).

The trainee should be able to assess by ultrasound: the mobility of the urethra, a cystocele, a rectocele, an enterocele, a levator ani muscle defect, the presence of synthetic implants (slings, meshes and bulking agents), the presence of a urethral diverticulum and an obstetric anal sphincter injury. Pelvic floor ultrasound examinations should be performed according the AIUM/IUGA collaborative committee recommendations.

- Two (2) times having been responsible for a clinical audit.
- One (1) time being responsible for development of a protocol/guideline/patient information sheet.
- At least two (2) presentations (oral or poster) at the EUGA annual congress during the time of training.
- The logbook must be completed within three (3) years from the start of the fellowship.

## **IV. Training program**

### 1. Definition

The subspecialist in Urogynecology is a specialist in Obstetrics and Gynaecology who, is able to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.

### 2. Aim of the training

To educate gynecologists so that they can fully provide and improve the care of patients with pelvic floor disorders in collaboration with other care providers.

### 3. Objectives of training

To train a subspecialist to be capable of:

- consultation, practice and comprehensive care of women with pelvic floor disorders;
- promoting knowledge and clinical skills relating to female pelvic health;

- interpretation of scientific data and apply these in clinical care, teaching, research;
- coordinating and promoting collaboration in organizing the service;
- providing leadership in development and in research within the subspecialty.

#### 4. Organization of training

The number of subspecialists should be strictly controlled by the relevant national body in order to provide sufficient expertise. The training program must be in a multidisciplinary accredited center and should be organized by an accredited subspecialist. Training follows modules (see next chapter) The training center should use guidelines and protocols finalized by national professional bodies reviewed at regular intervals.

#### 5. Means of training

An adequately remunerated post in a recognized training program is a basic condition. Each trainee must have an appointed Educational Supervisor as a tutor for guidance and advice. Trainees should participate in all relevant activities of the training unit, such as the care of outpatients and inpatients, on-call duties during both day and night, performing urogynaecological operations, and participating in educational activities, including teaching other health professionals. Participation in audit, MDT meetings, research (clinical or basic) and patient advocacy activities is equally essential. Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for training in both vaginal and minimally invasive procedures. The list of courses in which the fellow participated must be provided in the logbook together with copies of the certificates of attendance.

#### 6. Duration of training

The training includes a minimum of two (2) and at the most three (3) clinical years of full-time training according to a prospectively approved program in a EUGA-accredited Urogynaecological unit. The logbook must be completed within three (3) years after the formal start of training. Retrospective fulfillment of the logbook e.g. over years of urogynecological practice without a registered and defined training program, is not allowed. The EUGA exit assessment must be passed within four (4) years from the formal start of training.

#### 7. Title received

FEBUG: Fellow of educational board in urogynecology

## V. Modules

Clinical training covers the expertise areas outlined in the following modules.

### 1. General Urogynaecology assessment

#### 1.1 History

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

- To understand the different areas in obtaining a urogynaecological history
- To obtain a general history
- To obtain urinary/prolapse/bowel history
- To assess impact of symptoms on quality of life (QoL) and be familiar with tools for objective assessment of pelvic floor dysfunction

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/Assessment
IUGA/ICS Terminology used for pelvic floor dysfunction	Take an appropriate history	Ability to take an appropriate history and use terminology in accordance with the International Continence Society	Attend urogynaecology clinics	Feedback from trainer
Relationship between pelvic floor symptoms and other medical conditions	Present a relevant urogynaecological history including impact of condition on QoL	Ability to use clinical history and bladder diary to make an initial diagnosis	Case discussion and observation of senior medical staff	Record of cases seen
Bladder diaries	Interpret bladder diaries	Ability to communicate patient's symptoms and understand their severity and social and psychological impact		Logbook of competences and experience
Validated questionnaires used in Urogynaecology (language specific)	Able to select appropriate standardised symptom and QoL questionnaires	Ability to select and analyse appropriate questionnaires		
Evidence-based guidance		Ability to use evidence-based guidance in clinical practice		

## 1.2 Examination

### Learning outcomes: To be able to carry out a competent examination

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

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
Examination findings relevant to pelvic floor disorders	Perform an appropriate general, pelvic floor and neurological examination	Ability to carry out a relevant examination and elicit abdominal and pelvic findings	Attend supervised clinics	Feedback from trainer
Examination findings relevant to patients with pelvic organ prolapse	PoP Q classification	Ability to describe stage of pelvic organ prolapse using a recognized method	Observation of senior medical staff, assisting and case discussion with senior staff	Record of cases seen
Neurological findings in denervation of the pelvic floor	Baden Walker classification	Ability to perform neurological examination of the S4 pathway		Logbook of competences and experience
Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)	Oxford Pelvic floor grading	Ability to communicate significance of clinical findings to the patient		
Objective methods for assessment of pelvic organ prolapse		Ability to put clinical findings in the context of the patient's symptoms		

### 1.3 Investigations

**Learning outcomes: 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 and signs
- Recognise complex cases and when to refer to Urogynaecology subspecialist / Urologist

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Relevant anatomy and physiology</p> <p>Urodynamic including:</p> <ul style="list-style-type: none"> <li>• Urine culture and cytology</li> <li>• Pad tests</li> <li>• Assessment of urinary residual</li> <li>• Uroflowmetry</li> <li>• Profilometry</li> <li>• Subtracted dual-channel cystometry</li> </ul> <p>Modalities for imaging the urinary tract</p> <p>Indications for advanced urodynamics (i.e. video urodynamics, ambulatory urodynamics and urethral function studies)</p>	<p>Perform an appropriate investigation</p> <p>Understands when to refer to further investigation</p>	<p>Ability to assess urinary residual by bladder scan</p> <p>Ability to describe tests to patient and refer to relevant specialist</p> <p>Ability to undertake urodynamics according to the standards set by the ICS good urodynamic practices and terms</p> <p>Ability to explain the relevance of the test findings to the patient and to communicate the results with sensitivity</p> <p>Ability to make appropriate requests for imaging of the lower urinary tract</p> <p>Ability to understand the impact of results on clinical management</p> <p>Awareness of regional referral pathways and role of regional subspecialist in the management of complex cases</p>	<p>Direct observation of senior colleagues</p> <p>Attendance at a urodynamics course</p> <p>MDT meetings</p>	<p>Feedback from trainer</p> <p>Record of cases seen</p> <p>Urodynamics case log book</p>

### 1.4 Multi-professional working (allied specialties)

#### Learning outcomes: To be able to select an appropriate conservative treatment pathway

- Learn to refer to appropriate discipline or specialty for further investigation or treatment
- Understand and set treatment goals
- Know how to contribute to the multidisciplinary approach of conservative therapy
- Prescribe appropriately

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Pharmacological action and adverse effects of antimuscarinics / B3 agonists/ other medication used for LUTS</p> <p>Principles of pelvic floor muscle training and role of different physical therapies</p> <p>Principles of bladder retraining</p> <p>Peripheral Neuromodulation</p> <p>Action and adverse effects of energy-based devices (laser, ultrasound, radiofrequency)</p> <p>Management of recurrent urinary tract infections</p> <p>Non-surgical management of pelvic organ prolapse</p> <p>Basic understanding of anorectal dysfunction</p>	<p>Understand the role of drug therapy for women with overactive bladder symptoms</p> <p>Understand the role of pelvic floor re-education in female urinary incontinence</p> <p>Understand the indications for vaginal pessaries / physiotherapy</p> <p>Understand the indications for anorectal investigation and treatment</p> <p>Understand the indication for referral to physiotherapist/ psychosexual counselor/ pain clinic</p>	<p>Ability to recognize the importance of non-surgical management in the treatment pathway</p> <p>Ability to prescribe appropriately and counsel on success and adverse effects</p> <p>Ability to instruct a patient in bladder training</p> <p>Awareness of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway</p> <p>Ability to work in a multidisciplinary team and to liaise appropriately with community continence services</p> <p>Ability to counsel patients on containment measures and support groups</p> <p>Ability to counsel, select and fit an appropriate vaginal pessary for pelvic organ prolapse</p> <p>Ability to counsel on simple treatments for faecal incontinence and refer appropriately</p>	<p>Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist</p> <p>Attend a continence clinic and observe continence nurse</p> <p>Feedback with trainer</p> <p>Observe multidisciplinary case discussion</p>	<p>Logbook of competences and experience</p> <p>Feedback from trainer</p>

1.5 Good medical practice, clinical governance and management

**Learning objectives: To be able to understand and demonstrate appropriate knowledge and skills in relation to good medical practice, clinical governance and risk management.**

- Inculcate the habit of lifelong learning and continued professional development.
- Acquire the knowledge, attitude and skills to act in a professional manner at all time

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>The importance of continued professional development</p> <p>The doctor-patient relationship, ethical principles (beneficence, non-maleficence, autonomy), informed consent, confidentiality, and data protection</p> <p>The principles of clinical governance</p> <p>The principles, structure and steps of an audit cycle</p> <p>The principles of risk management, incident and near-miss reporting, complaint management</p> <p>Clinical effectiveness, evidence-based medicine, different hierarchies of evidence and grades of recommendations</p> <p>The importance of protocols, guidelines and integrated care pathways</p>	<p>Practice evidence-based medicine</p> <p>Undertake a clinical audit</p> <p>Develop and implement a clinical protocol and/or guideline</p> <p>Develop Patient Information Sheets</p> <p>Participate in risk management</p> <p>Perform appraisals</p>	<p>Ability to undertake a clinical audit</p> <p>Ability to practice evidence-based medicine</p> <p>Ability to develop and implement a clinical protocol and/or guideline</p> <p>Ability to develop Patient Information Sheets</p> <p>Ability to investigate and report a critical incident and suspected unexpected serious adverse reaction</p> <p>Ability to respond to a complaint in a constructive and objective manner</p> <p>Ability to recognize ethical issues related to the sub-specialty</p> <p>Ability to recognize and use learning opportunities</p> <p>Ability to recognize one's own limitations and seek advice appropriately</p> <p>Ability to deal appropriately with challenging behavior</p>	<p>Observation of and discussion with senior medical staff and the clinical governance team</p> <p>Attendance at risk-management meetings</p> <p>Appropriate literature, guidelines</p>	<p>Log of experience</p> <p>Supervisor reports</p> <p>Attendance certificate of appropriate course(s) and meeting(s)</p> <p>Audit report</p>

## 2. Surgical skills

### Learning outcomes:

- 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 benefits / risks / benefits / alternatives (surgical and non surgical) 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 primary procedure for SUI (mid-urethral tape, mini sling procedure, Bulking agent, colposuspension or fascial sling) as primary surgery so SUI depending on local / regional / national guidelines
- 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 / urologist

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Knowledge of equipment, diathermy instrumentation and theatre set-up</p> <p>Awareness of potential surgical complications</p> <p>Understand management of major haemorrhage</p> <p>Understand the indications and complications of the following procedures:</p> <ul style="list-style-type: none"> <li>• Cystoscopy</li> <li>• Continence procedures (such, mid-urethral tape, mini sling procedure, Bulking agent, colposuspension or fascial sling) as primary surgery for SUI depending on local / regional / national guidelines</li> <li>• POP procedures</li> <li>• Cosmetic genital surgery (Labioplasty etc.)</li> </ul> <p>Knowledge of surgical management of detrusor over activity</p> <p>Knowledge of surgical management of faecal incontinence</p> <p>Knowledge of surgical procedures for recurrent POP and SUI</p> <p>Knowledge of surgical procedures for vault prolapse</p>	<p>Be able to perform (different levels) and manage complications of the following procedures:</p> <ul style="list-style-type: none"> <li>• Cystoscopy</li> <li>• Anterior repair</li> <li>• Posterior repair</li> <li>• Paravaginal repair</li> <li>• Manchester procedure</li> <li>• Vaginal hysterectomy</li> <li>• Colpocleisis</li> <li>• Primary continence procedures</li> <li>• Be able to perform and manage complications of procedures for treatment of continence</li> <li>• Able to manage postoperative voiding difficulty</li> <li>• Vault suspension</li> <li>• USL suspension</li> <li>• Sacrospinous fixation</li> <li>• Sacrocolpopexy (Abdominal or Minimal Invsive)</li> <li>• Hysteropexy (Abdominal or Minimal Invsive)</li> <li>• Cervicopexy</li> <li>• POP Mesh procedures</li> <li>• Management of mesh complications</li> <li>• Fistula surgery (vaginal, abdominal)</li> <li>• Urethral diverticulectomies</li> </ul> <p>Recognise indications for referral</p> <p>Recognise referral to subspecialist / Urologist / Colorectal surgeon/Plastic surgeon</p>	<p>Select patient appropriately for vaginal surgery</p> <p>Counsel on vaginal surgery including non-surgical alternatives, surgical complications and outcome</p> <p>Perform vaginal and stress continence surgery in a fluent and safe manner</p> <p>Recognize and appropriately manage intraoperative visceral injury including repair of simple operative bladder injury and postoperative bladder drainage</p> <p>Instruct nursing staff on catheter management following continence surgery</p> <p>Supervise a patient undergoing a program of intermittent self-catheterization</p> <p>Recognize role of other specialists in the management of surgical complications</p> <p>Ability to refer appropriately</p> <p>Awareness of treatment options for recurrent SUI and POP and ability to refer appropriately in recurrent cases of POP and SUI</p>	<p>Training program</p> <p>Attend EUGA surgical course</p> <p>EUGA proctor program</p> <p>Direct observation / consultant supervision within the module</p>	<p>Logbook of competences and experience</p> <p>Certificate of attendance</p> <p>Feedback from trainer</p>



## Subspecialty Training in Urogynecology

### Logbook

### **1. Use of the logbook**

In order to evaluate training progress properly, it is essential that the logbook will be systematically and continuously (prospectively) completed, starting from the very beginning of training. Missing items should be noticed and added. Assessments are to be signed off by the Educational Supervisor every 6 months.

### **2. Evaluation of clinical and technical skills**

Every target defined in the EUGA recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from close observation (level 1) to independent practice (level 3).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the trainee to be level 3 (Independent). These are identified by a black box.

The open targets require your tutor/ trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organise with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module.

#### **SCORING SYSTEM:**

**Level 1:** The trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.

**Level 2:** The trainee is capable of performing the task or managing the clinical problem but with senior support.

**Level 3:** The trainee can manage the majority of cases with no direct supervision or assistance, while having the insight to recognize that senior support will be needed in certain complex cases/complications.

### **3. Access:**

Depending on national regulations, the logbook contains information that will be available at any time for both the fellow as well as the Educational Supervisor(s) and the Educational Program Director.

**Subspecialty training for Urogynecology  
Application Form**

**Fellow**

**Personal details**

Family Name: .....

Given Name: .....

Date of birth: .....Gender: .....

Date of recognition as an Ob/Gyn specialist: .....

**Contact details**

Home address:

-street, house number: .....

-town: .....-postal code: .....

-country: .....

Mobile phone number: ..... E-mail.....

**Institution Details**

Hospital Name: .....

Department: .....

Town: .....Country: .....

Web site of the institution: .....

**Training Program**

Training Program Director Name: .....

Email address: .....Phone .....

Educational Supervisor(s)Name: .....

Email address: .....Phone.....

Intended period of fellowship (DD/MM/YY): From: .....To: .....

Nr of EUGA accredited training positions in the department: .....

Declaration that the fellow will follow the proposed program:

Place:

Date:

Place:

Date:

\_\_\_\_\_  
Signature of fellow

\_\_\_\_\_  
Signature of supervisor

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
<b>Section 1: General Urogynaecology assessment</b>						
Take a urogynaecological history						
Understand medical conditions that impact on pelvic floor disorders						
Understand the application of QoL questionnaire						
Perform an appropriate urogynaecological examination						
Perform speculum examination for prolapse and understand and perform prolapse grading systems (POP-Q)						
Understand innervation of pelvic floor and perform relevant neurological examination						
Understand, order and interpret basic urological investigations						
Understand and perform relevant urodynamic investigations (have attended relevant course)						
Understand role of complex urological investigations						
Understand, order and interpret basic imaging investigations (US/MRI)						
Perform pelvic floor US according the AIUM/IUGA recommendations						
Understand indications for referral to a pain clinic						
Understand indications for referral to urologist for further assessment						
Understand indications for referral to colorectal surgeon for specialist investigation and treatment for fecal incontinence						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Section 2: Appropriate conservative treatment pathways and pharmacological therapies						
Pharmacological action and adverse effects of antimuscarinics						
Pharmacological action and adverse effects of B3 agonists						
Pharmacological action and adverse effects of other medication used for LUTS						
Understand the role of drug therapy for women with overactive bladder symptoms						
Pharmacological treatment of recurrent urinary tract infections						
Understand the role of pelvic floor re-education in female urinary incontinence						
Ability to instruct a patient in bladder training						
Understand the indications for vaginal pessaries						
Ability to select the appropriate type and size of pessary						
Understand the indications physiotherapy						
Action and adverse effects of energy-based devices (laser, ultrasound, radiofrequency)						
Ability to counsel on simple treatments for fecal incontinence						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
<b>Section 3: Surgical skills</b>						
Counsel patients for continence and prolapse procedures						
Cystoscopy						
Anterior repair						
Paravaginal repair						
Posterior repair						
Mc Call's Culdoplasty						
Vaginal hysterectomy						
Manchester repair						
Sacrospinous fixation						
Utrosacral ligament suspension						
Colpocleisis						
Sacropolpopexy,						
Cervicopexy						
Sacrohysteropexy						
Colposuspension						
Vaginal mesh procedures						
Mesh complications procedures						
Pubovaginal sling procedures						
Midurethral slings (TVT/ TVT-O/ TOT)						
Para- and transurethral injection procedures (bulking agents)						
Intracystic Botox Injection						
Fistula surgery						
Urethral diverticulectomy						
Cosmetic surgery (labioplasty)						
Primary anal sphincter repair						
Other lap/robotic procedures						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
<b>Section 4: Assessment of knowledge, attitudes and fulfillment of tasks</b>						
Communication with patients and family						
Work effectively in the health care system						
Consider cost-effectiveness						
Consider and identify patient safety issues, including identifying system errors						
Communication with other care providers and health-related agencies						
Work effectively as a member or leader of a team						
Act in a consultative role						
Consider quality of care						
Adequate gathering of information						
Adequate use of scientific evidence						
Identify and perform appropriate learning activities						
Incorporate formative evaluation feedback into daily practice						
Participation in education						
Maintain comprehensive, timely and legible medical record						
Monitoring and comparing results of clinical care, up to being responsible for clinical audit						
Identify personal limits						

**Authorisation of signatures (to be completed every 6 months by the clinical trainers)**

Name of clinical trainer	Signature of clinical trainer	Date

**Documentation of publications**

Title (+DOI)	Journal	Position in authorship









**COMPLETION OF MODULES**

**I confirm that all components of the module have been successfully completed:**

Date	Name of Supervisor	Signature of Supervisor
Date	Name of EUGA representative	Signature of EUGA representative