



EUROPEAN BOARD AND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

## **Subspecialist training programme in**

## **Urogynaecology .**

POSTGRADUATE TRAINING AND ASSESSMENT  
WORKING PARTY

Chairman : J LANSAC (France)

Members: JJ AMY (Belgium) HG Bender (Germany ) W DUNLOP (UK) J NIZARD (ENTOG)V UNZEITIG (Czech R)  
U ULMSTEN (Sweden)

---

Urogynaecologic diseases like urinary incontinence and prolapse frequently affect women .The incidence increases with age and after 60 years more than 30% of all women suffer from these diseases.

EBCOG notes with approval the development of subspecialty practice in a number of countries in particular the USA, and some European countries, and considers that Urogynaecology should be recognized as a subspecialty .

**Educational objectives** and requirements for training in this subspecialty have been defined with acknowledged experts from the European Urogynaecology Association (EUGA) and defined in the syllabus ( Annexe I) . The role of a subspecialist is complementary and not competitive with that of a specialist in Obstetrics and Gynaecology .

---

## **Training in Urogynaecology :**

### **1-Definition .**

The urogynaecologist is a specialist in Obstetrics and Gynaecology who in addition is able to:

- Provide consultation on and comprehensive management of patients with urinary incontinence and prolapse.
  - Manage medical and/or surgical treatment of urinary incontinence associated or not to diseases of the female genital tract and rectum which may involve relevant surgery of abdominal organs .
  - Practise urogynaecology in an institutional setting where all effective forms of therapy are available. This includes comprehensive management of urinary incontinence including physiopathology, screening, diagnosis, therapeutic procedures, and follow-up.
- The practice of urogynaecology excludes training and practice in another subspecialty .

### **2-Aims of training**

To improve the care of patients with urinary and fecal incontinence and pelvic floor disorders in collaboration with other care providers .

### **3-Objectives of training :**

To train a subspecialist to be capable of :

- improving knowledge , practice , teaching , research and audit .
- co-ordinating and promoting collaboration in organizing the service
- providing leadership in the development and in research within the subspecialty .

### **4-Organisation of training :**

- The number of subspecialists should be strictly controlled by the relevant national body in order to provide a sufficient expertise.
- Training programme should be in a multidisciplinary centre and should be organized by a subspecialist or an accredited subspecialist <sup>1</sup>.
- Centres should use guidelines and protocols finalized by national professional bodies reviewed at regular intervals . These guidelines will define cases for which it is necessary to refer a patient to a subspecialist .
- A completed training in urogynaecology does not imply that a subspecialist cannot practise in the general field of obstetrics and gynaecology .

---

<sup>1</sup> Initially there will be a transitional period when accreditation for training will be given by the national appointing authority or if not by a professional or scientific body to a Specialist in Obstetrics and Gynaecology with proven scientific and clinical expertise in urogynaecology . Subsequently only individuals with training in the subspeciality should hold such a position .

## 5-Means of training .

5-1- Entry requirements:

- a recognized specialist qualification in Obstetrics & Gynaecology or completion of a minimum of five year in an approved training programme in OB/GYN .
- the availability of a recognized training post .

5-2- An adequately remunerated post in a recognized training programme is a basic condition . Each Fellow must have an appointed tutor for guidance and advice

5-3- The estimated number of training posts should reflect the national need for subspecialists in urogynaecology as well as the facilities and finances available for the specialist training .

5-4- Training fellows should participate in all relevant activities of the training unit such as the care of out-patients and in-patients, on call duties during both day and night, urogynaecologic operations educational activities, including the teaching of other health professionals. Participation in audit and clinical or basic research is essential.

5-5- Arrangements for postgraduate training must be compatible with national employment legislation in relation to remuneration, hours of work and rights of employees in such matters as sick leave, maternal and paternal leave, and compulsory military service.

5-6- Duration and contents of training

- This should be a **minimum of two years** in an approved programme and should cover the following areas :
- General gynaecologic and surgical training
- Surgical training in a urogynaecology unit, Urology
- Imaging
- Urodynamics
- Physiotherapy

5-7- Training should be structured throughout with clearly defined targets to be met after specified intervals. An educational plan should be drawn up in consultation with the Fellow at the beginning of each attachment and progress should be monitored regularly by means of a log book .

[5-8 It is recommended that trainers participate in formal courses on adult education](#)

Con formato: Inglés (Reino Unido)

[5-9](#) 8- A Fellow may spend some training time in an other (1 or 2) centre(s) recognized by EBCOG after approval by the national committee.

## **6-Assessment of training**

6-1- In all European countries approval of training and trainers should be the responsibility of a national or regional authority which has the power to withdraw recognition if necessary.

6-2- Recognition of institutions as subspecialist training centres in urogynaecology should be based on approval by the EBCOG Hospital Recognition Committee . The assessment will mainly pertain to

- Annual statistics
- Internal quality control and audit
- Organized teaching sessions
- Availability of :
  - Gynaecology unit
  - Urogynaecology unit
  - Urology unit
  - Urodynamic unit
  - Physiotherapy unit
  - Multidisciplinary team regularly involved in the management of urogynaecology
- Fulfilment of defined criteria for minimum activity :  
100 new patients with urinary incontinence per year for a first Fellow, 60 more for every additional training fellow would be the minimum number necessary to provide quality with regard to care , fellowship training and research .  
On completion of training fellows should have performed the minimum number of diagnostic and therapeutic procedures and technical acts under supervision, and be able to carry these out independently, properly and safely.

6-3- Final assessment of the Fellow should be carried out by a national committee of experts, who would take into consideration:

- Participation in urogynaecologic courses particularly those recognized by EBCOG and advised by the EUGA.
- Completion of log book of clinical experience in urogynaecology
- Peer reviewed publications .

6-4- A representative from the EBCOG postgraduate training and assessment working party may be an observer on the national assessment committee.

6-5- EBCOG in conjunction with EUGA is willing to organize an evaluation visit to a subspecialist unit if requested .

## **Annexe I.**

## Syllabus

### **Definitions :**

- Knowledge : basic understanding of topics not commonly used in the clinical practice of urogynaecology.
- Detailed knowledge : Understanding of important aspects of topics which may be more comprehensively understood by a specialist in another discipline (such as a urologist).
- Comprehensive knowledge : Complete understanding of topics which are important in the clinical practice of urogynaecology.

### **1-BASIC SCIENCES**

#### **1-1 Anatomy.**

Comprehensive knowledge of the regional anatomy of the pelvis, abdomen, pelvic floor, particularly in relation to surgical procedures undertaken by the urogynaecologist .  
Detailed knowledge of the gross anatomy and histology of relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply .  
Comprehensive knowledge of the histology of the pelvic organs .

#### **1-2 Physiology.**

Comprehensive knowledge of physiology of urinary continence and micturition.

#### **1-3 Pathology.**

Detailed knowledge of urinary tract infection  
Detailed knowledge of diseases of urethra  
Detailed knowledge of diseases of the bladder  
Detailed knowledge of urinary incontinence  
Detailed knowledge of all urinary fistulas  
Detailed knowledge of rectal incontinence  
Detailed knowledge of urogenital prolapse

#### **1-4 Statistics and epidemiology.**

Detailed knowledge of statistical analysis and the collection of data in urogynaecology.  
Detailed knowledge of setting up and interpreting clinical trials.  
Detailed knowledge of environmental factors in relation to urogynaecology.

#### **1-5 Microbiology.**

Comprehensive knowledge of the role of infectious agents in urogynaecology .

#### **1-6 Pharmacology .**

Comprehensive knowledge of the properties, pharmacodynamics, actions, interactions and hazards of pharmacological agents which are used in urogynaecology .

## **2-CLINICAL SCIENCES.**

### **2-1 Urogynaecology .**

Comprehensive knowledge of epidemiology, aetiology, prevention, screening, diagnostic techniques, prognostic factors and staging of urogynaecologic diseases and their management including primary and secondary prevention.

### **2-2 Imaging .**

Detailed knowledge of all imaging techniques including computer assisted tomography, ultrasound , magnetic resonance imaging ( MRI) used in urogynaecology including indications and interpretation .

### **2-3 Urodynamic assessment.**

Detailed knowledge of all urodynamic techniques used in urogynaecology including indications .

### **2-4 Surgical management.**

Comprehensive knowledge and skill in important surgical procedures used in urogynaecology including indications .

Detailed knowledge and skill of all reconstructive surgical procedures used in urogynaecology.

Comprehensive knowledge of the complications of surgery in urogynaecology and of the post operative care .

Knowledge of the applications, techniques and complications of anaesthesia and intensive care , expertise in the practice of adult resuscitation.

Comprehensive knowledge and experience in preoperative assessment and preparation for surgery .

### **2-5 Non surgical management.**

Detailed knowledge and experience in the use in urogynaecology of medical treatments like: hormones, anticholinergics, antibiotics, electrostimulation, bladder drill.

Detailed knowledge of physiotherapeutic treatments used in urogynaecology.

### **2-6 Psychology.**

Comprehensive knowledge and experience of psychological management of patients treated in urogynaecology .

Detailed knowledge of the principles and management of sexual dysfunction of patients treated for urogynaecological problems.

**Rev HK & JJA**