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EXAMINATIONS & CREDENTIALS

C M S A

The Colleges of Medicine of South Africa NPC

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THE COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS OF
SOUTH AFRICA

R E G U L A T I O N S

FOR ADMISSION TO THE EXAMINATION FOR THE
POST-SPECIALISATION

SUBSPECIALTY CERTIFICATE

IN

UROGYNAECOLOGY

Cert Urogynaecology(SA)

1.0 BACKGROUND

- 1.1 The Council of the College of Obstetricians and Gynaecologists (COG(CMSA)) has recommended the registration of subspecialties in Obstetrics and Gynaecology to the Health Professions Council of South Africa. In doing so the Council has decided to advise and keep under review:
- 1.1.1 the development of subspecialisation in the fields of gynaecological oncology, reproductive medicine, maternal and fetal medicine and urogynaecology, including requirements and regulations for subspecialist training and accreditation
 - 1.1.2 the further development of training for special interest work within obstetrics and gynaecology
 - 1.1.3 criteria and procedures for approval of subspecialty trainees, training centres and training programmes, and for subspecialist accreditation on completion of training

2.0 DEFINITION

- 2.1 Subspecialists are defined as obstetricians and gynaecologists who, having undertaken appropriate additional higher training, are recognised to have special expertise in the relevant field and who devote at least half, and probably more, of their working time to it. This higher degree of specialisation indicates intensive training, experience and expertise.

The aims of subspecialisation are: -

- 2.1.1 to improve knowledge, practice, teaching and research
- 2.1.2 to promote the concentration of very specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients
- 2.1.3 to establish a close understanding and working relationship with other disciplines involved in each of the subspecialty fields
- 2.1.4 to encourage co-ordinated management of relevant clinical services throughout a region
- 2.1.5 to accept a major regional responsibility for higher training, research and audit in the subspecialty fields
- 2.1.6 to improve the recruitment of talented graduates into the recognised subspecialties and into the speciality of obstetrics and gynaecology as a whole

3.0 SUBSPECIALTY TRAINING

- 3.1 Subspecialist training posts will be at subspecialty trainee level, and more than one centre may provide the programme provided each is recognised by the HPCSA and the COG(CMSA) as a subspecialty training centre. The programme must include theoretical instruction (including the relevant basic sciences), intensive clinical experience in the subspecialty, and a research component is recommended but not required. Pre FCOG(SA) experience may be taken into account in planning the content of a subspecialty training programme but will not usually be credited towards the clinical part of the programme.
- 3.2 The minimum requirement for entry into clinical subspecialty training is postgraduate training and qualification in Obstetrics and Gynaecology, eg MMed(O&G) or Part II FCOG(SA). Medical graduates who have obtained equivalent specialist training outside South Africa, who are registered as specialist in their own country and who wish to undertake subspecialty training and examination in South Africa, will have this taken into account on application to the COG. Such trainees who are successful in the examination, will receive the Certificate after completion and approval of training. Registration at the HPCSA as subspecialist in South Africa will be dependent upon their rules and regulations.
- 3.3 The minimum training time for the subspecialty Certificates is 2 years of full-time training or four years of part-time training. Clinical experience as a specialist registrar in the subspecialty or a closely related field may also be counted towards a maximum of six months of the programme, if approved by the COG. Satisfactory completion of one year of special interest training will usually allow six months exemption.
- 3.4 Training at more than one centre is encouraged, but a minimum of 18 months full-time (or its equivalent in part-time) clinical training must be done at an approved subspecialty training programme in South Africa. Six months training at a unit not accredited by the HPCSA or outside South Africa can be allowed but must be approved by the relevant Subspecialty Committee and the Council of the COG. Prior approval is encouraged, but alternatively the Subspecialty Committee can grant approval for the purpose of examination. The Certificate is awarded after confirmation by the Council of the COG (CMSA) and completion of the training time but registration at the HPCSA will be dependent upon their rules and regulations.
- 3.5 The examination can also be allowed on application to the COG for candidates applying for subspecialty registration by the 'grandfather' clause at the HPCSA on the grounds of proof of sufficient training and experience in the field before the subspecialty was registered as such. Upon successfully completing the examination, the College will recommend registration for those candidates who can demonstrate sufficient experience.

4.0 GENERAL REQUIREMENTS FOR SUBSPECIALTY TRAINING CENTRES

- 4.1 Subspecialty training centres are approved by the HPCSA and registration depends among other factors on appropriate numbers of registered subspecialists (in new subspecialties also 'registerable' or 'recognised') to act as trainers and consultants. Staffing should be adequate to enable trainees to be engaged in the subspecialty field on a fulltime basis with supervision available
- 4.2 The COG (CMSA) also recommends that such units or centres should provide sufficient clinical workload to support the total number of trainees at speciality and subspecialty levels, provide a service for the referral and transfer of appropriate patients and provide a full range of services appropriate to the subspecialty, either alone or in collaboration
- 4.3 Training units must also:
 - 4.3.1 work in collaboration with related disciplines to provide the high degree of teamwork, and in collaboration with other subspecialists within and outside the centre and country
 - 4.3.2 have a programme director to co-ordinate and accept main responsibility for the training programme; each satellite or collaborating centre must also have a supervisor
 - 4.3.3 have adequate library, laboratory and other resources to support subspecialty work, training and research

5.0 SPECIAL REQUIREMENTS FOR TRAINING CENTRES IN UROGYNAECOLOGY

- 5.1 To be eligible for subspecialty training in urogynaecology, the centre must be accredited for such training by the HPCSA, and must provide a service for the referral and transfer of patients with pelvic floor dysfunction, pelvic organ prolapse and disorders in the function of the lower urinary tract, including assessment, all relevant therapeutic facilities and expertise.
- 5.2 The unit must have an adequate clinical workload with a full range of urogenital prolapse, urinary incontinence, and pelvic floor dysfunction patients. It should offer both conservative and surgical care.
- 5.3 The unit must provide training in advanced pelvic floor and urinary incontinence surgeries as listed in the logbook requirements.
- 5.5 There must be formal multidisciplinary discussion forum where management options for patients with urinary incontinence, faecal incontinence, pelvic organ prolapse evaluation and management, and pelvic floor dysfunction are discussed (physiotherapy, colorectal, urology, radiology, ultrasound).
- 5.6 The training unit should collaborate with diagnostic and interventional radiologists, consultant surgeons and urologists, intensive care physicians, physiotherapists and their supporting staff.
- 5.7 The unit must have access to an adequate gynaecological pathology service and have a research programme in the subspecialty field with access for the trainee to support his or her own training programme

6.0 TRAINING IN THE SUBSPECIALTY OF UROGYNAECOLOGY

- 6.1 **Definition:**
Subspecialists in urogynaecology should have a broad knowledge of the discipline. They must be clinically competent in pelvic floor and urinary incontinence surgery as well as conservative management of these conditions. They should be involved in basic and applied investigation in urogynaecology and pelvic floor dysfunction and should be able to provide a consultancy service to other obstetricians/gynaecologists. They must have a working understanding of modern methods of evaluation and surgical approaches (laparoscopy and urodynamics). In addition they must have knowledge of the management of sexual dysfunction in women.
- 6.2 **Training opportunities:**
At the conclusion of subspecialty training, and as a prerequisite for obtaining a certificate, trainees must be able to demonstrate that they have fulfilled all the requirements of the training programme as described in detail in the Appendix to this document.
- 6.3 **Clinical experience:**
Candidates must also be able to demonstrate that they have been exposed to the necessary clinical cases and have obtained the needed clinical experience by completing the Logbook as in the Appendix.
- 6.4 **Curriculum:**
The level of knowledge expected at the end of training and which will be assessed is outlined in the Appendix.

7.0 PRE-REQUISITES TO ENTRY INTO THE FINAL EXAMINATION

- 7.1 Candidates may enter the examination after a minimum of 18 months full-time or 3 years of part-time training at recognised centre; a certificate in a subspecialty of Obstetrics and Gynaecology will be awarded after all aspects of training has been completed and approved
- 7.2 Before being allowed to enter for the examination candidates must submit proof of completed training time and activities complying with the regulations at the time of entry into the examination. The completed portfolio of learning must reflect all of the candidate's academic and practical participation during the subspecialty training. It must reach the Academic Registrar in Johannesburg before the dates published on the CMSA website.

- 7.3 The portfolio must contain proof of fulfilment of the rotation requirements and the logbook should reflect clinical activities and technical experience according to the respective subspecialty's prescriptions reflected under point 9 below. The heads of the respective training units must confirm validity by signing the document. The portfolio must be approved by the Convenor before entry is gained to the examination.
- 7.4 Candidates who fail the examination may enter the examination again on the basis of their original accepted portfolio.
- 7.5 All subspecialty trainees should take part in the research effort of the training unit. The assessment of the research project will be the responsibility of the relevant university if the candidate has registered for a university degree as well. Research outputs are not part of the portfolio and are not required for the Certificates. Research methodology remains part of the curriculum of all subspecialties and will be assessed during the clinical examination.

8.0 THE WRITTEN COMPONENT OF THE FINAL EXAMINATION

- 8.1 The exit examination consists of a written and a clinical component. The written component will count 40% of the final assessment and the clinical examination 60%.
- 8.2 The written examination paper will consist of two papers each consisting of three questions, with or without subdivisions to allow shorter and longer questions, to a total of 100 marks per question and 300 marks per paper. There should be a minimum of four and a maximum of nine questions or subdivisions per paper and some of these may be replaced by multiple choice questions. Candidates will have three hours to complete each paper.
- 8.3 Candidates writing the Certificate in Maternal and Foetal Examination must pass both papers with an average of 50% to be invited to the clinical examination. For all other subspecialties, the total mark needs to be 50% to be invited to the clinical examination, with a subminimum of 45% in each paper.
- 8.4 Marks are submitted to the convenor who calculates the final marks and share these with the moderator. The convenor will round up the final mark only. The Colleges of Medicine of South Africa (CMSA) receives the approved list of candidates who are invited for the clinical examinations.
- 8.5 A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall automatically gain access to the clinical part of the examination without re-writing the written part. This exemption from the written part will be allowed only once for the next examination, after which the written part must be attempted again.

9.0 THE CLINICAL COMPONENT OF THE FINAL EXAMINATION

- 9.1 The clinical examination will count 60% of the final mark and consists of three parts: OSCE, OSPE and a discussion of the Portfolio and Research methodology.
- 9.2 The OSCE contributes 25% of the final mark and will consist of six to eight OSCE stations. Candidates will have eight to ten minutes to complete each OSCE station. The OSCE must be passed with an average mark of at least 50%.
- 9.3 The OSPE contributes 25% of the final mark and will consist of four structured clinical OSPE cases. Candidates will have 20 minutes preparation time followed by 20 minutes examination time for each case. The structured clinical cases will emphasise clinical problem solving. The four OSPE cases must be passed with an average mark of at least 50%, provided no more than one case is failed.
- 9.4 Each candidate will have a discussion lasting 30 minutes on the portfolio during which also assessment of the understanding of research methodology is established. This evaluation will contribute 10% towards the final mark for the clinical examination.
- 9.5 The final mark will be weighted and calculated as follows:
- | | |
|----------------------|------|
| Written examination | 40% |
| Clinical Examination | 60% |
| OSCE | 25% |
| OSPE | 25% |
| Portfolio | 10% |
| Total | 100% |

- 9.6 The outcome of the examination (pass or fail) will be communicated to candidates after the examiner's meeting on the day of the clinical examination. Candidates must notice and will be informed that the marks are provisional, and the CMSA Senate must still ratify the marks. The CMSA will communicate the final marks to candidates.

APPENDIX: CLINICAL TRAINING, LOGBOOK AND CURRICULUM**1.0 GENERAL UROGYNAECOLOGY ASSESSMENT****1.1 HISTORY****1.1.1. OBJECTIVES**

To demonstrate the knowledge, skills and attitudes required to make an appropriate clinical assessment of an urogynaecological patient. To understand the different facets of obtaining a history of the woman's condition:

- Obtain a general history
- Obtain a urinary/prolapse/fecal history
- Use standardised questionnaires, including quality-of-life (QoL) questionnaires
- Utilisation of appropriate special investigations

1.1.2. KNOWLEDGE CRITERIA

- Symptoms and signs of pelvic organ prolapse and urinary/anal incontinence
- Relationships with other medical conditions
- How standardised questionnaires are devised and used
- Meaning of QoL questionnaires
- Understanding of how questionnaires are validated

1.1.3. CLINICAL COMPETENCY

- Take an appropriate history
- Present relevant history for patients with either urinary, prolapse or fecal problems
- Use of appropriate standardised and QoL questionnaires

1.1.4. PROFESSIONAL SKILLS AND ATTITUDES

- Ability to take an appropriate history
- Ability to use appropriate standardised questionnaires and to analyse them
- Ability to use appropriate QoL questionnaires and to analyse them

1.1.5. TRAINING SUPPORT

- Tailored clinical experience
- Observation of, assisting and discussion with senior medical staff
- Personal study and research
- Appropriate postgraduate education courses

1.1.6. EVIDENCE

- Feedback from trainer
- Research report/publication
- Logbook of competences and experience
- Interim/final assessment
- Attendance of appropriate courses

1.2. EXAMINATION**1.2.1. OBJECTIVES**

To be able to carry out a competent examination:

- Undertake a general examination
- Undertake a pelvic examination, including standardised methods of assessment
- Undertake a relevant neurological examination

1.2.2. KNOWLEDGE CRITERIA

- Examination findings relevant to lower urinary tract disorders
- Examination findings relevant to women with prolapse
- Examination findings relevant to patients with lower bowel disorders
- Neurological findings in women with denervation of the pelvic floor and neurological conditions affecting the lower urinary tract (e.g. multiple sclerosis) and rectum

1.2.3. CLINICAL COMPETENCY

- Carry out an appropriate general, pelvic floor and neurological examination

1.2.4 PROFESSIONAL SKILLS AND ATTITUDES

Ability to:

- Carry out an appropriate general examination, especially abdominal
- Carry out an appropriate pelvic examination, including usage of Pelvic Organ Prolapse Quantification (POPQ) system or new assessments methods as they are introduced into clinical practice
- Carry out an appropriate neurological examination, especially pelvic floor innervation
- Carry out an appropriate pelvic floor assessment by ultrasound

1.2.5 TRAINING SUPPORT

- Tailored clinical experience
- Observation of, assisting and discussion with senior medical staff
- Personal study and research
- Appropriate postgraduate education courses

1.2.6 EVIDENCE

- Feedback from trainer
- Logbook of competences and experience
- Research report or publication

1.3. INVESTIGATIONS**1.3.1 OBJECTIVES**

To be able to select appropriate tests and carry out the test proficiently and interpret the results

KNOWLEDGE CRITERIA

Investigations of lower urinary tract:

- Urinalysis
- Urine culture and cytology
- Frequency/volume charts
- Pad test
- Bladder scan
- Uroflowmetry
- Cystometry
- Urodynamics
- Urethral function studies
- Cystourethroscopy: rigid/flexible

1.3.2 INVESTIGATIONS OF UPPER URINARY TRACT

- Renal ultrasound
- Abdominal X-ray
- Intravenous urogram
- Interpretation of abdominal and pelvic CT scan and MRI

1.3.3 NEUROUROLOGY

- Pelvic floor electromyography

1.3.4 PELVIC FLOOR INVESTIGATION

- Perineometry
- Magnetic resonance imaging
- Perineal ultrasound
- Intravaginal ultrasound

1.3.5 COLORECTAL

- Anorectal function studies
- Barium enema
- Defecating proctogram
- Endoanal ultrasound

1.3.6 CLINICAL COMPETENCY

- Initiates investigations, understands and interprets results

1.3.7 PROFESSIONAL SKILLS AND ATTITUDES

- Ability to understand impact of results on clinical management
- Ability to select appropriate tests and carry out the test proficiently and interpret the results
- Ability to carry out research

1.3.8 TRAINING SUPPORT

- Direct observation
- Attendance at multidisciplinary team meetings

1.3.9 EVIDENCE

- Log book of competences and experience
- Interim/final review
- Proof of proficiency in:
 - Urodynamics
 - Cystoscopy

2.0 CONSERVATIVE MANAGEMENT OF UROGYNÆCOLOGICAL CONDITIONS**2.1 OBJECTIVES**

To demonstrate a thorough understanding of the evaluation and treatment of lower urinary tract disorders using conservative measures (including recommendations of the International Consultation on Incontinence).

- Anatomy and function of lower urinary tract and pelvis
- Fluid management
- Physical therapies
- Pharmacological therapies
- Catheters and drug therapies for voiding difficulties
- Pessaries for prolapse
- Diet and bowel movement
- Other therapies

2.2 KNOWLEDGE CRITERIA

- Anatomy, physiology and pathophysiology of lower urinary tract, pelvis, pelvic floor and lower bowel and anus
- Effects of abnormal anatomy, physiological events and systemic disease
- Related symptoms and clinical findings
- Principles of pharmacology and mode of action of substances acting on pelvic organs, lower urinary tract and bowel
- Indications for and fitting of ring and other pessaries
- Clinical trials cohort, case control and other analytic studies and how they are conducted
- Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns
- Pharmacology, including mechanism of action, adverse effects and interaction, for treatment of:
 - o Overactive bladder syndrome
 - o Nocturnal frequency and nocturia
 - o Stress urinary incontinence
 - o Painful bladder syndrome
 - o Constipation
 - o Use of hormone replacement therapy
- Effects of drugs used in other conditions on the lower urinary tract system and bowel
- Principles of different modalities of pelvic floor exercises:
 - o Cones
 - o Electrical therapy
 - o Magnetic stimulator
 - o Biofeedback
- Overactive bladder syndrome:
 - o Principles of and possible indications for treatment:
 - Biofeedback
 - Acupuncture
 - Hypnotherapy
 - Psychotherapy
 - Physiotherapy

2.3 CLINICAL COMPETENCY

- Take a history and carry out appropriate examination
- Analyse charts (frequency, frequency/volume, input/output) and give advice from the recordings presented
- Assess pelvic floor strength
- Insert catheters
- Teach intermittent self-catheterisation
- Fit and change pessaries

2.4 PROFESSIONAL SKILLS AND ATTITUDES

- Ability to apply knowledge of anatomy, physiology and function to the clinical situation
- Ability to tailor treatment, taking into consideration underlying condition
- Ability to take a history, including standardised questionnaire, QoL
- Ability to demonstrate how recommendations to the patient depend on charts provided
- Ability to perform an appropriate general, pelvic floor and neurological examination
- Ability to implement drug management for incontinence
- Ability to insert a suprapubic catheter
- Ability to change a permanent suprapubic catheter
- Ability to teach intermittent self-catheterisation
- Ability to fit and change pessaries

2.5 TRAINING SUPPORT

- Appropriate courses/training days
- Observation of, assisting and discussion with senior medical staff
- Personal study and research
- Tailored clinical experience
- Discussions with physiotherapists
- Working with continence nurse specialist

2.6 EVIDENCE

- Demonstrates adequate exposure during training
- Logbook of competences and experience
- Research report or publication
- Feedback from trainer
- Interim/final assessment

3.0 SURGICAL TREATMENTS**3.1 OBJECTIVES**

To demonstrate the knowledge and skills to understand the indications for and the ability to carry out the required surgical procedures. This includes the skills and attitudes to counsel patients appropriately, to have an understanding of potential surgical complications and how to deal with them when they occur

3.2 KNOWLEDGE CRITERIA

Urodynamic stress incontinence:

- Colposuspension (open and/or laparoscopic)
- Midurethral slings (transobturator and retropubic)
- Bladder-neck injections
- Peri-urethral bulking
- Fascial slings
- Botulinus toxin injections
- Secondary surgery for urodynamic stress incontinence

3.3 VOIDING DIFFICULTIES

- Urethral dilatation
- Urethrolysis
- Urethral diverticulum
- Postoperative problems
- Advantages/disadvantages of different techniques

3.4 PELVIC ORGAN PROLAPSE

- Anterior and posterior repairs
- Perineal body repair
- Paravaginal repair
- Vaginal hysterectomy
- Uterosacral plication / suspension (open and/or laparoscopic)
- Moschcowitz, Halban repair
- McCall culdoplasty
- Sacrospinous fixation
- Enterocoele repair (abdominally/vaginally)
- Mesh repair
 - o Abdominal (open/laparoscopic)

3.5 VAULT PROLAPSE

- Sacrospinous fixation
- Uterosacral vault suspension (open/closed)
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures, including rectocoele repair and perineal body repair

3.6 CLINICAL COMPETENCY

Counsel patients appropriately.

Perform procedures for treatment of urodynamic stress incontinence:

- Colposuspension (open and/or laparoscopic)
- Midurethral slings
- Bladder neck injections
- Secondary surgery for urodynamic stress incontinence

3.7 PERFORM URETHRAL DILATATION

Perform repair of pelvic organ prolapse:

- Anterior repair
- Paravaginal repairs
- Vaginal hysterectomy
- Posterior repair
- Uterosacral plication and ligament suspension
- Moschcowitz or Halban (open and/or laparoscopic)
- McCall culdoplasty
- Enterocoele repair (vaginally and abdominally)
 - Prosthetic material repairs including laparoscopic procedures using mesh
- Fistula repair (urogenital, anal and rectal)

3.8 PERFORM REPAIR OF VAULT PROLAPSE

- Sacrospinous fixation
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures, including repair of rectocoele and perineal body deficiency

3.9 ANAL SPHINCTER DYSFUNCTION AND REPAIRS

- Anal incontinence
- Anal sphincter repairs

3.10 MANAGE COMPLICATIONS OF SURGICAL PROCEDURES

- Fistula repair (anterior / posterior)
- Removal of mesh/repair of erosion
- Vaginoplasty
- Management of dyspareunia and pelvic pain
- Botox treatment
- Counsel patients with failed previous surgery.
- Management of acontractility and obstruction.
- Instruct patients in techniques for treatment of voiding difficulties.

3.11 PROFESSIONAL SKILLS AND ATTITUDES

Ability to perform procedures for treatment of urodynamic stress incontinence

- Colposuspension (open and/or laparoscopic)
- Midurethral slings (transobturator and retropubic)
- Bladder neck injections

3.12 Secondary surgery for urodynamic stress incontinence**3.13 ABILITY TO PERFORM URETHRAL DILATATION****3.14 ABILITY TO PERFORM REPAIR OF PELVIC ORGAN PROLAPSE**

- Anterior repair
- Paravaginal repairs
- Vaginal hysterectomy
- Posterior repair, including perineal body repair
- Uterosacral plication and ligament suspension / Moschcowitz or Halban (open and/or laparoscopic) / McCall culdoplasty
- Enterocele repair (vaginally and abdominally)
- Mesh repairs:
 - Self-fashioned mesh procedures
 - Anterior and posterior trocar-based kits
 - Non-trocar-based kits
 - Abdominal procedures using mesh (open/laparoscopic)

3.15 ABILITY TO PERFORM REPAIR OF VAULT PROLAPSE

- Sacrospinous fixation
- Sacrocolpopexy (open and/or laparoscopic)
- Other vaginal procedures

3.16 ABILITY TO WORK AND COMMUNICATE WITH OTHER PROFESSIONALS**3.17 ABILITY TO COUNSEL PATIENTS****3.18 ABILITY TO FORMULATE A MANAGEMENT PLAN AND MODIFY IF NECESSARY****3.19 ABILITY TO CONDUCT RESEARCH****3.20 TRAINING SUPPORT**

- Direct observation/supervision
- Training programme
- Courses, workshops and congresses

3.21 EVIDENCE

- Logbook of competences and experience
- Research report or publication
- Feedback from trainer
- Proof of proficiency in:
 - Abovementioned surgical procedures
 - Staff management
 - Collaboration with colleagues
 - Participation in multiprofessional team meetings

Research project (see later)

4.0 NEUROLOGY**4.1 OBJECTIVES**

To understand the effects of neurological conditions on the lower urinary tract and pelvic floor

To understand and have knowledge of the principles of specialist assessment and treatments for bladder dysfunction

4.2 KNOWLEDGE CRITERIA

Effects of neurological conditions on lower urinary tract and pelvic floor function

- 4.3 LOWER URINARY TRACT MANIFESTATIONS OF
- Spina bifida
 - Multiple sclerosis
 - Parkinson's disease
 - Spinal cord injury
 - Lower motor neurone neuropathy
 - Stroke
- 4.4 PELVIC FLOOR ELECTROMYOGRAM
- Use of sacral nerve stimulators
 - Intravesical botulinum toxin
- 4.5 CLINICAL COMPETENCY
- Carry out an appropriate neurological examination and order appropriate investigations
 - Interpret pelvic floor electromyogram results
 - Manage patients with neurological conditions affecting the bladder
- 4.6 PROFESSIONAL SKILLS AND ATTITUDES
- Ability to assess patients and counsel appropriately
 - Ability to understand relationship between neurological conditions and lower urinary tract function
 - Ability to carry out an appropriate neurological examination and order appropriate investigations
- 4.7 TRAINING SUPPORT
- Tailored clinical experience
 - Observation of, assisting and discussion with senior medical staff
 - Personal study
 - Appropriate postgraduate education courses
 - Work with other disciplines e.g. neurology
- 4.8 EVIDENCE
- Log of experience and competence
 - Interim/final review
- 4.9 OTHER RELATED SKILLS AND EXPERTISE
- Leadership
Candidates are encouraged to attain the staff principles of leadership and management
 - Teaching
Candidates must acquire the ability of medical teaching by means of modern didactical methods
 - Scientific meeting
Candidates must have the opportunity of attending appropriate scientific meetings and to present papers at these meetings
 - Candidates should be encouraged to attend meetings of IUGA and the International Continence Society
 - Candidates must be fully involved in the under and postgraduate training programmes of the training unit and department hosting the unit
 - Candidates must gain experience of appraisal and assessment techniques
 - The candidates should be able to discuss the ethical and legal aspects of the clinical practice of Urogynaecology within the scope of national law and regulations
 - The candidates should be given some administrative experience and responsibility which will enable him/her to manage an urogynaecologic practice or unit in the future.