



C M S A

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THE COLLEGE UROLOGISTS OF SOUTH AFRICA

R E G U L A T I O N S
FOR ADMISSION TO THE EXAMINATION FOR
POST-SPECIALISATION

SUB-SPECIALTY CERTIFICATE

IN

Urogynaecology
Cert Urogynaecology(SA)

1.0 BACKGROUND

The discipline of Urogynaecology aims to improve the quality of life of patients suffering from pelvic floor dysfunction. This document outlines the criteria for subspecialisation, accreditation of a training unit and for applications from individuals who want to have Certification in Urogynaecology (URO) and who would qualify for the “grandfather clause”.

2.0 DEFINITION

Urogynaecology covers the field of pelvic organ prolapse and pelvic floor dysfunction. It also includes benign disorders of the lower urinary tract and the anorectal system. Included are disorders such as fistula of the lower genital tract and congenital abnormalities of the genital system in females. This subspecialty incorporates, but is not limited to, previously used terms including urogynaecology and pelvic floor reconstruction, female urology and pelvic floor medicine and surgery.

3.0 ACCREDITATION AND TRAINING

Subspecialist training posts will be at subspecialty trainee level. More than one centre may provide the programme, provided it is recognised by the HPCSA as a subspecialty training centre.

3.1 The programme must include theoretical instruction, (including the relevant basic sciences), intensive clinical experience in the subspecialty and a research component. The accreditation of pelvic floor medicine will have the following objectives:

3.1.1 To improve the quality of care of patients with pelvic floor disorders.

3.1.2 To improve knowledge, practice, teaching and research in this field.

3.1.3 To promote the development of centres of excellence, with specialised expertise, facilities and clinical material. This will be of considerable benefit to patients with severe or complicated pelvic floor disorders and will, in turn improve the quality of their care.

3.1.3 To promote research in the field of pelvic floor dysfunction.

3.1.4 To set acceptable standards of clinical care in the field of urogynaecology.

3.1.5 To promote collaboration with other disciplines involved in the field of urogynaecology.

3.1.6 To encourage the coordinated management of clinical services in urogynaecology in South Africa.

4.0.../

4.0 GENERAL REQUIREMENTS FOR TRAINING CENTRES AND ACCREDITATION OF UNITS

- 4.1. Practitioners will be certified following completion of training in accredited centres.
- 4.2. The Health Professions Council of SA (HPCSA) will be responsible for accreditation of practitioners.
- 4.3. The Colleges of Urology is responsible for ensuring an acceptable curriculum, examination and assessment in urogynaecology.
- 4.4. A training unit must be part of a university Department of Urology within South Africa and may include more than one institution. During accreditation of a site, the training directors should provide adequate motivation for involving more than one institution and provide details of the practicality of multiple sites.
- 4.5. The programme director will coordinate the training programme and accept full responsibility for the supervision of the trainee. When more than one centre is involved in the programme, a supervisor should be appointed at each centre. The programme director will, however, accept full responsibility for the training programme. Programme directors will be required to be certified in Urogynaecology through the College of Urology.

5.0 PROCEDURES FOR ACCREDITATION OF TRAINING UNITS

- 5.1. The Director of the unit applies to the HPCSA for registration.
- 5.2. The Unit will supply the following information:
 - 5.2.1 The unit's name and geographical location.
 - 5.2.2 A complete list of the staff, both of the unit itself, and other departments and units or individuals involved in the training programme. The qualifications and job descriptions of all staff should be provided.
 - 5.2.3 A description of the facilities for clinical, training and research activities.
 - 5.2.4 An outline of the clinical workload and referral system.
 - 5.2.5 The training programme.
 - 5.2.6 The assessment and examination process.
 - 5.2.7 Research outputs of the unit over the previous five years.
- 5.3. The HPCSA will assign one specialist from the College of Urologists, to evaluate the unit. This will include an on-site visit and it will be conducted at the expense of the HPCSA.
- 5.4. Criteria for accreditation of a unit:
 - 5.4.1 Affiliation to a South African university's faculty of health sciences' Department of Urology.
 - 5.4.2 The program director is required to have certification in Urogynaecology
 - 5.4.3 Each unit must provide evidence of clinical collaboration between the disciplines of Obstetrics and Gynaecology, Urology, Surgery (colo-rectal) and Physiotherapy.
 - 5.4.4 A work load of at least one specialist pelvic floor clinic and one full day theatre session per week, with a minimum of three eligible pelvic floor surgical procedures per week.
 - 5.4.5 Provide a service for the referral and transfer of patients with urogynaecological problems.
 - 5.4.6 Sufficient workload which includes a wide variety of urogynaecological problems.
 - 5.4.7 Access to a well-equipped urodynamic laboratory.
 - 5.4.8 Access to diagnostic aids including ultrasound, radiology and anorectal function studies.
 - 5.4.9 Close collaboration with allied disciplines which includes cross-referral (Physiotherapy, Neurology, continence nurse advisor, Gastro-enterology and an expert in Geriatric medicine).
 - 5.4.10 An established collaboration between pelvic floor specialists in the region, which includes a role in continuing medical education.
 - 5.4.11 An audit system.
 - 5.4.12 Adequate medical and nursing staff.
 - 5.4.13 The ratio of full-time teacher to trainee should be not less than 1:1.
 - 5.4.14 An established academic training programme with adequate library facilities and appropriate internet access.
 - 5.4.15 An established research environment and programme.
 - 5.4.16 The programme director and other supervisors must spend at least 50% of their time in clinical practice within the training unit.

- 5.5 Ideally, the inspection panel will spend at least one day inspecting the unit. The panel will have access to all the facilities and will be given an opportunity to interview all staff members involved in the programme.
- 5.6 On completion of the inspection visit, the panel must submit a complete report in writing, together with a recommendation of approval or not, to the HPCSA. Such a report must be submitted within 4 weeks.
- 5.7 The HPCSA may request clarity on certain issues, either from the panel members or the programme director of the unit.
- 5.8 Final approval will be given by the HPCSA to the programme director of the unit. Such a letter must be issued within 6 months of the date of inspection.
- 5.9 Training units will be subject to the standard follow up accreditation visits by the HPCSA as other accredited training programmes.
- 5.10 If a training unit develops into an independent department, the criteria outlined above will still apply.

6.0 TRAINING IN UROGYNAECOLOGY

6.1 Requirements

6.1.1 Trainees should be HPCSA registered specialists in Urology.

6.1.2 Every training unit may set up additional requirements for their training programme for subspecialisation.

6.2 Length of training

6.2.1 The required length of training to obtain certification in Urogynaecology is a minimum of 1 year full time or 2 years part time.

6.2.2 Individual training centres may increase the length of training to accommodate their requirements for subspecialist training.

6.3 Curriculum

The curriculum consists of five components. Aside from the components, the trainees must also demonstrate that they have achieved a thorough understanding of the anatomy, physiology and pharmacology of the lower urinary tract, the pelvic floor and the lower large bowel. The impact of pregnancy, parturition, menopause and ageing on the pelvic organs are included. They must also be aware of the effects of disease, both mental and physical, on the pelvic organs. The specific conditions that the trainee must be familiar with are listed below. An understanding of these is expanded upon within the components.

Urogynaecology addresses the following conditions:

- Stress urinary incontinence
 - Detrusor overactivity
 - Trauma and congenital abnormalities resulting in incontinence (urinary and faecal)
 - Voiding disorders and urinary retention
 - Overactive bladder syndrome
 - Pelvic pain
 - Benign urethral lesions, eg diverticulae
 - Lower urinary tract and lower gastrointestinal tract fistula
 - Pelvic organ prolapse, both primary and recurrent
 - Painful bladder syndrome
 - Effects of pelvic surgery and irradiation on the lower bowel, urinary tract and pelvic floor
 - Urinary and bowel disorders in pregnancy
 - Evaluation and care of the elderly
 - Lesions of the central nervous system affecting urinary, faecal control and pelvic floor
 - Constipation and evacuation disorders
- Disorders of lower.../

- Disorders of lower gastro-intestinal tract function including incontinence and motility
- Anal sphincter injury
- Urinary disorders in childhood
- Urinary tract infections: bacterial, Tuberculosis, Schistosomiasis
- HIV related voiding dysfunction and effects on lower urinary tract
- Sexually transmitted diseases
- Emotional and behavioural disorders
- Hormone deficiency states
- Urinary problems secondary to medical disorders and drugs
- Symptoms associated with sexual intercourse, eg coital incontinence, dyspareunia

In addition to the clinical aspects of the curriculum, it is well recognised that a detailed knowledge of pelvic floor anatomy, physiology and pathology is required to manage patients with pelvic floor dysfunction.

This includes:

- Knowledge of pelvic anatomy, including genital, urinary, colorectal, and musculoskeletal elements.
- Vascular and nerve supply to each of the pelvic organs and structures, including the external genitalia, uterus, kidney, ureter, bladder, and recto-sigmoid.
- Normal anatomic supports of the vagina, rectum, bladder, urethra, and uterus, including the bony pelvis, pelvic floor nerves and musculature, and connective tissue.
- Inter-relationships and function of the pelvic organs and support mechanisms.
- Anatomy, borders, and content of the pelvic and retroperitoneal spaces.
- Anatomy of the anterior abdominal wall.
- Vascular and nerve supply to the urethral and anal sphincter mechanisms.
- Normal function of the lower urinary tract during storage and micturition and the mechanisms responsible for urinary continence. (MK)
- Role of central nervous system pathways and centres that modulate lower urinary tract function.
- Influence of the sympathetic and parasympathetic nervous systems on lower urinary tract function.
- Role of neurotransmitters on lower urinary tract function, including adrenergic, cholinergic, inflammatory mediators, nitrous oxide, ATP, growth factors, and other neurotransmitters on lower urinary tract function.
- Visceral and somatic afferent and efferent neural pathways on lower urinary tract function.
- Anatomic factors which affect continence and micturition.
- Urethral sphincter mechanism at rest and with physical stress.
- Specific actions of various pharmacologic agents on lower urinary tract function.
- Mechanism of action and effect of estrogen and progesterone on genitourinary tract function.
- Physiology of colorectal function.
- Role of the central, spinal, and supraspinal nervous systems, including visceral and somatic afferent and efferent neural pathways on colorectal function.
- Normal utero-vaginal physiology and function.

7.0 GUIDELINES TO TRAINING

7.1 General Pelvic Floor Assessment

7.1.1 History

7.1.1.1 Objectives

To demonstrate the knowledge, skills and attitudes required to make an appropriate clinical assessment of a patient with pelvic floor dysfunction. To understand the different facets of obtaining a history from a patient with these problems:

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

7.1.1.2 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 questionnaires and validation

7.1.1.3 Clinical competency

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

7.1.1.4 Professional skills and attitudes

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

7.1.1.5 Training support

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

7.1.1.6 Evidence

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

7.1.2 Examination

7.1.2.1 Objectives

To be competent in performing a pelvic floor examination:

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

7.1.2.2 Knowledge criteria

- Examination findings relevant to women with lower urinary tract disorders, prolapse and 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

7.1.2.3 Clinical competency

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

7.1.2.4 Professional skills and attitudes

The trainee should be competent in the following:

- General and abdominal examination.
- Pelvic examination, including use of the Pelvic Organ Prolapse Quantification (POPQ) system and other new assessments methods as they are introduced into clinical practice
- Neurological examination with a focus on pelvic floor innervation
- Pelvic floor ultrasound

7.1.2.5 Training support

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

7.1.2.6 Evidence

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

7.1.3 Investigations

7.1.3.1. Objectives

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

7.1.3.2. 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
- Proctoscopy and sigmoidoscopy

Investigations of upper urinary tract:

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

Neurourology:

- Pelvic floor electromyography

Pelvic floor investigation:

- Perineometry
- Magnetic resonance imaging
- Perineal ultrasound
- Transvaginal ultrasound

Colorectal:

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

7.1.3.3 Clinical competency

Initiates investigations, understands and interprets results.

7.1.3.4 Professional skills and attitudes

- Understands the impact of results on clinical management
- Selects appropriate investigations, is able to perform the test proficiently and interpret the results
- Able to carry out research

7.1.3.5 Training support

- Direct observation
- Attendance at multidisciplinary team meetings

7.1.3.6 Evidence

Trainees will be expected to submit a portfolio 3 months prior to being admitted to the examination. This will include:

- A Log book of competences and experience
- 8 case reports covering a range of pelvic floor medicine pathology. The case reports should have a discussion section of 800 to 1000 words.
- Report on the Interim and final review
- Proof of proficiency in: - Urodynamics
- Cystoscopy

7.2 Conservative Management of Pelvic Floor Dysfunction

7.2.1 Objectives

To demonstrate a thorough understanding of the evaluation and treatment of pelvic floor 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

7.2.2 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.
- Use of different charts to assess intake and/or output and to assess and treat women with abnormal voiding patterns.
- Pharmacology, including mechanism of action, adverse effects and drug interactions, for treatment of:
 - Overactive bladder syndrome
 - Nocturnal frequency and nocturia
 - Stress urinary incontinence
 - Painful bladder syndrome
 - Constipation
 - Hormone therapy

Effects of drugs used in other conditions on the lower urinary tract system and bowel.

Principles of different modalities of pelvic floor exercises:

- Cones
- Electrical therapy
- Magnetic stimulator
- Biofeedback

Overactive bladder syndrome:

- Principles of and possible indications for treatment:
- Biofeedback
- Acupuncture
- Hypnotherapy
- Psychotherapy
- Physiotherapy

7.2.3 Clinical competency

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

7.2.4 Professional skills and attitudes

- Apply knowledge of anatomy, physiology and function to the clinical situation.
- Tailor treatment, taking into consideration the underlying condition.
- History taking, including standardised questionnaires and QoL.
- Ability to perform an appropriate general, pelvic floor and neurological examination.
- Implement drug management for incontinence.
- Insertion of a suprapubic catheter.
- Change a permanent suprapubic catheter.
- Teach intermittent self-catheterisation.
- Fit and change pessaries.
- Pharmacology, including mechanism of action, adverse effects and drug interactions, for treatment of:
 - Overactive bladder syndrome
 - Nocturnal frequency and nocturia
 - Stress urinary incontinence
 - Painful bladder syndrome
 - Constipation
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- Ability to perform an appropriate general, pelvic floor and neurological examination.
- Implement drug management for incontinence.
- Insertion of a suprapubic catheter.
- Change a permanent suprapubic catheter.
- Teach intermittent self-catheterisation.
- Fit and change pessaries.

7.2.7 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.

7.2.8 Evidence

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

7.3 Surgical Treatments

7.3.1 Objectives

Demonstrates an understanding of the indications for the various surgical procedures. This includes the ability to counsel patients appropriately. Trainees should also acquire an understanding of the potential surgical complications and how to deal with them when they occur.

7.3.2 Knowledge and clinical competency

Stress urinary incontinence:

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

Voiding difficulties:

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

Perform Urethral Dilatation

Pelvic organ prolapse:

- Anterior and posterior repair
- Perineal body repair
- Paravaginal repair
- Vaginal hysterectomy
- Uterosacral plication / suspension (open and/or laparoscopic)
- Moschowitz, Halban repair
- McCall culdoplasty

- Sacrospinous fixation

- Sacrospinous fixation
- Enterocoele repair (abdominally/vaginally)
- Mesh repair
 1. Self-fashioned mesh procedures
 2. Anterior and posterior trocar-based kits
 3. Non-trocar-based kits
 4. Laparoscopic procedures using mesh

Vault prolapse:

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

Fistula repair

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

7.3.3 Professional skill

- Work and communicate with other professionals.
- Counselling of patients.
- Ability to formulate a management plan and modify if necessary.
- Ability to conduct research.

7.3.4 Training support

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

7.3.5 Evidence

- Logbook of competences and experience
- Research publication in University accredited peer reviewed journal.
- Feedback from trainer
- Proof of proficiency in:
 - Abovementioned surgical procedures
 - Staff management
 - Collaboration with colleagues
 - Participation in multi-disciplinary team meetings

7.4 Neurology

7.4.1 Objectives

- To understand the effects of neurological conditions on the lower urinary tract and pelvic floor.
- To understand and to have knowledge of the principles of specialist assessment and treatments for bladder dysfunction.

7.4.2 Knowledge criteria

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

Lower urinary tract manifestations of:

- Spina bifida
- Multiple sclerosis
- Parkinson's disease
- Spinal cord injury
- Lower motor neurone neuropathy
- Stroke

Pelvic floor electromyogram:

- Use of sacral nerve stimulators
- Intravesical botulinum toxin

Knowledge of the management of patients with neurological conditions affecting the bladder.

7.4.3 Clinical competency

- Carry out an appropriate neurological examination and order appropriate investigations.
- Interpret pelvic floor electromyogram results.

7.4.4 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.

7.4.5 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.

7.4.6 Evidence

- Log of experience and competence
- Interim/final review
- Research publication in University accredited peer reviewed journal.

7.5 Specialist Urology**7.5.1 Learning outcomes:**

- To understand and demonstrate a knowledge of specialist surgical treatments for urodynamic stress incontinence and detrusor overactivity
- To understand fistula management and be able to diagnose and treat urethral diverticula
- To be able to diagnose ureteric problems and use stents appropriately
- To understand the principles of ureteric reimplantation, anastomosis and nephrostomy

7.5.2 Knowledge criteria

Surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity:

- Fascial slings
- Artificial urinary sphincters
- Augmentation cystoplasty
- Urinary diversion procedures
- Botulinum toxin injections

Fistulae (vesicovaginal, ureterovaginal, urethrovaginal):

- Investigation and diagnostic criteria
- Surgical principles of fistula repair and complications that may occur
- Urethral diverticula

Treatments for ureteric obstruction and ureteric injury:

- Ureteric stents (double J stents or ureteric catheters)

Surgical principles of ureteric reanastomosis and reimplantation techniques

7.5.3 Clinical competency

- Determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity
- Undertake investigations and counsel patients appropriately
- Diagnose fistulae and order appropriate investigations
- Diagnose and treat urethral diverticula
- Insert appropriate ureteric stents

7.5.4 Professional skills and attitudes

- Ability to determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity
- Ability to assess patients and counsel appropriately
- Ability to understand and use upper renal tract investigations appropriately
- Ability to manage ureteric injury and obstruction
- Ability to insert appropriate ureteric stents

7.5.5 Training support

- Observation, assisting and discussion with senior medical staff
- Personal study
- Appropriate postgraduate education courses
- Feedback from trainer
- Work with clinicians in other disciplines e.g. urologists
- Tailored clinical experience
- Attachment to radiology department

7.5.6 Evidence/assessment

- Case-based discussions
- Logbook of competences and experience
- Annual subspecialty assessment

8.0 OTHER RELATED SKILLS AND EXPERTISE

8.1 Leadership

Trainees are encouraged to acquire leadership and management skills.

8.2 Teaching

- Trainees must demonstrate the ability to teach using modern didactical methods.
- Trainees must be fully involved in the under and postgraduate training programmes of the training unit and department hosting the unit.

8.3 Scientific meetings

- Trainees must have the opportunity of attending appropriate scientific meetings and to present papers at these meetings.
- Trainees should be encouraged to attend meetings of the International Urogynaecology Association and the International Continence Society.

8.4 Assessment

- Trainees must gain experience of appraisal and assessment techniques.

- 8.5 Ethics and medico-legal aspects
- The trainee should be able to discuss the ethical and legal aspects of the clinical practice of Pelvic Floor Medicine within the scope of national law and regulations.

- 8.6 Administration
- The trainee should be given administrative experience and responsibility which will enable him/her to manage a pelvic floor practice or unit.

9.0 ASSESSMENT OF TRAINING

- Trainees must keep a log book of training and experiences.
- Training must be evaluated periodically (e.g. every six months) by the programme director.
- A research project must be completed during the training period which must be published in a university accredited scientific journal.
- The successful completion of a final examination is a prerequisite for registration as a subspecialist in Urogynaecology (URO) by the HPCSA.

10.0 FORMAT OF THE FINAL EXAMINATION

- 10.1 There will be four examiners for each exam, including two from the candidate's specialty and one from each of the other specialties.
- 10.2 The written paper will consist of a three hour written paper of long essay questions, weighting of 25%.
- 10.3 The clinical part of the exam will consist of a long case (30%), 3 OSPES (10% each) and 20-minute oral (15%).
- 10.4 The pass mark for each section of the exam is 50% with a subminimum of 45%.

11.0 REGISTRATION OF SUBSPECIALISTS WITHOUT FORMAL TRAINING AND ASSESSMENT (THE GRANDFATHER CLAUSE)

There is a need for teachers in Pelvic Floor Medicine. In addition, accredited specialists with expertise in this field are currently required and it will be necessary for these practitioners to register as subspecialists once the Certificate in Pelvic Floor Medicine has been approved and registered by the HPCSA. Allowance will be made for such people to register as subspecialists according to the following criteria:

- 11.1 This will apply for three years following the date of registration of Pelvic Floor Medicine as a subspeciality by the HPCSA.
- 11.2 Practitioners registered with the HPCSA as a specialist Urologist will be eligible for such registration.
- 11.3 Registration will be done by the HPCSA according to the following criteria:
- 11.3.1 Proof that the candidate spends at least 30% of his/her time in clinical practice in the field of Pelvic Floor Medicine.
- 11.3.2 Proof of special expertise in the field of Urogynaecology.
- 11.3.2.1 The candidate must submit an application in writing to the HPCSA.
- 11.3.2.2 Certification as a subspecialist is subject to the same criteria as certification as a specialist in other specialties