



*The Hong Kong College of  
Obstetricians and Gynaecologists*

*Urogynaecology Subspecialty  
Training and Development*

*2016*

## **A. TERMS OF REFERENCE OF UROGYNAECOLOGY SUBSPECIALTY BOARD**

### **1. The Urogynaecology (UG) Board is**

- a. to uphold and improve the standard of UG service in Hong Kong
- b. to improve knowledge, practice, teaching and research in the field of UG to promote the concentration of specialized expertise and facilities to improve access to care
- c. to establish a close understanding and working relationship with other disciplines
- d. to encourage coordinated management of relevant clinical services throughout the region
- e. to strive for local, regional and international recognition of UG as a subspecialty
- f. to formulate and to establish training guidelines
- g. to assess, to accredit and to monitor training centres, training programmes, trainers and trainees
- h. to coordinate continuous medical education in the field of UG
- i. to organize and to conduct subspecialty examinations with the authorization of the Council of the HKCOG
- j. to recommend to the Council and HKAM candidates for the award and re-certification of UG subspecialists

### **2. The UG Board is**

- a. under the auspices of the Subspecialty Committee and the Council of the HKCOG
- b. to liaise with the Education Committee on issues regarding training and examination of the subspecialty in UG
- c. to liaise with the Manpower Committee/Working Group/Task Force on the training of UG subspecialists
- d. to be composed of 5 to 9 members with a majority being UG subspecialists. The subspecialist members should be elected amongst those subspecialists registered with the HKCOG. There should be at least one general specialist in the Board, who is to be appointed by the HKCOG Council. If possible, at least one member would come from each of the University / Hospital Authority / Private Sectors. The terms of office of Board members would be 3 years.
- e. to be chaired by a chairperson who is to be elected among the Board members every 3 years and endorsed by the Council. The chairperson should be a UG subspecialist and the term of office will be 3 years. The chairperson is eligible for election for a maximum of 3 consecutive terms.

## **B. UROGYNAECOLOGY TRAINING PROGRAMME AND ACCREDITATION**

### **1. Objectives**

UG subspecialists after completion of the training programmes should have acquired comprehensive knowledge and skill in the subject. They should have a broad knowledge of the physiology and pathology of the female pelvic floor disorders. They must be clinically competent in the diagnosis and management with urogynecological problems. They should be involved in the organization of the clinical service, in research, in postgraduate teaching and in providing a consultancy service to other obstetricians and gynaecologists in the area of UG.

### **2. Curriculum Knowledge and skills**

The training of a UG subspecialist should include both knowledge and skill in the following 7 modules:

- Module 1: Generic module for all subspecialties
- Module 2: General urogynaecology assessment
- Module 3: Conservative management of urogynaecological conditions
- Module 4: Surgical treatments
- Module 5: Urology
- Module 6: Colorectal
- Module 7: Neurology

#### 2.1 Knowledge - a detailed understanding of:

- a. the embryology of the pelvis, the pelvic musculature and the pelvic viscera
- b. the physiology of urinary and faecal control
- c. the pathology of abnormal urinary and faecal control
- d. neurotransmission and the pharmacology of drugs acting directly and indirectly on the lower urinary tract
- e. the hydrodynamics of the lower urinary tract, and the construction and function of urodynamic equipment

#### 2.2 Knowledge - a basic understanding of:

- a. the radiologic assessment of the upper and lower urinary tracts
- b. ultrasonic and nuclear medical assessment of the upper and lower urinary tracts
- c. electromyographic assessment of muscle function
- d. research methodology

#### 2.3 Skills -

- a. clinical methods
- b. urodynamic and radiological techniques
- c. cystourethroscopy
- d. ultrasound
- e. other relevant methods

#### 2.4 Clinical competence in the following -

- a. the medical management of urinary frequency, urgency and incontinence of urine
- b. the surgical management of urinary incontinence and genital tract prolapse
- c. the long term care of patients with intractable incontinence
- d. organisation of community care of the incontinent, community assessment procedures, liaison with nursing and general practitioners

## **C. UROGYNAECOLOGY TRAINING CENTRE AND TRAINER**

### **1. Standard Requirements for accreditation of a UROGYNAECOLOGY training centre**

A UG training centre must fulfill the following criteria:

#### 1.1 Workload

- a. An annual minimum of 500 urogynaecology new cases
- b. The centre should have a full spectrum of pelvic floor disorders

#### 1.2 Trainers and Programme Director

- a. A trainer must be a Fellow of HKAM(O&G) and a HKCOG accredited UG subspecialist or equivalent, and should be working in the training centre.
- b. There must be at least 2 trainers per training centre.
- c. One of the trainers must be the training programme director who co-ordinates the training programme, accepts the main responsibility for its supervision and be actively involved in it. The director should have at least 3 years of post-subspecialty experience in UG (with the exception of First Fellow in UG) and is working as a full-time staff in the training centre.
- d. When a training centre comprises more than one physical unit, there should normally be at least one trainer in each unit.

#### 1.3 Service organization

- a. The centre should be a referral and resource centre for the management of urogynaecological conditions
- b. The centre should provide a full range of diagnostic services:
  - Cystometry
  - Uroflowmetry
  - Profilometry
  - Radiography
  - Ultrasound and nuclear medicine
  - Electromyography
  - Endoscopy
  - Pathology
  - Cytology
- c. The center should provide comprehensive urogynaecological care including:
  - Surgical treatment
  - Medical treatment
  - Critical care
  - Access to other subspecialties

#### 1.4 Facilities

Each centre should have:

- a. a fully equipped urodynamic laboratory with cystometric, videocystometrographic and electromyographic equipment, uroflowmetry and facilities for urethral function tests
- b. supporting clinical and paramedical services including neurology, geriatrics, urology, psychiatry, clinical psychology, continence nursing, physiotherapy, occupational therapy, and medical social workers
- c. supporting diagnostic services from biochemical laboratory, radiology, and microbiology

- d. A good medical records system
- e. have adequate library, laboratory, internet access, statistic tools and other resources to support subspecialty work, training and research, over and above that required for the recognition of FHKAM(O&G) and higher training posts

### 1.5 Support from other medical and paramedical disciplines

A training centre should have close collaboration with other related medical and paramedical disciplines including urologists, colorectal surgeons, Diagnostic/Imaging radiologists, neurologists, geriatricians, psychiatrists, clinical psychologists, physiotherapists, occupational therapists, continence nurse specialists and medical social workers to provide a high degree of teamwork and concentration of resources required for intensive investigations and management of patients

### 1.6 Activities

Each centre should have:

- a. A full range of urogynaecology diagnostic and treatment services including:
  - Urogynaecology outpatient clinics
  - Continence nurse / advisor clinics
  - Urodynamic
  - Physiotherapy
  - Cystoscopy
  - Surgical and medical treatments of pelvic floor disorders
- b. Regular quality assurance activities related to the subspecialty
- c. Regular review and update of clinical management protocols
- d. A coordinated educational program at subspecialty level
- e. Clinical trials and research related to the subspecialty

## **2. Composition of a training centre**

Usually a training centre comprises a single physical unit. However, two or more units may collaborate to form a training centre that can provide a better training opportunity than when each of them stands alone.

## **3. Inspection of a training centre**

The standards of the training centres and programmes will be reviewed:

- a. every 5 years, or
- b. when the programme director changes, and
- c. from time to time when considered necessary

#### **D. UROGYNAECOLOGY TRAINING PROGRAMME**

1. Normally the training programme lasts for three years with two components: clinical and research
2. The training programme can be  
EITHER:
  - Two years of Clinical training in UG, plus One year of Research related to UG (which can be exempted, see 3a below).OR
  - Three years of Combined Clinical and Research training in UG
3. Research component
  - a. 1 year of research training may be exempted if a trainee has, before starting the subspecialty programme, already:
    - Completed a research or academic programme that has led to the award of an MD or PhD thesis,or
    - Published at least two first-author papers of original research in citable, refereed MEDLINE journals.
      - i. The papers do not need to be relevant to the chosen subspecialty of the trainee.
      - ii. If one paper has been accepted and the second paper is ready for submission, a grace period of 1 year can be given at the time of the application.
      - iii. If the second paper has not been accepted for publication at the end of one year of the subspecialty training, the trainee has to undertake research during the subspecialty training to fulfill the criteria as stated at the completion of a 3-year subspecialty program.
      - iv. Case reports and reviews would not normally be considered.
  - b. For trainees who go for a research training:
    - the research component should be planned at the beginning of the programme and appropriately timetabled and monitored.
    - At completion of the 3-year Subspecialty programme, the candidate should have published one first-author paper of an original research relevant to the chosen subspecialty of the trainee in citable, refereed MEDLINE journal, preferably (but not necessarily) arising from a dedicated period of research lasting at least 1 year, **OR** completion of a research or academic programme resulting in the award of an MD or PhD thesis. Case reports and reviews would not normally be considered.
4. The trainees should have full time involvement in the subspecialty during normal working hours throughout their training years.
5. Trainees will be granted a maximum of 70 days for sick leave, maternity or other special leave (excluding standard entitled vacation leave and study leave) during the whole period of training; if the period exceeds 70 days but is less than 90 days, an extension of 3 months of training is required; if the period exceeds 90 days, subsequent action will be determined by the Board.

## **E. UROGYNAECOLOGY TRAINEE**

### **1. Opening of a training post**

- a. The training centre will advertise for prospective trainees to apply for a training position in the UG Training Programme which leads to certification as a subspecialist in UG.
- b. The centre's trainee-to-trainer ratio should not exceed 2:1 within each centre.

### **2. Eligibility**

Trainees for higher subspecialist training should hold the FHKAM(O&G) or have equivalent qualification.

### **3. Application**

- a. Prospective trainees will apply to the training centre for the post.
- b. Applicants will be asked to forward their curriculum vitae and the names of two referees.
- c. The training centre will organize the selection exercise.
- d. Applicants will be assessed against the following selection criteria:
  - i. Previous experience in the field of UG
  - ii. Previous experience in advanced UG techniques
  - iii. Previous CME activities related to UG
  - iv. Experience in quality assurance activities
  - v. Research experience
  - vi. Teaching experience
  - vii. Referee reports
- e. The result of the selection exercise will be submitted to the UG Board for approval before commencement of training.

### **4. Registration**

Following the confirmation of acceptance to the subspecialty training programme, the trainee must register with the HKCOG Subspecialty Board before commencement of training.

### **5. Prospective approval to continue training**

- a. Every year, application to continue UG Training has to be approved by the UG Subspecialty Board before training can proceed.
- b. Approval for continuation of training should be based on satisfactory logging of experience and the trainers' recommendation.

## **6. Evidence of clinical competence and experience**

### **6.1 Logbook**

- a. The trainee has to keep a logbook as required by the Board. The trainee is required to log his or her clinical activities, teaching experience, quality assurance activities, research activities and attendance at conferences, workshops, symposia and lectures and items as stipulated in details in the logbook. The logbook would be checked on the fulfillment of training requirements.
- b. There is no mandatory minimal number of cases or procedures that the trainee is required to log, but the following can serve as a guide to the expected number of cases and procedures expected for each trainee on average per year over the period of training:
  - i. 120 continence operations and 60 pelvic floor reconstruction operations (as first surgeon with or without supervision) in 3 years
  - ii. 450 urodynamic investigations (at least a cystometry or cystometrogram) in 3 years
  - iii. 900 urogynaecological new cases in 3 years

### **6.2 Mini Clinical Evaluation Exercise (Mini CEX)**

The trainee should go through at least 5 Mini Clinical Evaluation Exercise (Mini CEX) AND 5 Case-Based Discussions (CbDs) every 6 months with his or her supervisor for at least 2 years during his or her training.

### **6.3 OSATS**

The trainee should successfully complete 8 summative OSATS during his or her training, including urodynamics, vaginal hysterectomy and anterior repair, vaginal mesh prolapse repair, cystoscopy, midurethral sling/transobturator sling, posterior repair, sacrospinous fixation, sacrocolpopexy(open/laparoscopic). There is no set number on the completion of each formative OSATS.

## **7. Assessment**

### **7.1 Prospective Assessment**

- a. The trainee is assessed by his or her trainer(s) every 6 months by logbooks of competence and experience, objective structured assessment of technical skill on various surgical skills, mini-clinical evaluation exercise and case-based discussion. The logbook should be regularly signed by trainer(s) where appropriate and submitted to the Subspecialty Board for review annually.
- b. The trainee is assessed in the annual assessment review which is conducted by two UG Subspecialist assessors appointed by the Subspecialty Board within one month after the clinical training. The assessor will give feedback to the trainee regarding the adequacy of training as reflected in the logbooks of competence and experience, objective structured assessment of technical skill on various surgical skills, mini-clinical evaluation exercise and case-based discussion.

### **7.2 Exit Assessment**

- a. At the end of the training, the trainee may apply to the Board to sit for the exit assessment. The trainee should submit the log books and the research report at the time of application for exit assessment. Evidence of research that would lead to fulfillment of the requirement as stated in Session D 3b is mandatory.



- b. The exit assessment should be held within 3 months of completion of training.
- c. The exit assessment should include the following:
  - i. There would be 2 UG subspecialist assessors to be appointed by the Subspecialty Board to conduct the Exit Assessment. The 2 assessors should not be subspecialists from the trainee's training centre.
  - ii. The duration of the exit assessment would be at least 30 minutes.
  - iii. The log books and the research report would be checked on the fulfillment of training requirements.
  - iv. Candidates would be asked on questions regarding their log books and other questions related to the syllabus.
  - v. If the candidate failed to pass the Exit Assessment, the Exit Assessment Panel would make recommendations on the subsequent action for consideration by the UG Subspecialty Board and the Subspecialty Committee.

### **8. Admission of Urogynaecology subspecialist**

A trainee who has completed the training requirements and assessment of the Board satisfactorily may apply to be a UG subspecialist.

## **F. PROFESSIONAL DEVELOPMENT IN UROGYNAECOLOGY**

1. The Continuing Medical Education (CME)/ Continuing Professional Development (CPD) cycle is 3 years.
2. CME/ CPD activities related to UG:
  - a. Research
  - b. Teaching
  - c. Attending conferences related to UG
3. A minimum of 90 CME/ CPD points (at least 60 points on UG) is required in a 3-year audit cycle. The method of calculating CME/ CPD points is similar to the current CME/ CPD system for general O&G.
4. The College reserves the right to accept or reject the subspecialty CME/ CPD points claimed

## **G. RE-CERTIFICATION OF UROGYNAECOLOGY SUBSPECIALISTS**

1. A UG subspecialist needs to be re-certified every 3 years.
2. A UG subspecialist who satisfies the continuous professional development requirement in UG may apply to the Board for re-certification.