



The Hong Kong College of Obstetricians and Gynaecologists

Urogynaecology Subspecialty Logbook

Name of Trainee: _____

Hospital: _____

Training Period: Year 1 _____

Year 2 _____

Year 3 _____



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Urogynaecology Subspecialty

Curriculum & Log of Competence



Introduction

The programme consists of seven modules. One is common to all subspecialty programmes (Generic Module) and the other six are specific to urogynaecology. Aside from the modules, the trainee must also demonstrate that they have achieved a thorough understanding of the anatomy, physiology and pharmacology of the lower urinary tract and the impact of pregnancy, parturition, menopause and ageing on lower urinary tract function. They must also be aware of the effects of disease, both mental and physical upon the pelvic organs. The conditions that the trainee must be familiar with are listed below. An understanding of these is expanded upon within the modules.

Conditions to be familiar with:

- Urodynamic stress incontinence
- Detrusor overactivity
- Trauma and congenital abnormalities resulting in incontinence
- Voiding disorders and urinary retention
- Overactive bladder syndrome
- Pelvic pain
- Lower urinary tract and lower gastrointestinal tract fistulae
- Pelvic organ prolapse, both primary and recurrent
- Painful bladder syndrome
- Urethral lesions, e.g. diverticulae
- Effects of pelvic surgery and irradiation on the lower bowel urinary tract and pelvic floor
- Urinary disorders in pregnancy
- Evaluation and care of the elderly
- Lesions of the central nervous system affecting urinary, faecal control and pelvic floor
- Difficult defaecation
- Disorders of lower gastro-intestinal tract function including incontinence and motility
- Obstetric anal sphincter injury (OASIS)
- Urinary disorders in childhood;
- The physically or mentally handicapped
- Sexually transmitted diseases
- Emotional and behavioural disorders
- Hormone deficiency states
- Urinary problems secondary to medical disorders and drugs
- Symptoms associated with sexual intercourse, e.g. coital incontinence.



Urogynaecology

Module 1: General Urogynaecology Assessment

1.1 History

Learning outcomes:

- 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/bowel and sexual history
 - use standardised questionnaires
 - use quality of life (QoL) questionnaires

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
Symptoms Relationships with other medical conditions How standardised questionnaires are devised Meaning of QoL questionnaires Understanding of how questionnaires are validated	Take an appropriate history Present relevant history for patients with either urinary, prolapse, sexual or faecal problems Use of appropriate standardized QoL	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	Tailored clinical experience Observation of, assisting and discussion with senior medical staff Personal study Appropriate postgraduate education courses	Feedback from trainer Mini-CEX Logbook of competences and experience Annual subspecialty assessment Evidence of attendance at appropriate courses



1.2 Examination

Learning outcomes:

- 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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Examination findings relevant to lower urinary tract disorders</p> <p>Examination findings relevant to women with prolapse</p> <p>Neurological findings in women with denervation of the pelvic floor and neurological conditions affecting the lower urinary tract (e.g. multiple sclerosis)</p>	<p>Carry out an appropriate general, pelvic floor and neurological examination</p>	<p>Ability to:</p> <ul style="list-style-type: none"> • 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 	<p>Tailored clinical experience</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p>	<p>Feedback from trainer</p> <p>Mini-CEX</p> <p>Logbook of competences and experience</p>



1.3 Investigations

Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Investigations of lower urinary tract:</p> <ul style="list-style-type: none"> • Urinalysis • Urine culture and cytology • Frequency/volume charts • Pad test • Bladder scan • Uroflowmetry • Cystometry • Videocystourethrography • Ambulatory urodynamics • Urethral function studies • Cystourethroscopy: rigid/flexible • Bladder Biopsy <p>Investigations of upper urinary tract:</p> <ul style="list-style-type: none"> • Renal ultrasound • Abdominal X-ray • Intravenous urogram /CT Urogram / MRI Urogram • Micturating Cystogram • Isotope renography (e.g. Mag 3) <p>Neurourology:</p> <ul style="list-style-type: none"> • Pelvic floor electromyography <p>Pelvic floor investigation:</p> <ul style="list-style-type: none"> • Magnetic resonance imaging • Ultrasound of pelvic floor <p>Colorectal:</p> <ul style="list-style-type: none"> • Anorectal function studies • Endoanal ultrasound 	<p>Initiates investigations, understands and interprets results</p>	<p>Ability to understand impact of results on clinical management</p> <p>Ability to select appropriate tests and carry out the test proficiently (investigations for lower urinary tract) and interpret the results (investigations for lower and upper urinary tract, neurourology, pelvic floor investigation and colorectal investigations)</p>	<p>Direct observation</p> <p>Attendance at multidisciplinary team meetings</p>	<p>Log book of competences and experience</p> <p>Annual subspecialty assessment</p> <p>OSATS:</p> <ul style="list-style-type: none"> • Urodynamics • Cystoscopy • Bladder Biopsy



Module 1: General Urogynaecological Assessment	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
History							
Take full urogynaecology history							
Take history of sexual dysfunction							
Interpret quality of life questionnaires							
Examination							
Appropriate abdominal examination							
Appropriate pelvic examination (including cough stress test)							
Assessment of pelvic floor tone							
Perform pelvic organ prolapse scoring							
Appropriate neurological examination							
Investigations							
Frequency Volume chart							



Module 1: General Urogynaecological Assessment (continued)	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Pad Test							
Uroflowmetry							
Perform bladder scan							
Perform dual channel subtracted cystometry							
Perform videocystometry							
Perform ambulatory urodynamics							
Perform urethral pressure profilometry							
Cystourethroscopy (rigid)							
Cystourethroscopy (flexible)							
Bladder biopsy at cystoscopy							
Renal ultrasound							
Abdominal X- ray							



Module 1: General Urogynaecological Assessment (continued)	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Intravenous urogram / CT urogram / MRI urogram							
Micturating cystogram							
Isotope renography							
Pelvic floor electromyography							
Ultrasound of the pelvic floor							
MRI scan of the pelvic floor							
Anorectal function studies							
Barium enema							
Contrast CT / Colonoscopy							
Defaecating proctogram							
Endoanal ultrasound							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off					
Urodynamics	Date		Date		Date	
	Signature		Signature		Signature	
Cystoscopy (+/-Biopsy)	Date		Date		Date	
	Signature		Signature		Signature	

COMPLETION OF MODULE 1		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Module 2: Conservative Management of Urogynaecological Conditions

Learning outcomes:

- 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
 - Other therapies

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Anatomy, physiology and pathophysiology of lower urinary tract and pelvis</p> <p>Effects of abnormal anatomy, physiological events and systemic disease</p> <p>Related symptoms and clinical findings</p> <p>Principles of pharmacology and mode of action of substances acting on pelvic organs and lower urinary tract</p> <p>Indications for different types of catheters, insertion of catheters and intermittent self-catheterisation</p> <p>Indications for and fitting of ring, shelf and other pessaries</p> <p>Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns</p>	<p>Take a history and carry out appropriate examination</p> <p>Analyse charts (frequency, frequency/volume, input/output) and give advice from the recordings presented</p> <p>Assess pelvic floor strength</p> <p>Insert catheters</p> <p>Teach intermittent self-catheterisation</p> <p>Fit and change pessaries</p>	<p>Ability to apply knowledge of anatomy, physiology and function to the clinical situation</p> <p>Ability to tailor treatment, taking into consideration underlying condition</p> <p>Ability to take a history, including standardised questionnaire, QoL</p> <p>Ability to demonstrate how recommendations to the patient depend on charts provided</p> <p>Ability to perform an appropriate general, pelvic floor and neurological examination</p> <p>Ability to implement drug management for incontinence</p> <p>Ability to insert a suprapubic catheter</p> <p>Ability to change a permanent suprapubic catheter</p>	<p>Appropriate courses/training days</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Tailored clinical Experience</p> <p>Discussions with Physiotherapists</p> <p>Working with continence nurse specialist</p>	<p>Demonstrates adequate exposure during training</p> <p>Logbook of competences and experience</p> <p>Feedback from trainer</p> <p>Annual subspecialty assessment</p> <p>Mini-CEX</p>



Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Pharmacology, including mechanism of action, adverse effects and interaction, for treatment of:</p> <ul style="list-style-type: none"> • Overactive bladder syndrome • Nocturnal frequency and nocturia • Stress urinary incontinence • Painful bladder syndrome • Use of hormone replacement therapy <p>Effects of drugs used in other conditions on the lower urinary tract system</p> <p>Principles of different modalities of pelvic floor exercises:</p> <ul style="list-style-type: none"> • Cones • Electrical therapy • Magnetic stimulator • Biofeedback <p>Overactive bladder syndrome:</p> <ul style="list-style-type: none"> • Principles of and possible indications for treatment: <ul style="list-style-type: none"> - Biofeedback - Acupuncture - Hypnotherapy - Psychotherapy 		<p>Ability to teach intermittent self-catheterisation</p> <p>Ability to fit and change non-ring pessaries and manage pessary problems</p>		



Module 2: Conservative Management of Urogynaecology Conditions	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Teaching of Pelvic Floor Exercises							
Teach clean intermittent self-catheterisation							
Insert suprapubic catheter							
Change suprapubic catheter							
Select and fit pessaries (ring, gellhorn and other non-ring pessaries)							
Medical management of detrusor overactivity							
Medical management of stress incontinence							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

COMPLETION OF MODULE 2		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Module 3: Surgical Treatments

Learning outcomes:

- 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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Urodynamic stress incontinence:</p> <ul style="list-style-type: none"> Colposuspension (open and/or laparoscopic) Mid-urethral slings Bladder-neck injections Secondary surgery for urodynamic stress incontinence <p>Detrusor overactivity</p> <ul style="list-style-type: none"> Botulinum toxin injections Sacral nerve stimulation <p>Voiding difficulties:</p> <ul style="list-style-type: none"> Urethral dilatation Postoperative problems Advantages/disadvantages of different techniques <p>Pelvic organ prolapse:</p> <ul style="list-style-type: none"> Anterior and posterior repairs Paravaginal repair Vaginal hysterectomy Uterosacral plication or McCall culdoplasty for vault support at hysterectomy Mesh repair <p>Vault prolapse:</p> <ul style="list-style-type: none"> Sacrospinous fixation Sacrocolpopexy (open and laparoscopic) 	<p>Counsel patients appropriately</p> <p>Perform procedures for treatment of urodynamic stress incontinence:</p> <ul style="list-style-type: none"> Mid-urethral slings: <ul style="list-style-type: none"> transobturator retropubic Bladder neck injections Secondary surgery for urodynamic stress incontinence Management of mid-urethral tape mesh complications involving bladder or urethra <p>Perform repair of pelvic organ prolapse:</p> <ul style="list-style-type: none"> Anterior repair Paravaginal repairs Vaginal hysterectomy Posterior repair Uterosacral plication or McCall culdoplasty for vault support at hysterectomy Mesh repairs <p>Perform repair of vault prolapse:</p> <ul style="list-style-type: none"> Sacrospinous fixation Sacrocolpopexy (open and/or laparoscopic) Other vaginal procedures. 	<p>Ability to perform procedures for treatment of urodynamic stress incontinence:</p> <ul style="list-style-type: none"> Mid-urethral slings Autologous slings and / or bladder neck injections Secondary surgery for urodynamic stress incontinence Ability to manage vaginal /bladder/ urethral / mesh erosion post mid-urethral tape <p>Ability to perform repair of pelvic organ prolapse:</p> <ul style="list-style-type: none"> Anterior repair Vaginal hysterectomy Posterior repair Uterosacral placcation Mesh repairs <p>Ability to perform repair of vault prolapse:</p> <ul style="list-style-type: none"> Sacrospinous fixation Sacrocolpopexy (open and/or laparoscopic) Other vaginal procedures <p>Ability to work and communicate with other</p>	<p>Direct observation/ supervision</p> <p>Training programme</p>	<p>Logbook of competences and experience</p> <p>Feedback from trainer</p> <p>OSATS:</p> <ul style="list-style-type: none"> Mid-urethral slings Vaginal hysterectomy and anterior repair Posterior repair Sacrospinous fixation Sacrocolpopexy <p>Annual subspecialty assessment</p> <p>Attendance at multi-professional team meetings</p>



<ul style="list-style-type: none"> Other vaginal procedures 	<p>Manage complications of surgical procedures Counsel patients with failed previous surgery</p> <p>Management of postoperative voiding dysfunction including obstructive causes</p> <p>Instruct patients in techniques for treatment of voiding difficulties</p>	<p>professionals</p> <p>Ability to counsel patients</p> <p>Ability to formulate a management plan and modify if necessary</p>		
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Module 3: Surgical Treatments	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Bladder biopsy							
Bladder neck Injection							
Cystoscopy with botulinum injections							
Colposuspension							
Transobturator midurethral sling							
Retropubic midurethral sling							
Urethral dilatation							
Management of mid-urethral tape mesh complications involving bladder or urethra							
Anterior repair							



Module 3: Surgical Treatments (continued)	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Posterior repair							
Hysterectomy for prolapse							
Uterus-conserving uterine prolapse surgery							
Mesh prolapse repair							
McCall Culdoplasty or uterosacral plication at vaginal hysterectomy							
Sacrospinous fixation							
Sacrocolpopexy (open or laparoscopic)							
Other prolapse operations, e.g. colpocleisis							
Management of intraoperative bladder injury							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer



OSATS	Each OSATS should be successfully completed for Independent Practice on 3 occasions before the module can be signed off					
Midurethral slings	Date		Date		Date	
	Signature		Signature		Signature	
Vaginal hysterectomy and anterior repair	Date		Date		Date	
	Signature		Signature		Signature	
Posterior repair	Date		Date		Date	
	Signature		Signature		Signature	
Sacrospinous fixation	Date		Date		Date	
	Signature		Signature		Signature	
Sacrocolpopexy	Date		Date		Date	
	Signature		Signature		Signature	

COMPLETION OF MODULE 3

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Module 4: Urology

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Surgical principles for the treatment of complex urodynamic stress incontinence and detrusor overactivity:</p> <ul style="list-style-type: none"> • Fascial slings • Artificial urinary sphincters • Augmentation cystoplasty • Urinary diversion procedures • Botulinum toxin injections <p>Fistulae (vesicovaginal, ureterovaginal, urethrovaginal):</p> <ul style="list-style-type: none"> • Investigation and diagnostic criteria • Surgical principles of fistula repair and complications that may occur • Urethral diverticula <p>Treatments for ureteric obstruction and ureteric injury:</p> <ul style="list-style-type: none"> • Ureteric stents (double J stents or ureteric catheters) <p>Surgical principles of ureteric reanastomosis and reimplantation techniques</p>	<p>Determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity</p> <p>Undertake investigations and counsel patients appropriately</p> <p>Diagnose fistulae and order appropriate investigations</p> <p>Diagnose and treat urethral diverticula</p> <p>Insert appropriate ureteric stents</p>	<p>Ability to determine correct indications for referral for urodynamic stress incontinence and detrusor overactivity</p> <p>Ability to assess patients and counsel appropriately</p> <p>Ability to understand and use upper renal tract investigations appropriately</p> <p>Ability to manage ureteric injury and obstruction</p> <p>Ability to insert appropriate ureteric stents</p>	<p>Observation, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Feedback from trainer</p> <p>Work with clinicians in other disciplines e.g. urologists</p> <p>Tailored clinical experience</p> <p>Attachment to radiology department</p>	<p>Case-based discussions</p> <p>Logbook of competences and experience</p> <p>Annual subspecialty assessment</p>



Module 4: Specialist Urology	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Fascial sling							
Artificial sphincter							
Clam cystoplasty							
Urinary diversion							
Vesicovaginal fistula repair							
Urethrovaginal fistula repair							
Urethral diverticulum							
Nephrostomy							
Ureteric stenting							
Ureteric reimplantation							
Ureteric reanastomosis							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

COMPLETION OF MODULE 4		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Module 5: Colorectal

Learning outcomes:

- To develop the knowledge, skills and attitudes appropriate to understanding the methods of investigations and principles of treatment of patients with colorectal problems

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Methods of investigations and principles of treatment of incontinence:</p> <ul style="list-style-type: none"> Secondary anal sphincter repair Bulking agents Pelvic floor exercises Surgical management of rectal prolapse such as delorme,rectopexy Use of constipating agents <p>Methods of investigations and principles of treatment for emptying problems:</p> <ul style="list-style-type: none"> Use of laxatives / conservative therapies Transanal repair of rectocele Transanal resection (STARR) <p>Methods of investigations and principles of treatment for urgency:</p> <ul style="list-style-type: none"> Biofeedback Drug treatment Behavioural modification <p>Investigations and principles of treatment of enteric fistulae, including those involving bladder, vagina, anus or perenium</p>	<p>Understand indications for investigations and interpret results</p> <p>Understand principles of management</p> <p>Repair anal sphincter</p> <p>Appropriate counseling</p>	<p>Ability to observe/undertake investigations and explained rationale</p> <p>Ability to work and communicate with other professionals</p> <p>Ability to counsel patients</p> <p>Ability to formulate a management plan and modify if necessary</p> <p>Ability to repair anal sphincter</p> <p>Ability to work in a multidisciplinary team</p>	<p>Tailored clinical experience</p> <p>May need to rotate to other departments / hospital</p> <p>Anal sphincter repair course</p> <p>Appropriate rotation on training programme</p>	<p>Logbook</p> <p>Annual subspecialty assessment</p> <p>Attendance at appropriate course</p> <p>Feedback from multidisciplinary team meetings</p> <p>Attendance at perineal or nurse-led biofeedback clinics</p> <p>Attendance at anorectal physiology investigation clinics</p>



Module 5: Specialist Colorectal	Competence Level						Not required ■
	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Secondary anal sphincter repair							
Trans-anal repair of rectocele							
Recto-vaginal fistula repair							
Stapled transanal rectal resection procedure							
Rectopexy							
Delormes procedure							



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

COMPLETION OF MODULE 5		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor




Module 6: Neurology

Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Effects of neurological conditions on lower urinary tract function</p> <p>Lower urinary tract manifestations of:</p> <ul style="list-style-type: none"> • Spina bifida • Multiple sclerosis • Parkinson's disease • Spinal cord injury • Lower motor neuropathy • Stroke <p>Pelvic floor electromyogram:</p> <ul style="list-style-type: none"> • Use of sacral nerve stimulators • Tibial nerve stimulation 	<p>Carry out an appropriate neurological examination and order appropriate investigations</p> <p>Interpret pelvic floor electromyogram results</p> <p>Manage patients with neurological conditions affecting the bladder</p> <p>Observation of / direct supervision for sacral neuromodulation</p>	<p>Ability to assess patients and counsel appropriately</p> <p>Ability to understand relationship between neurological conditions and lower urinary tract function</p> <p>Ability to carry out an appropriate neurological examination and order appropriate investigations</p>	<p>Tailored clinical experience</p> <p>Observation of, assisting and discussion with senior medical staff</p> <p>Personal study</p> <p>Appropriate postgraduate education courses</p> <p>Work with other disciplines e.g. neurology</p>	<p>Logbook</p> <p>Annual subspecialty assessment</p>



Module 6: Neurology	Competence Level				Not required 	
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Manage patients with neurological conditions affecting the bladder						
Sacral nerve modulation						
Posterior tibial nerve stimulation						



Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer

COMPLETION OF MODULE 6		
I confirm that all components of the module have been successfully completed:		
Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Subspecialty Curriculum and Log of Competene



Generic Module 1: Communication, team working and leadership skills

Learning outcomes:

- To demonstrate effective communication with patients and colleagues
- To demonstrate good working relationships with colleagues
- To demonstrate the ability to work in clinical teams and have the necessary leadership skills

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Communication:</p> <ul style="list-style-type: none"> • How to structure a patient interview to identify: <ul style="list-style-type: none"> • Concerns and priorities • Expectations • Understanding an acceptance • Breaking bad news • Bereavement process and behavior <p>Team working:</p> <ul style="list-style-type: none"> • Roles and responsibilities of team members • Factors that influence and inhibit team development • Ways of improving team working including: <ul style="list-style-type: none"> • Objective setting and planning • Motivation and demotivation • Organization • Respect • Contribution of mentoring and supervision <p>Leadership:</p> <ul style="list-style-type: none"> • Qualities and behavior • Styles • Implementing change and change management (see 7.5) 	<p>Communicate both verbally and in writing with patients and relatives, including:</p> <ul style="list-style-type: none"> • Breaking bad news • Appropriate use of interpreters <p>Communicate effectively with colleagues both verbally and in writing</p>	<p>Ability to communicate effectively with:</p> <p>Colleagues</p> <p>Patients and relatives</p> <p>Ability to break bad news appropriately and to support distress</p> <p>Ability to work effectively within a subspecialty team.</p> <p>Ability to lead a clinical team.</p> <p>Ability to respect others' opinions.</p> <p>Ability to deal with difficult colleagues</p>	<p>Observation of and discussion with senior medical staff</p>	<p>STPS report</p> <p>Team observations (TO1/2 forms)</p>



Module 1: Communication, team working and leadership skills

Year 1					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts with own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time effectively					



Comments	
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Module 1: Communication, team working and leadership skills

Year 2					
Summary of team observations	Unable to comment	Unsatisfactory	Improvement needed	Satisfactory	Good
Treats women politely and considerately					
Involves woman in decisions about her care					
Respects patient's privacy and dignity					
Respects confidentiality					
Responds when asked to review a patient					
Liaises with colleagues about continuing care of patient					
Works as a member of a team					
Accepts criticism and responds constructively					
Keeps records of acceptable quality					
Keeps up to date with administrative tasks					
Acts with own capability, seeks advice appropriately					
Delegates work/supervises junior staff appropriately					
Manages time effectively					



Comments



COMPLETION OF GENERIC MODUEL 1

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 2: Good Medical Practice and Maintaining Trust

Learning outcomes:

- To inculcate the habit of lifelong learning and continued professional development
- To acquire the knowledge, skills and attitude to act in a professional manner at all times

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Continuing professional development</p> <p>Doctor-patient relationship</p> <p>Personal health</p> <p>Understanding of relevance of:</p> <ul style="list-style-type: none"> • The Hong Kong College of Obstetricians and Gynaecologists • Hong Kong Medical Council, • Specialist Societies • Specialty Training Committee and Postgraduate Dean • Defence Union <p>Ethical principles:</p> <ul style="list-style-type: none"> • Respect for autonomy • Beneficence and non-maleficence • Justice <p>Informed consent</p> <p>Confidentiality</p> <p>Legal issues:</p> <ul style="list-style-type: none"> • Death certification • Mental illness • Advance directives, living wills 	<p>Recognise and use learning opportunities</p> <p>Gain informed consent for:</p> <ul style="list-style-type: none"> • Patient care and procedures • Research 	<p>Ability to recognise and use learning opportunities</p> <p>Ability to learn from colleagues and experience</p> <p>Ability to work independently but seek advice appropriately</p> <p>Ability to deal appropriately with challenging behaviour</p> <p>Ability to understand:</p> <p>Ethical issues relevant to subspecialty</p> <p>Legal responsibility</p> <p>Ability to recognise:</p> <p>Own limitations</p> <p>When personal health takes priority over work pressure</p> <p>Ability to gain informed consent</p>	<p>Observation of and discussion with senior medical staff</p>	<p>STPS report</p> <p>Team observations</p>



COMPLETION OF GENERIC MODUEL 2

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 3: Teaching

Learning outcomes:

- To understand and demonstrate appropriate skills and attitudes in relation to teaching

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Teaching strategies appropriate to adult leaning</p> <p>HKCOG core and advanced training relevant to subspecialty</p> <p>Identification of learning principles, needs and styles</p> <p>Principles of evaluation</p>	<p>Prepare and deliver a teaching session:</p> <ul style="list-style-type: none"> • Small group (less than 10 people) • Large group (more than 20 people) • At the bedside <p>Teach practical procedures, including ultrasound</p>	<p>Ability to communicate effectively</p> <p>Ability to teach postgraduates on topic(s) relevant to subspecialty using appropriate teaching resources</p> <p>Ability to organise a programme of postgraduate education, e.g. short course or multidisciplinary meeting</p>	<p>Observation of and discussion with senior medical staff</p> <p>Appropriate postgraduate courses</p>	<p>Log of experience and competence</p>



Module 3: Teaching			
Teaching	Date	Signature	Comments
Prepare and deliver a teaching session: small group			
Prepare and deliver a teaching session: large group			
Organise short course or multidisciplinary meeting			



COMPLETION OF GENERIC MODUEL 3

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 4: Research

Learning outcomes:

- Understand and demonstrate appropriate skills and attitudes in relation to research relevant to the subspecialty

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Epidemiological techniques, population parameters, sampling techniques and bias</p> <p>Randomised trials and meta-analysis</p> <p>Statistical tests:</p> <ul style="list-style-type: none"> • Parametric tests • Non-parametric tests • Correlation and regression • Multivariate analysis • Chi-squared analysis 	<p>Perform a scientific experiment::</p> <ul style="list-style-type: none"> • Review advice • Develop a hypothesis and design experiment to test hypothesis • Define sample • Conduct experiment • Perform statistical analysis of data • Draw appropriate conclusions from results 	<p>Ability to design and conduct a scientific experiment</p> <p>Ability to critically appraise scientific studies</p> <p>Ability to write up research (as evidence by award o MD or PhD thesis or at least one first-author papers in citable refereed MEDLINE journals)</p> <p>Ability to present a piece of scientific research</p>	<p>Discussion with senior staff (clinicians, scientists, statisticians)</p> <p>Attendance at scientific meetings</p> <p>Personal study</p> <p>Appropriate postgraduate courses (e.g. research methods, statistics)</p>	<p>Peer-reviewed publications and/or higher degree</p>



Generic Module 4: Research

Papers published in citable refereed MEDLING journals during training

Full reference



Generic Module 4: Research

Other publications during training

Full reference



Generic Module 4: Research

Scientific presentations during training

Date	Meeting	Title of presentation



COMPLETION OF GENERIC MODUEL 4

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 5: Clinical Governance and Risk Management

Learning outcomes:

- To understand and demonstrate appropriate knowledge and skills in relation to clinical governance and risk management

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Clinical governance:</p> <ul style="list-style-type: none"> • Organisational framework at local, strategic health authority and national levels • Standards, e.g. National Service Framework, National Institute for Health and Clinical Excellence, HKCOG guidelines <p>Clinical effectiveness:</p> <ul style="list-style-type: none"> • Principles of evidence-based practice • Types of clinical trial and evidence classification • Grades of recommendation • Guidelines and integrated care pathways <ul style="list-style-type: none"> ◦ Formulation ◦ Advantages and disadvantages • Clinical audit • Patient/user involvement <p>Risk management:</p> <ul style="list-style-type: none"> • Incident and near-miss reporting • Complaints management • Litigation and claims management <p>Appraisal and revalidation:</p> <ul style="list-style-type: none"> • Principles • Process 	<p>Perform clinical audit:</p> <ul style="list-style-type: none"> • Define standard based on evidence • Prepare project and collate data • Reaudit and close audit loop • Formulate policy <p>Develop and implement a clinical guideline:</p> <ul style="list-style-type: none"> • Purpose and scope • Identify and classify evidence • Formulate recommendations • Identify auditable standards <p>Participate in risk management:</p> <ul style="list-style-type: none"> • Investigate a critical incident • Assess risk • Formulate recommendations • Debrief staff <p>Perform appraisal</p>	<p>Ability to practice evidence-based medicine</p> <p>Ability to perform a clinical audit relevant to subspecialty</p> <p>Ability to develop and implement a clinical guideline relevant to subspecialty</p> <p>Ability to report and investigate a critical incident</p> <p>Ability to respond to a complaint in a focused and constructive manner</p> <p>Ability to perform appraisal</p>	<p>Observation of and discussion with senior medical staff and clinical governance team</p> <p>Attendance at risk management meetings</p> <p>Department of Health, HKCOG and NHS trust publications</p>	<p>Log of experience and competence</p> <p>STPS report</p>



Module 5: Clinical Governance and Risk Management

Audit(s)

[illegible]



Module 5: Clinical Governance and Risk Management

[illegible]



Module 5: Clinical Governance and Risk Management

	Date	Signature	Comments
Report and investigation of a critical incident			
Respond to a complaint in focused and constructive manner			
Performance of appraisal			



COMPLETION OF GENERIC MODUEL 5

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 6: Administration and Service Management

Learning outcomes:

- To understand the structure and organization of the NHS nationally and locally
- To understand and demonstrate appropriate skills and attitudes in relation to administration and management

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Organisation of Hospital Authority and Department of Health</p> <p>Manage clinical network for subspecialty service</p> <p>Health and safety</p> <p>Management:</p> <ul style="list-style-type: none"> • Strategy development • Business planning • Project management <p>Financial resource management</p> <p>Human resources:</p> <ul style="list-style-type: none"> • Team building • Appointments procedures • Disciplinary procedures <p>Scrutiny of organization:</p> <ul style="list-style-type: none"> • Healthcare Commission • GMC /educational visits 	<p>Develop and implement organisational change:</p> <ul style="list-style-type: none"> • Develop strategy • Formulate a business plan • Manage project <p>Participate in recruitment:</p> <ul style="list-style-type: none"> • Job specification • Interview • Selection 	<p>Ability to develop and implement organisational change</p> <p>Ability to collaborate with:</p> <p>Other professions</p> <p>Other agencies</p> <p>Ability to develop interviewing techniques and those required for performance review</p>	<p>Observation of and discussion with senior medical and management staff</p> <p>Attendance at directorate management meetings and interviews</p> <p>Management course</p>	<p>Logbook of experience and competence</p> <p>STPS report</p>



COMPLETION OF GENERIC MODUEL 6

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



Generic Module 7: Information use and management

Learning outcomes:

- To achieve competence in the use and management of health information

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/assessment
<p>Input, retrieval and use of data recorded on clinical systems relevant to subspecialty</p> <p>Main local and national projects and initiatives in information technology (IT) and its applications</p> <p>Confidentiality of data:</p> <ul style="list-style-type: none">• Principles and implementation	<p>Be able to use relevant:</p> <ul style="list-style-type: none">• Software• Databases• Websites	<p>Ability to apply principles of confidentiality in context</p>	<p>Observation of and discussion with senior medical staff</p> <p>World wide web</p>	<p>STPS report</p>



COMPLETION OF GENERIC MODULE 7

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

Date	Name of subspecialty training programme supervisor	Signature of subspecialty training programme supervisor



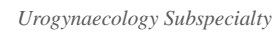
Urogynaecology Subspecialty

Log of Experience



Urodynamics

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Cystourethroscopy +/- Bladder biopsy

[illegible]



Insertion of suprapubic catheter

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Bladder neck injection

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Transobturator midurethral sling

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Retropubic midurethral sling

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Management of mid-urethral tape complications

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Anterior repair

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Posterior repair

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Hysterectomy for prolapse

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



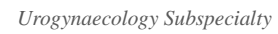
Uterus-conserving uterine prolapse surgery

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Mesh prolapse repair

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



McCall Culdoplasty

[illegible]



Sacrospinous fixation

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Sacrocolpopexy (laparoscopic or open)

[illegible]



Other prolapse operations, e.g. colpocleisis (please specify type of operation)

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Management of intraoperative bladder injury

[illegible]



Urology Surgeries (e.g. Fistula repair, Clam cystoplasty, Urinary diversion, Urethral diverticulum, ureteric stenting, reimplantation and reanastomosis)

[illegible]



Colorectal Surgeries (e.g. Fistula repair, Rectopexy, Trans-anal repair of rectocele, Delormes procedure)

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Anal sphincter repair

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Botulinum injections to bladder

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Posterior tibial nerve simulation

Date	Level of supervision	Complications (intraoperative and postoperative)	Reflective Comments



Miscellaneous (list any procedures which do not fit into any of the categories above)

[illegible]



Generic Technical Skills Assessment



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.

<i>Needs further help with:</i> * * Date Signed (trainer) Signed (trainee)	Competent to perform the entire procedure without the need for supervision Date Signed Signed
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* Delete where applicable, and date and sign the relevant box



Workplace Assessment Pages – Generic formative



OSATS Supervised Learning Event

Trainee name:	StR Year:	Date:
Trainer name:	Grade:	
Procedure:		
Clinical details and complexity:		

This is a **formative** tool designed to give feedback to the trainee about their performance in **this** procedure. Please provide specific, constructive **feedback** to the trainee in verbal and written forms in the box below that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

The following areas are suggestions to consider about the **overall** observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

Feedback (continued overleaf):

What went well?



What could have gone better?

Learning Plan:

Trainee signature:

Trainer signature:

Trainee Reflection:



Workplace Assessment Pages - Specific



Objective structured assessment of technical skill

URODYNAMICS

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
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Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Checks for UTI test results		
Gives antibiotics as appropriate		
Obtains appropriate consent		
Is able to set up machine and check calibration		
Obtains free flow at start of test		
Cleans external urethral meatus		
Inserts bladder line and catheter appropriately		
Checks urinary residual		
Vaginal examination as appropriate		
Inserts rectal line		
Balances pressure lines		
Performs filling cytometry		
Undertakes appropriate provocation tests		
Appropriate stress testing		
Obtains pressure/voiding trace		
Removes lines		
Obtains post-test residual		
Comments		



Objective structured assessment of technical skill

VAGINAL HYSTERECTOMY AND ANTERIOR REPAIR

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
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Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
PLEASE TICK RELEVANT BOX		
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilise the bladder		
Enter pouch of Douglas correctly		
Clamp, divide and ligate pedicles, as appropriate		
Check for haemostasis		
Close vault and peritoneum, as appropriate		
Incorporate adequate vaginal vault support		
Insert appropriate bladder supporting sutures		
Excise excess tissue correctly		
Close anterior vaginal wall		
Drainage of bladder, as appropriate		
Insert pack, as appropriate		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants	Consistently placed assistants poorly or failed to use assistants.	Appropriate use of assistant most of the time	Strategically used assistants to the best advantage at all times.
Relations with patient and the surgical team	Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Reasonable communication and awareness of the needs of the patient and/or of the professional team	Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr

- ☐ is competent in all areas included in this OSATS.
- ☐ is working towards competence.



<p><i>Needs further help with:</i></p> <p>*</p> <p>*</p> <p><i>Date</i></p> <p><i>Signed (trainer)</i></p> <p><i>Signed (trainee)</i></p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p><i>Date</i></p> <p><i>Signed</i></p> <p><i>Signed</i></p>
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* Delete where applicable, and date and sign the relevant box



Objective structured assessment of technical skill

VAGINAL MESH PROLAPSE REPAIR

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
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Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Patient catheterised throughout		
Correct incisions		
Assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilize bladder / rectum		
Appropriate choice and placement of mesh		
Adjustment of tension		
Appropriate closure of wounds		
Drain bladder appropriately		
Cystoscopy intraoperatively, as appropriate		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

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☐ is working towards competence.



<i>Needs further help with:</i>	Competent to perform the entire procedure without the need for supervision
*	
*	
<i>Date</i>	<i>Date</i>
<i>Signed (trainer)</i>	<i>Signed</i>
<i>Signed (trainee)</i>	<i>Signed</i>

* Delete where applicable, and date and sign the relevant box



Objective structured assessment of technical skill

CYSTOSCOPY

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
-------------------------	--

Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Obtain appropriate consent		
Clean and drape correctly		
Choose correct scope		
Assemble scope correctly		
Visualise whole bladder		
Identify ureteric orifices		
Observe the urethra		
Appropriate use of antibiotics		
Empty bladder at end of procedure		
Comments		



Objective structured assessment of technical skill

MIDURETHRAL SLING / TRANSOBTURATOR SLING

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
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Case complexity: **Low** ☐ **Medium** ☐ **High** ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Choose appropriate tape		
Catheterise throughout the operation		
Appropriate infiltration		
Appropriate vaginal incision		
Appropriate dissection		
Identify exit points and incise skin, as appropriate		
Pass needles correctly		
Adjust tension correctly		
Repair incisions		
Carry out intraoperative cystoscopy with 700 scope as appropriate for the procedure		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
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Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.



<p><i>Needs further help with:</i></p> <p>*</p> <p>*</p> <p><i>Date</i></p> <p><i>Signed (trainer)</i></p> <p><i>Signed (trainee)</i></p>	<p>Competent to perform the entire procedure without the need for supervision</p> <p><i>Date</i></p> <p><i>Signed</i></p> <p><i>Signed</i></p>
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* Delete where applicable, and date and sign the relevant box



Objective structured assessment of technical skill

POSTERIOR REPAIR

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
-------------------------	--

Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilise the rectum		
Insert appropriate supporting sutures		
Excise appropriately excess vaginal tissue		
Drainage of bladder, as appropriate		
Pack inserted, as appropriate		
Intraoperative rectal examination, as appropriate		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
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Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

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☐ is competent in all areas included in this OSATS.

☐ is working towards competence.



<i>Needs further help with:</i>	Competent to perform the entire procedure without the need for supervision
*	
*	
<i>Date</i>	<i>Date</i>
<i>Signed (trainer)</i>	<i>Signed</i>
<i>Signed (trainee)</i>	<i>Signed</i>

* Delete where applicable, and date and sign the relevant box



Objective structured assessment of technical skill SACROCOLPOPEXY (Open / Laparoscopic)

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
-------------------------	--

Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
PLEASE TICK RELEVANT BOX		
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Patient catheterised throughout		
Correct incisions		
Deal with adhesions, as necessary		
Identify ureters		
Identify vaginal vault, bladder and rectum		
Reflect peritoneum off the vault/bladder/rectum, as appropriate		
Open peritoneum over promontory		
Choose appropriate mesh and suture for operation		
Attach mesh to vagina and promontory appropriately with correct tension		
Bury mesh, as appropriate		
Drain, if appropriate		
Close incisions correctly		
Drain bladder appropriately		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants Relations with patient and the surgical team	Consistently placed assistants poorly or failed to use assistants. Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Appropriate use of assistant most of the time Reasonable communication and awareness of the needs of the patient and/or of the professional team	Strategically used assistants to the best advantage at all times. Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.



<i>Needs further help with:</i>	Competent to perform the entire procedure without the need for supervision
*	
*	
<i>Date</i>	<i>Date</i>
<i>Signed (trainer)</i>	<i>Signed</i>
<i>Signed (trainee)</i>	<i>Signed</i>

* Delete where applicable, and date and sign the relevant box



Objective structured assessment of technical skill

SACROSPINOUS FIXATION

Trainee name:		Year of training:		Date:	
Assessor name:					

Clinical details	
-------------------------	--

Case complexity: Low ☐ Medium ☐ High ☐

Item under observation	Performed independently	Needs help
	PLEASE TICK RELEVANT BOX	
Obtain appropriate consent		
Correct use of antibiotics		
Patient positioned correctly on the operating table		
Clean and drape correctly		
Assess prolapse under anaesthesia		
Appropriate infiltration		
Appropriate vaginal incision		
Mobilise the rectum		
Open the pararectal space to identify sacrospinous ligament		
Place suture through ligament		
Check correct hold of suture		
Attach sutures to vault		
Excise appropriate excess tissue		
Posterior repair, as required		
Close vagina		
Pack and catheter, as appropriate		
Comments		



GENERIC TECHNICAL SKILLS ASSESSMENT

Assessor, please ring the candidate's performance for each of the following factors:

Respect for tissue	Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments	Careful handling of tissue but occasionally causes inadvertent damage	Consistently handled tissues appropriately with minimal damage
Time, motion and flow of operation and forward planning	Many unnecessary moves. Frequently stopped operating or needed to discuss next move.	Makes reasonable progress but some unnecessary moves Sound knowledge of operation but slightly disjointed at times	Economy of movement and maximum efficiency. Obviously planned course of operation with effortless flow from one move to the next.
Knowledge and handling of instruments	Lack of knowledge of instruments.	Competent use of instruments but occasionally awkward or tentative	Obvious familiarity with instruments.
Suturing & knotting skills	Placed sutures inaccurately or tied knots insecurely, and lacked attention to safety.	Knotting and suturing usually reliable but sometimes awkward	Consistently placed sutures accurately with appropriate and secure knots, and with proper attention to safety.
Technical use of assistants	Consistently placed assistants poorly or failed to use assistants.	Appropriate use of assistant most of the time	Strategically used assistants to the best advantage at all times.
Relations with patient and the surgical team	Communicated poorly or frequently showed lack of awareness of the needs of the patient and/or the professional team	Reasonable communication and awareness of the needs of the patient and/or of the professional team	Consistently communicated and acted with awareness of the needs of the patient and/or of the professional team
Insight/Attitude	Poor understanding of areas of weakness	Some understanding of areas of weakness	Fully understands areas of weakness
Documentation of Procedures	Limited documentation Poorly written	Adequate documentation, but with some omissions, or areas that need elaborating	Comprehensive legible documentation, indicating findings, procedure and postoperative management

Based on the checklist and the Generic Technical Skills Assessment, Dr

☐ is competent in all areas included in this OSATS.

☐ is working towards competence.



<i>Needs further help with:</i>	Competent to perform the entire procedure without the need for supervision
*	
*	
<i>Date</i>	<i>Date</i>
<i>Signed (trainer)</i>	<i>Signed</i>
<i>Signed (trainee)</i>	<i>Signed</i>

* Delete where applicable, and date and sign the relevant box



Workplace Assessment Pages - Summative



OSATS Assessment of Performance

Trainee name:	StR Year:	Date:
Trainer name:	Grade:	
Procedure:		
Clinical details and complexity:		
Degree of difficulty: Basic/Intermediate/Advanced		Encounter requested in advance: Yes / No

This assessment is a **mandatory, summative** tool designed to:

1. Enable judgement of surgical competency in **this** procedure and
2. To provide specific, constructive **feedback** to the trainee about their performance.

There is a judgement to be made in this assessment relating to the overall performance observed:
competent or **working towards competence**.

Trainees require a minimum of three procedures deemed competent per core procedure, by more than one assessor, including a consultant or post-CCT holder. This judgement is **specific to this assessment only**.

The following anchor statements are for general guidance about the overall observed level of performance. Suggestions for areas to consider during the assessment are listed overleaf.

For the trainee considered **competent** in the observed procedure it would generally be expected that:

- The trainee was able to perform all aspects of the procedure safely and competently with no or minimal need for help, or in the context of an unexpectedly difficult case, may have needed more assistance for the more difficult aspects of the procedure.

For the trainee considered to be **working towards competence** it would generally be expected that:

- The trainee required significant help throughout or with the majority of steps
- The trainee was unable to perform any of the necessary procedures to be safe and competent at this stage

This trainee performed this observed procedure competently*

This trainee is working towards competence in this procedure*

*Delete as appropriate

Please provide written feedback for the trainee regarding their performance in the box provided overleaf in addition to your direct verbal feedback.



The following areas are suggestions to consider about the overall observed performance. This includes both the technical and non-technical skills necessary for the procedure and is not an exhaustive list.

Checking equipment/environment	Communication with patients and/or relatives
Peri-operative planning e.g. positioning	Use of assistants
Technical ability	Communication with staff
Selection of instruments and equipment	Forward planning
Economy of movement	Dealing with problems and/or difficulties
Tissue handling	Documentation
Completion of task as appropriate	Safety considerations

Feedback:

What went well?
What could have gone better?
Learning plan:

Trainee signature:

Trainer signature:



Mini-Clinical Evaluation Exercise (CEX)

**Mini-Clinical Evaluation Exercise (CEX)****Subspecialty Training (SST) in Urogynaecology***(Please refer to curriculum and logbook for details of expected competences)*

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Trainee name: _____

Assessor name: _____

Date of assessment: _____ Year of Training: _____

Clinical Setting: Acute Admission OPD In-patient Other (*specify*):
☐ ☐ ☐
Clinical Problem category: Incontinence Prolapse Both
☐ ☐ ☐
New or Follow-up: New ☐ FU ☐ **Focus of clinical encounter:** History ☐ Diagnosis ☐ Management ☐ Explanation ☐
Complexity of case: Low ☐ Average ☐ High ☐ **Assessor's position:** Consultant ☐ StR (specify year) ☐ Sister ☐

Please grade the following areas using the scale indicated at right:	Below expectations for SST completion		Borderline for SST completion	Meets expectations for SST completion	Above expectations for SST completion		U/C*
	1	2			5	6	
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Examination Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clinical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Organisation and Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall Clinical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

Anything especially good?**Suggestions for development:****Agreed action:**

Assessors signature: _____

Date: Time taken for discussion: (in minutes)

Assessors Name: _____

Time taken for feedback: (in minutes)



Case-based Discussion (CbD)

**Case-based Discussion (CbD)****Subspecialty Training (SST) in Urogynaecology***(Please refer to curriculum and logbook for details of expected competences)*

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Trainee name: _____

Assessor name: _____

Date of assessment: _____ Year of Training: _____

Clinical Setting:	Acute Admission <input type="checkbox"/>	OPD <input type="checkbox"/>	In-patient <input type="checkbox"/>	Other (<i>specify</i>): <input type="text"/>
Clinical Problem category:	Incontinence <input type="checkbox"/>	Prolapse <input type="checkbox"/>	Both <input type="checkbox"/>	
New or Follow-up:	New <input type="checkbox"/> FU <input type="checkbox"/>	Focus of clinical encounter:	History <input type="checkbox"/>	Diagnosis <input type="checkbox"/>
			Management <input type="checkbox"/>	Explanation <input type="checkbox"/>
Complexity of case:	Low <input type="checkbox"/>	Average <input type="checkbox"/>	High <input type="checkbox"/>	Assessor's position:
				Consultant <input type="checkbox"/>
				StR (specify year) <input type="checkbox"/>
				Sister <input type="checkbox"/>

Please grade the following areas using the scale indicated at right:	Below expectations for SST completion		Borderline for SST completion	Meets expectations for SST completion	Above expectations for SST completion		U/C*
	1	2			5	6	
1. Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

Anything especially good?**Suggestions for development:****Agreed action:**

Assessors signature:

Date:

Assessors Name:

Time taken for discussion: (in minutes)Time taken for feedback: (in minutes)



Annual Assessment Review Form



ANNUAL ASSESSMENT REVIEW FORM FOR UROGYNÆCOLOGY SUBSPECIALTY TRAINING

To be completed by the Subspecialty Training Programme Director (STPD)

Trainee's name: _____

Year of Subspecialty Training: _____

Name of Assessors: _____

Date of Review: _____

The following review of education progression must be made after discussion with all consultants involved with the clinical supervision of the trainee. The results will be discussed with the trainee before the review is convened.

A = Areas of concern

S = Meets standards for year of training

G = Good standard for year of training

1. GOOD CLINICAL CARE	A	S	G	Comments
History & Examination				
Patient Management				
Clinical/Professional judgment				
Reliability/Conscientiousness				
Responsibility				

2. DEVELOPING AND MAINTAINING GOOD MEDICAL PRACTICE	A	S	G	Comments
Clinical knowledge				
Self Motivation				
Self Reflection/Insight				
IT skills and development				
Administrative tasks				
Attendance at local educational meetings				



3. WORKING WITH COLLEAGUES	A	S	G	Comments
Relationship with staff				
Teamworking				
Leadership				
Referral & delegation				

4. TEACHING AND TRAINING	A	S	G	Comments
Clinical teaching				
Presentation skills				

5. PROBITY	Area of concern	No known areas of concern
-------------------	-----------------	---------------------------

6. HEALTH	Area of concern	No known areas of concern
------------------	-----------------	---------------------------

7. SPECIALTY SKILLS	A	S	G	Comments
Operating skills				
Clinical ward management				



8. OSATS:

Where there are areas of major concern, please supply additional information. In this case it is the responsibility of the Programme Director to alert the assessors.

When a specific competence has been signed off in the logbook, the trainee should continue to record all procedures undertaken in their log of experience and an occasional OSATS in each skill should still be undertaken, as appropriate.

OSATS	Number undertaken in last year	Number completed at standard required for independent practice in last year	Date competence signed off in logbook (DD/MM/YY)
Urodynamics			
Cystoscopy			
Midurethral Sling			
Posterior Repair			
Sacrocolpopexy			
Sacrospinous Fixation			
Vaginal Hysterectomy and Anterior Repair			
Vaginal Mesh Repair			
<i>Areas of concern etc</i>			



9. MINI CLINICAL EVALUATION EXERCISE (Mini CEX) AND CASE-BASED DISCUSSIONS (CbDs) (at least 5 mini CEX and 5 CbDs should be done every 6 months for 2 years)	
Number of Mini CEX (Urogynaecology) undertaken in last year	
	Any specific comment:
Number of Case-based Discussion (Urogynaecology) undertaken in the last year	
	Any specific comment:
Other Comments	

10. LOGBOOKS– please enter date when module was signed off				
No.	Module	Date		
		In progress	Completed	Comments
1	General Urogynaecology Assessment			
2	Conservative Management of Urogynaecology			
3	Surgical Treatments			
4	Specialist Urology			
5	Specialist Colorectal			
6	Neurology			
7	Generic Module			
Comments:				



11. AUDIT AND TEACHING (undertaken since last Assessment)

12. On-Call Commitment

What on-call shift system is the trainee working?

What is the estimated training time lost due to this shift system?

Is the trainee covering :

- a) Emergency gynaecology?
- b) Emergency obstetrics

13. RESEARCH

Total number of relevant publications as defined by the Subspecialty Committee:

Does the trainee plan to submit a thesis?

Does the trainee have a thesis submitted?

Comments:



14. ANY OTHER ISSUES OF CONCERN (please outline nature of problems and action plan)

15. SUBSPECIALTY TRAINING PROGRAMME DIRECTOR REPORT

Give a brief overview of the Trainee's main strengths and weaknesses and whether the Trainee is competent to continue with subspecialty training

Progress to next year of Subspecialty training (tick)	YES		NO		
---	-----	--	----	--	--



If there is NO disagreement between the trainee and the assessor about the trainee's progress, please sign Below

Signature of STPD: _____

Print Name:

Date: _____

Signature of trainee: _____

Date: _____

Or

If there IS disagreement between the programme Director and the trainee about the problem areas or lack of progress, this section should be completed and the documentation from the interview be passed to the Chairperson of the Subspecialty Board. Both STPD and trainee should sign to indicate the disagreement.

I do not agree that I have problems in the area(s)/modules identified.

Areas:

Modules:

Signature of trainee: _____

Date: _____

I have studied the documentation attached and believe that the problems have been accurately identified.

Signature of STPD: _____

Date: _____



16. ASSESSORS COMMENTS

No.	Module	Status		
		In progress	Completed	Comments
1	General Urogynaecology Assessment			
2	Conservative Management of Urogynaecology			
3	Surgical Treatments			
4	Specialist Urology			
5	Specialist Colorectal			
6	Neurology			
7	Generic Module			

Comments:

Have there been any changes to the centre since the last visit?

If yes, please specify:

Have there been any changes to the programme since the last visit?

If yes, please specify:



Strengths identified by the assessors relating to trainee:	
Problems identified by the assessors relating to trainee:	
Remedial action suggested by assessors:	
<u>Please note:</u> The Subspecialty Training Programme Director needs to report in writing to the Subspecialty Board how the above recommendations made have been addressed within 3 months of the review.	
Are there specific problems with the training programme?	
If yes, were these of significant severity that these needed to be highlighted to the Programme Director for action?	
Signature of Assessor: _____ Date: _____	
Signature of Assessor: _____ Date: _____	



Research component of subspecialty training



Research component of subspecialty training

The aim of the research component of subspecialty is to ensure the trainee can design and execute a research study of sufficient quality to meet internationally recognized standards of research excellence, such as those published in the Medical Research Council's 'Good research practice: principles and guidelines'. The trainee will need to demonstrate expertise in clinical and/or laboratory research methodology, including the ability to:

- Critically assess research papers
- Design and run a research project
- Understand statistical methods
- Be aware of the ethical issues involved in research

The trainee will need to either:

- Complete the research component of the subspecialty training programme, or
- Obtain exemption through published output

All applications for exemption are peer-reviewed by the HKCOG's Subspecialty Committee. The trainee will still be expected to undertake research during the subspecialty training, even if the trainee has fulfilled the research criteria before entering the programme.

Requirement of the research component of subspecialty training

At completion of a 3-year subspecialty programme:

- Completion of a research or academic programme resulting in the award of an MD or PhD thesis, or
- Publication of one first-author paper of original research, relevant to the chosen subspecialty of the trainee, in citable, refereed MEDLINE journals, preferably (but not necessarily) arising from a dedicated period of research lasting at least 1 year.

Exemption from the research component of subspecialty training

Before starting the subspecialty programme:

- Completion of a research or academic programme that has led to the award of an MD or PhD thesis, or



- Publication of at least two first-author papers of original research in citable, refereed MEDLINE journals. The papers do not need to be relevant to the chosen subspecialty of the trainee. 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. 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 fulfil the criteria as stated at the completion of a 3-year subspecialty program.

MD/PhD

- It's preferable for the subject matter of MD/PhD to be relevant to the chosen subspecialty of the trainee, but research in other areas related to O&G will be considered if it demonstrates the required competences listed above
- The trainee may be asked to provide supporting evidence that a period of supervised research led to the award of MD/PhD.

Published papers

- The first-author paper need to be relevant to the chosen subspecialty of the trainee.
- Review articles (other than high-quality systematic reviews, preferably Cochrane Reviews) and case reports are excluded
- An MSc/MPhil (or other higher postgraduate degree) that encompasses a marked thesis may be considered equivalent to one paper, subject to review by the HKCOG's Subspecialty Committee [2]
- 'Exceptional' requests (i.e. a non-first author paper that the trainee wishes to be accepted as one paper towards research exemption) will be considered only if the trainee has undertaken a minimum research period of 2 years, has completed a fellowship whose primary purpose was to coordinate a trial, or has submitted supporting evidence of active involvement in all aspects of delivery of the study and authorship of an article published in a high-impact journal such as the New England Journal of Medicine, The Lancet, BMJ or Nature.

Failure to achieve the minimum research criteria

If the trainee reaches the end of subspecialty training without satisfying the research criteria, the trainee will be offered a maximum two-year extension to complete the research element. If the trainee reaches the end of the two-year extension without completing the research component, the HKCOG's Subspecialty Committee would not award the subspecialist accreditation unless there are extenuating circumstances.