



Urogynecology training program and Logbook

Syllabus

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I. Accreditation of training centres

An institution in a European country can be accredited for training EUGA fellows according to the EUGA Syllabus after an onsite visit has established that qualitative and quantitative criteria to ensure adequate training and exposure have been fulfilled. However, in countries with an existing nationally or regionally finalized subspecialty training, no separate EUGA centre accreditation will be required or performed.

Recognition of an institution as a subspecialist training centre in urogynecology is based on approval by the EUGA as advised by its Accreditation Committee based on the following criteria:

- The centre has an internal quality control and audit system, which at least monitors and provides details about all treated patients.
- The training centre should use guidelines and protocols finalized by national professional bodies reviewed at regular intervals
- Availability of a:
 - Gynaecology unit
 - Urogynaecology unit
 - Urology unit
 - Urodynamic unit
 - Physiotherapy unit
 - Multidisciplinary team regularly involved in the management of urogynaecology patients
- There is an established formal tutorship. The Training Programme Director and Educational Supervisors must be identified. The Training Programme Director and Educational Supervisors will be consultants with special experience in Urogynecology.
- The Educational Supervisor is a core faculty member who is qualified and available to be responsible for the overall supervision and management of a specific trainee's educational progress during her/his fellowship. This role may be performed by the Training Programme Director or a deputy, but each subsequent trainee should have a separate Educational Supervisor.
- There is an adequate workload providing a full range of experience in the subspecialty.
- Institutional access to electronic resources, including major medical journals, laboratory and other resources to support subspecialty work, training, and research is available.



EUROPEAN UROGYNAECOLOGICAL ASSOCIATION

**Subspecialist training programme in
Urogynaecology**

Format for Application of a Visit

POSTGRADUATE TRAINING AND ASSESSMENT
WORKING PARTY

.....applies for
certification of subspecialist training programme in Urogynecology under the
auspices of the European Urogynaecological Association (EUGA).

Date

Urogynecology Programme Director

II. Qualifying criteria for entering into an EUGA fellowship programme

Candidates to become a subspecialty trainee for the EUGA Diploma of European Urogynecologist must:

- be a recognised specialist qualified in Obstetrics and Gynaecology after having completed a structured and approved training programme in Obstetrics and Gynaecology
- present proof of availability of a recognised training post;
- register the fellowship with EUGA prior to the start of training.

There is no restriction placed on age or nationality. Fellows must submit the application form and report the date they will start their fellowship before the fellowship commences.

III. Certifying criteria for a fellow

1. Introduction

A fellow can be recognised by EUGA as a European Urogynaecologist after a final assessment is carried out by the EUGA Educational Committee that takes into consideration the skills and knowledge documented in the logbook.

2. Qualitative criteria for certification of a fellow

In order to receive certification (the Diploma), the fellow must meet the following criteria:

- The fellow must be an EUGA member during the fellowship training
- The fellow should participate at the EUGA annual meetings during the course of the fellowship training
- The fellow should participate at Urogynaecology courses, particularly those proposed by EUGA during the course of the fellowship training
The training schedule and program are registered with EUGA prior to the start of the fellowship. Any changes in the schedule should be registered.
- The fellow should have 2 Peer-reviewed publications in an internationally recognised journal (preferably FPMRS).
- The EUGA logbook of clinical experience in urogynaecology is filled in and kept up-to-date throughout the training and submitted within three (3) years of registration.

A passing mark is received on the EUGA final assessment that is held once each year during the EUGA annual meeting. The candidate can attempt the exit exam once the fellowship training has been completed. The final assessment of the fellow is carried out by the EUGA Education Committee and will take into consideration the criteria of training (entry, qualitative and quantitative). The EUGA Diploma of European Urogynecologist will typically be officially awarded during the yearly EUGA Meeting.

3. Quantitative criteria for certification of a fellow

•Surgical volume, i.e.,procedures performed as the primary surgeon:

- 50 Colporrhaphies (anterior and posterior)
- 30 Vaginal hysterectomies
- 10 Sacrospinous ligament fixation
- 10 Colpocleisis
- 5 Sacrocolpopexy
- 30 Midurethral sling procedures
- 5 Fistula surgery (vaginal, abdominal
- Laparoscopic/Robotic procedures
- other ?

➤ •Other skills:

- Two (2) times having been responsible for a clinical audit.
- One (1) time being responsible for development of a protocol/guideline/patient information sheet.
- At least two (2) presentations (oral or poster) at the EUGA annual congress during the time of training.
- The logbook must be completed within three (3) years from the start of the fellowship.

IV. Training programme

1. Definition

The subspecialist in Urogynecology is a specialist in Obstetrics and Gynaecology who, is able to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.

2. Aim of the training

To educate gynecologists so that they can fully provide and improve the care of patients with pelvic floor disorders in collaboration with other care providers.

3. Objectives of training

To train a subspecialist to be capable of:

- consultation, practice and comprehensive care of women with pelvic floor disorders;
- promoting knowledge and clinical skills relating to female pelvic health;
- interpretation of scientific data and apply these in clinical care, teaching, research;
- coordinating and ..promoting collaboration in organizing the service;
- providing leadership in development and in research within the subspecialty.

4. Organization of training

The number of subspecialists should be strictly controlled by the relevant national body in order to provide sufficient expertise. The training programme must be in a multidisciplinary accredited centre and should be organised by an accredited subspecialist. Training follows modules (see next chapter) The training centre should use guidelines and protocols finalised by national professional bodies reviewed at regular intervals.

5. Means of training

An adequately remunerated post in a recognised training programme is a basic condition. Each trainee must have an appointed Educational Supervisor as a tutor for guidance and advice. Trainees should participate in all relevant activities of the training unit, such as the care of outpatients and inpatients, on-call duties during both day and night, performing urogynaecological operations, and participating in educational activities, including teaching other health professionals. Participation in audit, MDT meetings, research (clinical or basic) and patient advocacy activities is equally essential. Advanced simulation training (virtual, animal model, cadaver) is a prerequisite for

training in both vaginal and minimally invasive procedures. The list of courses in which the fellow participated must be provided in the logbook together with copies of the certificates of attendance.

6. Duration of training

The training includes a minimum of two (2) and at the most three (3) clinical years of full-time training according to a prospectively approved program in a EUGA-accredited Urogynaecological unit. The logbook must be completed within three (3) years after the formal start of training. Retrospective fulfillment of the logbook e.g. over years of urogynecological practice without a registered and defined training programme, is not allowed. The EUGA exit assessment must be passed within four (4) years from the formal start of training.

7. Title received

FEBUG: Fellow of educational board in urogynecology

V. Modules

Clinical training covers the expertise areas outlined in the following modules.

1. General Urogynaecology assessment

1.1 History

Learning outcomes: To demonstrate the knowledge, skills and attitudes required for clinical assessment of pelvic floor dysfunction

- To understand the different areas in obtaining a urogynaecological history
- To obtain a general history
- To obtain urinary/prolapse/bowel history
- To assess impact of symptoms on quality of life (QoL) and be familiar with tools for objective assessment of pelvic floor dysfunction

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
IUGA/ICS Terminology used for pelvic floor dysfunction	Take an appropriate history	Ability to take an appropriate history and use terminology in accordance with the International Continence Society	Attend urogynaecology clinics	Feedback from trainer
Relationship between pelvic floor symptoms and other medical conditions	Present a relevant urogynaecological history including impact of condition on QoL	Ability to use clinical history and bladder diary to make an initial diagnosis	Case discussion and observation of senior medical staff	Record of cases seen
Bladder diaries	Interpret bladder diaries	Ability to communicate patient's symptoms and understand their severity and social and psychological impact		Logbook of competences and experience
Validated questionnaires used in Urogynaecology (language specific)	Able to select appropriate standardised symptom and QoL questionnaires	Ability to select and analyse appropriate questionnaires		
Evidence-based guidance		Ability to use evidence-based guidance in clinical practice		

1.2 Examination

Learning outcomes: To be able to carry out a competent examination

- Undertake a general examination
- Undertake a pelvic examination and be familiar with standardised methods of assessment of pelvic organ prolapse
- Undertake a relevant neurological examination

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
Examination findings relevant to pelvic floor disorders	Perform an appropriate general, pelvic floor and neurological examination	Ability to carry out a relevant examination and elicit abdominal and pelvic findings	Attend supervised clinics	Feedback from trainer
Examination findings relevant to patients with pelvic organ prolapse	PoP Q classification Baden Walker classification	Ability to describe stage of pelvic organ prolapse using a recognised method	Observation of senior medical staff, assisting and case discussion with senior staff	Record of cases seen
Neurological findings in denervation of the pelvic floor	Oxford Pelvic floor grading	Ability to perform neurological examination of the S4 pathway		Logbook of competences and experience
Neurological conditions that affect the lower urinary tract (e.g. multiple sclerosis)		Ability to communicate significance of clinical findings to the patient		
Objective methods for assessment of pelvic organ prolapse		Ability to put clinical findings in the context of the patient's symptoms		

1.3 Investigations

Learning outcomes: To be able to select appropriate tests, carry out the test proficiently and interpret the results

- Initial assessment of pelvic floor symptoms and signs
- Learn to interpret results of laboratory investigations in the context of the patient's symptoms and signs
- Recognise complex cases and when to refer to Urogynaecology subspecialist / Urologist

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Relevant anatomy and physiology</p> <p>Urodynamic including:</p> <ul style="list-style-type: none"> • Urine culture and cytology • Pad tests • Assessment of urinary residual • Uroflowmetry • Profilometry • Subtracted dual-channel cystometry • UPP • EMG <p>Modalities for imaging the urinary tract</p> <p>Indications for advanced urodynamics (i.e. video urodynamics, ambulatory urodynamics and urethral function studies)</p>	<p>Perform an appropriate investigation</p> <p>Understands when to refer to further investigation</p>	<p>Ability to assess urinary residual by bladder scan</p> <p>Ability to describe tests to patient and refer to relevant specialist</p> <p>Ability to undertake urodynamics according to the standards set down in the A1 module of the common curriculum for multidisciplinary training in urodynamics (www.ukcs.uk.net) ? ICS good urodynamic practice?</p> <p>Ability to explain the relevance of the test findings to the patient and to communicate the results with sensitivity</p> <p>Ability to make appropriate requests for imaging of the lower urinary tract</p> <p>Ability to understand the impact of results on clinical management</p> <p>Awareness of regional referral pathways and role of regional subspecialist in the management of complex cases</p>	<p>Direct observation of senior colleagues</p> <p>Attendance at an EUGA approved urodynamics course</p> <p>MDT meetings</p>	<p>Feedback from trainer</p> <p>Record of cases seen</p> <p>Urodynamics case log book</p>

1.4 Multi-professional working (allied specialties)

Learning outcomes: To be able to select an appropriate conservative treatment pathway

- Learn to refer to appropriate discipline or specialty for further investigation or treatment
- Understand and set treatment goals
- Know how to contribute to the multidisciplinary approach of conservative therapy
- Prescribe appropriately

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Pharmacological action and adverse effects of antimuscarinics / B3 agonists/ other medication used for LUTS</p> <p>Principles of pelvic floor muscle training and role of different physical therapies</p> <p>Principles of bladder retraining</p> <p>Peripheral Neuromodulation</p> <p>Action and adverse effects of energy based devices (laser, ultrasound, radiofrequency)</p> <p>Non-surgical management of pelvic organ prolapse</p> <p>Basic understanding of anorectal dysfunction</p>	<p>Understand the role of drug therapy for women with overactive bladder symptoms</p> <p>Understand the role of pelvic floor re-education in female urinary incontinence</p> <p>Understand the indications for vaginal pessaries / physiotherapy</p> <p>Understand the indications for anorectal investigation and treatment</p> <p>Understand the indication for referral to physiotherapist/ psychosexual counselor/ pain clinic</p>	<p>Ability to recognise the importance of non-surgical management in the treatment pathway</p> <p>Ability to prescribe appropriately and counsel on success and adverse effects</p> <p>Ability to instruct a patient in bladder training</p> <p>Awareness of referral of patients to physiotherapists and nurse specialists at an early stage of the treatment pathway</p> <p>Ability to work in a multidisciplinary team and to liaise appropriately with community continence services</p> <p>Ability to counsel patients on containment measures and support groups</p> <p>Ability to counsel, select and fit an appropriate vaginal pessary for pelvic organ prolapse</p> <p>Ability to counsel on simple treatments for faecal incontinence and refer appropriately</p>	<p>Attend a physiotherapy clinic and observe management given by pelvic floor physiotherapist</p> <p>Attend a continence clinic and observe continence nurse</p> <p>Feedback with trainer</p> <p>Observe multidisciplinary case discussion</p>	<p>Logbook of competences and experience</p> <p>Feedback from trainer</p>

1.5 Good medical practice, clinical governance and management

Learning objectives: To be able to understand and demonstrate appropriate knowledge and skills in relation to good medical practice, clinical governance and risk management.

- Inculcate the habit of lifelong learning and continued professional development.
- Acquire the knowledge, attitude and skills to act in a professional manner at all time

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>The importance of continued professional development</p> <p>The doctor-patient relationship, ethical principles (beneficence, non-maleficence, autonomy), informed consent, confidentiality, and data protection</p> <p>The principles of clinical governance</p> <p>The principles, structure, and steps of an audit cycle</p> <p>The principles of risk management, incident and near-miss reporting, complaint management</p> <p>Clinical effectiveness, evidence-based medicine, different hierarchies of evidence and grades of recommendations</p> <p>The importance of protocols, guidelines and integrated care pathways</p>	<p>Practice evidence-based medicine</p> <p>Undertake a clinical audit</p> <p>Develop and implement a clinical protocol and/or guideline</p> <p>Develop Patient Information Sheets</p> <p>Participate in risk management</p> <p>Perform appraisals</p>	<p>Ability to undertake a clinical audit</p> <p>Ability to practice evidence-based medicine</p> <p>Ability to develop and implement a clinical protocol and/or guideline</p> <p>Ability to develop Patient Information Sheets</p> <p>Ability to investigate and report a critical incident and suspected unexpected serious adverse reaction</p> <p>Ability to respond to a complaint in a constructive and objective manner</p> <p>Ability to recognise ethical issues related to the sub-specialty</p> <p>Ability to recognise and use learning opportunities</p> <p>Ability to recognise one's own limitations and seek advice appropriately</p> <p>Ability to deal appropriately with challenging behaviour</p>	<p>Observation of and discussion with senior medical staff and the clinical governance team</p> <p>Attendance at risk-management meetings</p> <p>Appropriate literature, guidelines</p>	<p>Log of experience</p> <p>Supervisor reports</p> <p>Attendance certificate of appropriate course(s) and meeting(s)</p> <p>Audit report</p>

2. Surgical skills

Learning outcomes:

- To be clinically competent in assessment prior to surgery for stress urinary incontinence (SUI) and pelvic organ prolapse (POP)
- To understand and be able to counsel patients on the benefits / risks / benefits / alternatives (surgical and non surgical) the prognosis and complications of surgery for SUI and POP
- To be clinically competent in undertaking vaginal hysterectomy and colporrhaphy as primary surgery for POP
- To be clinically competent in undertaking a primary procedure for SUI (mid-urethral tape, mini sling procedure, Bulking agent, colposuspension or fascial sling) as primary surgery so SUI depending on local / regional / national guidelines
- To be able to manage common complications of vaginal surgery and understand when to involve other specialists
- To understand indications for referral to a urogynaecology subspecialist / urologist

Knowledge criteria	Clinical competence	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Knowledge of equipment, diathermy instrumentation and theatre set-up</p> <p>Awareness of potential surgical complications</p> <p>Understand management of major haemorrhage</p> <p>Understand the indications and complications of the following procedures:</p> <ul style="list-style-type: none"> • Cystoscopy • Continence procedures (such, mid-urethral tape, mini sling procedure, Bulking agent, colposuspension or fascial sling) as primary surgery for SUI depending on local / regional / national guidelines • POP procedures • Cosmetic genital surgery (Labioplasty etc.) <p>Knowledge of surgical management of detrusor over activity</p> <p>Knowledge of surgical management of faecal incontinence</p> <p>Knowledge of surgical procedures for recurrent POP and SUI</p> <p>Knowledge of surgical procedures for vault prolapse</p>	<p>Be able to perform and manage complications of the following procedures:</p> <ul style="list-style-type: none"> • Cystoscopy • Anterior repair • Posterior repair • Vaginal hysterectomy • Primary continence procedure • Be able to perform and manage complications of procedures for treatment of continence • Able to manage postoperative voiding difficulty • Vault suspension • USL suspension • Sacrospinous fixation • Sacrocolpopexy (Abdominal or Minimal Invsive) • Hysteropexy (Abdominal or Minimal Invsive) • POP Mesh procedures <p>Recognise indications for referral</p> <p>Recognise referral to subspecialist / Urologist / Colorectal surgeon/Plastic surgeon</p>	<p>Select patient appropriately for vaginal surgery</p> <p>Counsel on vaginal surgery including non-surgical alternatives, surgical complications and outcome</p> <p>Perform vaginal and stress continence surgery in a fluent and safe manner</p> <p>Recognise and appropriately manage intraoperative visceral injury including repair of simple operative bladder injury and postoperative bladder drainage</p> <p>Instruct nursing staff on catheter management following continence surgery</p> <p>Supervise a patient undergoing a programme of intermittent self-catheterisation</p> <p>Recognise role of other specialists in the management of surgical complications</p> <p>Ability to refer appropriately</p> <p>Awareness of treatment options for recurrent SUI and POP and ability to refer appropriately in recurrent cases of POP and SUI</p>	<p>Training programme</p> <p>Attend EUGA surgical course</p> <p>EUGA proctor programme</p> <p>Direct observation / consultant supervision within the module</p>	<p>Logbook of competences and experience</p> <p>Certificate of attendance</p> <p>Feedback from trainer</p>



Subspecialty Training in Urogynecology

Logbook

1. Use of the logbook

In order to evaluate training progress properly, it is essential that the logbook will be systematically and continuously (prospectively) completed, starting from the very beginning of training. Missing items should be noticed and added. Assessments are to be signed off by the Educational Supervisor every 6 months.

2. Evaluation of clinical and technical skills

Every target defined in the EUGA recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from close observation (level 1) to independent practice (level 3).

Many of the targets do not require an assessment of every competence level and shaded boxes indicate these. Trainees can choose whether or not to tick the shaded boxes as they progress. Certain targets do not require the trainee to be level 3 (Independent). These are identified by a black box. The open targets require your tutor/ trainer to check your competence and sign you off. When you feel ready for this it is your responsibility to organise with your trainer, for these targets to be observed. When an entire module is completed (excluding black boxes) request the educational supervisor to sign the completed module.

SCORING SYSTEM : ? 5 levels (incl passive assistance and some supervision)

- 1 : Needs close supervision**
- 2 : Able to carry out procedure without supervision**
- 3 : Able to supervise and teach the procedure**

3. Access:

Depending on national regulations, the logbook contains information that will be available at any time for both the fellow as well as the Educational Supervisor(s) and the Educational Programme Director.

**Subspecialty training for Urogynecology
Application Form**

Fellow

Personal details

Family

Name:.....

Given

Name:.....

Date of

birth:.....Gender:.....

Date of recognition as an Ob/Gyn

specialist:.....

Contact details

Home address:

-street, house number:

-town:-postal code:

-country:

Mobile phone number:..... E-mail:.....

Institution Details

Hospital Name:

Department:.....

Town:.....Country:

Web site of the

institution:.....

Training Programme

Training Programme Director Name:

Email address:Phone

Educational Supervisor(s)Name:

Email address:Phone.....

Intended period of fellowship (DD/MM/YY): From:To:

Nr of EUGA accredited training positions in the

department:.....

Declaration that the fellow will follow the proposed programme:

Place:

Date:

Place:

Date:

Subspecialty training for Urogynecology Application Form

Signature of fellow

Signature of supervisor

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Section 1: General Urogynaecology assessment						
Take a urogynaecological history						
Understand medical conditions that impact on pelvic floor disorders						
Understand the application of QoL questionnaire						
Perform an appropriate urogynaecological examination						
Perform speculum examination for prolapse and understand and perform prolapse grading systems (POP-Q)						
Understand innervation of pelvic floor and perform relevant neurological examination						
Understand, order and interpret basic urological investigations						
Understand and perform relevant urodynamic investigations (have attended relevant course)						
Understand role of complex urological investigations						
Understand, order and interpret basic imaging investigations (US/MRI)						
Counsel patients regarding relevant urinary continence surgery						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Understand indications for referral to a pain clinic						
Understand indications for referral to urologist for further assessment						
Understand indications for referral to colorectal surgeon for specialist investigation and treatment for faecal incontinence						
Section 2: Appropriate conservative treatment pathways and pharmacological therapies						
Pharmacological action and adverse effects of antimuscarinics						
Pharmacological action and adverse effects of B3 agonists						
Pharmacological action and adverse effects of other medication used for LUTS						
Understand the role of drug therapy for women with overactive bladder symptoms						
Understand the role of pelvic floor re-education in female urinary incontinence						
Ability to instruct a patient in bladder training						
Understand the indications for vaginal pessaries						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Ability to select the appropriate type and size of pessary						
Understand the indications physiotherapy						
Action and adverse effects of energy based devices (laser, ultrasound, radiofrequency)						
Ability to counsel on simple treatments for faecal incontinence						
Section 3: Surgical skills						
Counsel patients for continence procedures						
Counsel patients for prolapse surgery						
Cystoscopy						
Paravaginal repairs						
Anterior repair						
Posterior repair						
Enterocoele repair						
Vaginal hysterectomy						
Manchester repair						
Sacrospinous fixation						
Colpocleisis						
Sacropolpopexy,						
Lap subtotal + Cervicopexy						
Sacrohysteropexy						
Moscowitz procedure						
Sling procedures						
Midurethral slings						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
(TVT/ TVT-O/ TOT)						
Para- and transurethral injection procedures						
Fistula surgery (vaginal, abdominal)						
Urethral diverticulectomy and excision of paraurethral cysts						
Anal sphincter repair						
Selection of instruments and equipment						
Other laparoscopic/robotic reconstructive surgery:						
Section 4: Assessment of knowledge, attitudes and fulfillment of tasks						
Communication with patients and family						
Work effectively in the health care system						
Consider cost-effectiveness						
Consider and identify patient safety issues, including identifying system errors						
Communication with other care providers and health-related agencies						
Work effectively as a member or leader of a team						
Act in a consultative role						
Consider quality of care						
Adequate gathering of information						
Adequate use of scientific evidence						
Identify and perform appropriate learning activities						

Urogynaecological Fellowship	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Incorporate formative evaluation feedback into daily practice						
Participation in education						
Maintain comprehensive, timely and legible medical record						
Monitoring and comparing results of clinical care, up to being responsible for clinical audit						
Identify personal limits						

Authorisation of signatures (to be completed every 6 months by the clinical trainers)		
Name of clinical trainer	Signature of clinical trainer	Date

Documentation of publications

Title (+DOI)	Journal	Position in authorship

Documentation of professional postgraduate education

Training Course/ Symposium/Congress	Role: -participant -oral presenter -poster presenter -organiser	Date

