

**CURRICULUM/STATUTES & REGULATIONS FOR 2 YEARS MASTERS DEGREE
PROGRAMME IN UROGYNAECOLOGY**



DETAILED POLICY AND PROCEDURES

CERTIFICATE

This curriculum document has been made by following committee:

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	Changes suggested in ASRB	Incorporated on page number
i	Admission criteria given in 'Policy & Procedure Manual (PPM) designed for induction of postgraduate trainees at Level-IV super-specialty' prescribed by PPM for level-IV-degree programs prescribed by the Govt. of the Punjab, Specialized healthcare & Medical Education department. The merit criteria may be amended as determined by government policies from time to time	3
ii	Elaboration of physiotherapy rotation for intended skills	11
iii	Pass percentage for all examinations in MS urogynaecology to be 60% in line with the criteria for other postgraduate examinations at UHS	31
iv	Thesis &/ or research publication should be based upon the research work carried out during the programme duration	14

1. Nomenclature of the Proposed Course

The name of degree program shall be MS in Urogynaecology level IV.

This curriculum is in alignment with requirements of level IV sub specialty training program as declared by Government of Punjab Specialized healthcare and medical Education department [NO. S.O. (ME) 7-6/2019 (L-IV) and PMDC.

Although level IV education/training in subspecialty has been approved by PMDC, and notified in Gazette of Pakistan; all level IV programs in Punjab are not approved by PMDC, and degree awarding institutions (CPSP/UHS).

Urogynaecology level IV is approved as a potential training program in Punjab
(CPSP programs no. 25)

2. Course Title:

MS in Urogynaecology (Sr No. 17-iv)

3. Training Centers

Departments of OBGYN and Urology with special interest in Urogynaecology (accredited by UHS) in affiliated institutes of University of Health Sciences Lahore, with provision of external rotation in UHS accredited institutions

4. Duration of training

- The duration of Masters in Urogynaecology course is a subspecialty course which shall be two (2) calendar year
- After passing MS/FRCS/MRCOG/FCPS in Obstetrics and Gynaecology/ Urology and after UHS registration.

5. Admission criteria and training

Admission criteria given in 'Policy & Procedure Manual (PPM) designed for induction of postgraduate trainees at Level-IV super-specialty' prescribed by PPM for level-IV-degree programs prescribed by the Govt. of the Punjab, Specialized healthcare & Medical Education department. The merit criteria may be amended as determined by government policies from time to time.

Following criteria has been devised to facilitate the institutions on a uniform induction policy; The applicant on the last date of submission of applications for admission in MS Urogynaecology program must possess the:

1. MBBS degree
 - a. Public sector graduates (5)
(All medical institutes under Government of Punjab, Government of Pakistan, other provinces and Armed Forces institute)
 - b. Private Sector Graduates (4)
 - c. International Graduates (3)
2. Marks obtained with division in MBBS (5)
 - 1st Division, 1st Attempt (01 point each)
 - 1st Division, 2nd Attempt/2nd Division, 1st Attempt (0.5)

	Marks	Division	Attempt	Points
1 st Professional Examination				01
2 nd Professional Examination				01
3 rd Professional Examination				01
4 th Professional Examination				01
5 th Professional Examination				01

3. First position in any Professional (01 Mark each) Max (02)
4. Basic Medical Qualification of MS/ MRCOG/FRCS/FCPS in Gynaecology/Urology or equivalent medical qualification recognized by Pakistan Medical & Dental Council.
5. Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council.
6. Gold medal in FCPS/MD/MS (05)
7. Any publication (02 points each) Max (06)
 - i. Original Articles (Indexed journals) recognized by PMDC

Authorship

 - 1st Author (02)
 - 2nd Author (1.5)
 - 3rd Author (1)
 - ii. Case report

Indexed journals recognized by PMDC (0.5) Max (01)
8. Already working in same institution (02)
9. Post fellowship experience in relevant speciality

1 year or more	5
6 months to 1 year	3
3 to 6 months	1

10. Passed aptitude interview/letter of recommendation from supervisor / institute concerned
(20)

11. Total marks (50)

6. Breakdown of 2 years training

- Gynaecology: 10 months
- Urology: 10 months
- General surgery: 2 months
- Pelvic floor physiotherapy: 2 months

7. Criteria to start new level IV program

(Accreditation related issues of the institution)

1. Faculty requirement: To train level IV sub specialty fellows, the trainer must be dedicated to the subspecialty practice. Young faculty who has already obtained level IV training/qualification will be eligible to act as level IV trainer. The University will approve supervisors for MS courses
2. Learning Resources in subspecialty: The hospital/department must have all required resources including beds, equipments, diagnostic, patient load, ICU/ Critical care facilities for running such programmes and must be approved by degree awarding institutions (CPSP/UHS). Beds to trainee ratio at the approved training site should be at least 5 beds per trainee.
3. The curriculum/training manual and logbook for trainees must be approved by degree awarding institutions (UHS)

8. Registration and enrolment

1. Induction policy: Induction will be done twice a year (i.e., January and July, each year)
2. Criteria for number of PGRs admitted in each programme per induction:
3. One (01) PGR for one (01) level IV supervisor
4. Three (03) PGRs (maximum) for two (02) level IV supervisors
5. After approval of level IV programs by the Degree awarding institution, the teaching institution shall apply to the SHC&ME department for including the program in list and for provision of funds for the stipend.
6. Candidates selected for the course after their enrolment in the relevant institution shall be registered with UHS as per prescribed Registration regulations.
7. Level IV induction shall be conducted at the institutional level. However, a representation of SHC&ME department will be the part of the selection Committee of the institution(s) concerned.
8. The Dean, Children's Hospital and institute of Child Health, Lahore will be the Convener of Sub-Committee constituted by the Specialized Healthcare and medical education Department, Government of Punjab for level IV induction.
9. The UHS curriculum committee has made logbook mandatory for all residency programs. Upon registration with UHS each trainee will be allotted a registration number and make entries of all work performed and the academic activities undertaken in logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee.

**THE CURRICULUM OUTLINE; ALIGNED WITH
Pakistan Standards for Accreditation of Postgraduate Medical and Dental Education
Programs**

Standard 1: Mission Statement

Standard 2: Outcomes

Standard 3: Institutional Autonomy and Academic Freedom

Standard 4: Curriculum Design

Standard 5: Educational Contents

Standard 6: Curricular Management

Standard 7: Assessment

Standard 8: Student

Standard 9: Faculty

Standard 10: Program Evaluation and Continuous renewal

Standard 11: Governance and Services

Standard 12: Research and Scholarship

Standard 1: Mission Statement

This program has a mission to develop young leaders in healthcare in the sub specialty of urogynaecology with the ability to make positive contribution to women's health in Pakistani society. Our approach will focus on four pillars: leadership, academics, objective training, and compassion. This will be done by encouraging scholarly activities, professional development and a commitment to life-long learning

Standard 2: Outcomes:

A set of statements which summarize the expected results at the end of the educational program are depicted below. MS urogynaecology program should enable the residents to:

1. Assess and apply relevant knowledge to clinical practice
 - Maintain currency of the knowledge

- Apply scientific knowledge in practice appropriate to patient context
 - Critically evaluate new technology
2. Safely and effectively perform appropriate surgical procedures
- Consistently demonstrate sound surgical skills
 - Demonstrate knowledge and technical skills appropriate to the level of training
 - Demonstrate manual dexterity for the required procedures
 - Adapt their skills in the context of each patient and procedure
 - Maintain and acquire new skills
 - Approach and carry out procedures with due attention to the safety of the patients, self and others
 - Critically analyze their own clinical performance for continuous improvement
3. Design and implement effective management plans
- Recognize the clinical features, accurately diagnose and manage urogynaecological procedures
 - Formulate a well-reasoned provisional diagnosis and management plan based on through history and examination
 - Formulate a differential diagnosis based on investigation findings
 - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs
 - Recognize disorders of female urinary tract disorders and differentiate those amenable to surgical treatment
 - Effectively manage the care of patients with urogenital trauma including pelvic floor injuries and multiple system traumas.
 - Effectively recognize and manage complications
 - Identify the benefits, risks and mechanisms of action of current and evolving treatment modalities
 - Select appropriate tests and interpret the results
 - Indicate alternatives in the process of interpreting the investigations and in decision making
 - Manage complexity and uncertainty
 - Consider all issues relevant to the patients
 - Identify risk, assess and implement a risk management plan

- Critically evaluate and integrate new technologies and techniques
4. Organize consultation, diagnostic testing and imaging as needed
 - Select medically appropriate investigative tools and monitoring techniques in a cost effective and useful manner
 - Appraise and interpret appropriate diagnostic imaging and investigations according to the patient needs
 - Critically evaluate the advantages and disadvantages of different modalities
 5. Communicate effectively
 - Communicate appropriate information to patients and their families about procedures, potentialities and risk associated with surgery in ways that encourage their participation in informed decision making
 - Communicate with the patients and families about the treatment options including risk and benefits of each.
 - Communicate and co-ordinate with health management teams to achieve an optimal surgical environment
 - Initiate the resolutions of misunderstandings or dispute
 - Modify communications to cultures and linguistic sensitivities of the patient
 6. Recognize the value of knowledge and research and its application to clinical practice;
 - Assume responsibility for self-directed learning
 - Critically appraise new trends in urogynaecology
 - Facilitate the learning of others
 7. Appreciate ethical issues associated with urogynaecology
 - Consistently apply ethical principals
 - Identify ethical expectations that impact on medico-legal issues
 - Recognize the current legal aspects of informed consent and confidentiality
 - Be accountable for the management of their patients
 8. Show professionalism by
 - Employing a critically reflective approach to urogynaecology
 - Adhering with current regulations concerning work place harassment
 - Regularly carrying out self and peer reviewed audit
 - Acknowledging their own limitations
 - Learning from their mistakes

9. Work in collaboration with members of interdisciplinary team where appropriate
 - Collaborate with other professionals to assess the indications of various types of treatments and contraindications associated with each type
 - Develop a care plan for a patient in collaboration with the members of an interdisciplinary team employing a consultative approach with other professionals
10. Show effective management and leadership skills:
 - Identify and differentiate between system resources and patient needs
 - Using resources effectively to balance patient care and system resources
 - Prioritize needs and demands while dealing with resource constraints
 - Manage and lead clinical teams acknowledging the importance of different clinical expertise contributing to effective team work
 - Maintain clinically relevant and accurate contemporaneous records
11. Do health advocacy
 - Promote health maintenance of the patients
 - Advocate for appropriate health resource allocations
 - Promote health maintenance of colleagues and self
12. Take stakeholders including supervisors/ trainers, trainees, program directors, hospital administrations, governmental authorities, other health care authorities and professional associations or organizations on board in subsequent clinical practice.

Standard 3: Program Autonomy and Academic Freedom

1. Total academic freedom will be exercised by the University of health sciences to conduct the training under the supervision of supervisors who will design the academic components based on the competencies to be achieved
2. Internal assessment will be by the institutions where training is conducted
3. Final examination will be as per university regulations

Standard 4: Curriculum

A statement of the intended educational outcomes, the content/syllabus, experiences, and processes of the program, description of the planned instructional and learning methods, and assessment methods are described in this section. This curriculum is aligned with the university vision, institutional mission, local and international needs.

It's a competency-based curriculum, which assesses the incremental acquisition of these competencies throughout the program and at exit. It will encourage, prepare and facilitate trainees to take responsibility of their learning and be reflective. The overall structure, composition, and duration will be defined along with compulsory and optional components. Efforts have been made to integrate practice and theory and to consider national regulations.

The curriculum will thus provide adequate exposure to how local, national or regional health systems address the health care needs of local populations. Emphasis has been placed on increase in the degree of responsibility placed on the trainee in accordance with his growing skills, knowledge, and experience while demonstrating sensitivity to diversity and acting appropriately.

Duration of Training: 2 years

Rotation will be:

- i. 10 months in gynaecology
- ii. 10 months in urology
- iii. 2 months in general surgery
- iv. 2 months in pelvic floor physiotherapy (Biofeedback, acupuncture , hypnotherapy)

Credit hour allocation

Theory: 01 credit hours shall be equal to 1 hour of teaching per week throughout the semester (16 weeks)

Practical/ Lab: 01 credit hour shall be equal to 03 hours of practical/lab work per week throughout the semester (16 weeks)

Clinical: 01 credit hour shall be equal to 03 hours of clinical work per week throughout the semester (16 weeks)

Research/Assignment: 01 credit hour shall be equal to 03 hours of research/assignment work per week throughout the semester (16 weeks)

Specific training details

1.1 TRAINING:

- Candidates may enter the examination after a minimum of 24 months full-time or 3 years part-time training.

- Training at more than one center is encouraged; however, a minimum of one year of training at a recognized Pakistani training center is required.
- Training time outside Pakistan should preferably be prior approved by the relevant subcommittee of the respective subspecialty, by the UHS and the College of Physicians and Surgeons, Pakistan (CPSP). Alternatively, the relevant subcommittee can recognize up to twelve months training time outside Pakistan for the purpose of the examination and allow the candidate entry into the examination.
- If the candidate is successful in the examination, the Certificate is issued only when the UHS has approved the required training time and the thesis has been approved. Registration of subspecialist training will depend on UHS regulations of approval.

Knowledge

1. Relevant symptoms and clinical signs to make a Clinical diagnosis
2. Standardized questionnaires and QOL questionnaires, and how they are devised and validated
3. Examination findings relevant to lower urinary tract disorders such as stress incontinence urinary fistulae; and findings relevant to women with prolapse.
4. Neurological findings in women with denervation of the pelvic floor and neurological conditions affecting the lower urinary tract (e.g. multiple sclerosis)
5. Investigations of lower urinary tract:
 - Urine analysis
 - Urine culture and sensitivity
 - Frequency/volume charts
 - Pad test
 - Examination Under Anaesthesia (EUA) and three swab test to localize site, assess size and number of fistulae and mobility of tissues
 - Bladder scan for morphology, pathology, urinary volume and residual urine
 - Uroflowmetry
 - Cystometry
 - Videocystourethrography
 - Ambulatory urodynamics
 - Urodynamics

- Urethral function studies
 - Cystourethroscopy: rigid/flexible.
6. Investigations of upper urinary tract:
- Renal ultrasound
 - Abdominal X-ray
 - Intravenous urogram
 - Isotope renography
7. Neurourology:
- Pelvic floor electromyography
 - Pelvic floor investigation
 - Perineometry
 - Magnetic resonance imaging
 - Perineal ultrasound
8. Colorectal:
- Anorectal function studies
 - Barium enema
 - Defaecating proctogram
 - Endo anal ultrasound.

Skills

- History taking in patients with either urinary, prolapse or faecal problems
- Use of appropriate standardized and QOL questionnaires
- Carry out an appropriate general, vaginal, pelvic floor and neurological examination and procedural skills.

Attitudes

- Ability to use appropriate standardized questionnaires and QOL questionnaires and to analyze them

1.2. LOGBOOK OF LEARNING:

- The logbook of learning must detail all practical and academic learning during time spent (full-time or part-time) in recognized training posts in all contributing training centers where applicable.
- The logbook must contain proof of fulfillment of the rotation requirements and should reflect clinical activities and technical experience according to the respective specialty prescriptions.
- The heads of the respective training units must confirm validity by signing the document.

1.3. RESEARCH PROJECT

- Each subspecialty trainee will be required to submit a completed research project (Thesis & / or Research publication) prior to taking the exit examination. The aim of the research project is for candidates to demonstrate their ability to perform, interpret and present research, and to encourage research expertise and research output in clinical medicine. The research component must address any pertinent topic in the field of the subspecialty, during the program duration.
- The research project must be submitted in the form of an original research report wherein the candidate provides the findings of the research study. The research report should be between 3000 to 5000 words (excluding references and tables) and must contain appropriate references and a detailed discussion on the research findings.

Standard 5: Educational Contents

The program has the educational content decided in consensus by a group of subject experts, in consultation with specialists of disciplines relevant to the program. It ensures that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution. The content that is planned to be taught and assessed is relevant to practice as an expert in that field sufficient time will be spent by the trainee with patients/ community/ students, in relevant settings. Topics like study skills, leadership, principles of management, professionalism and ethics and medical education/ teaching strategies are covered. The content, extent and sequencing of courses and other components of the curriculum (curricular map) are described. The program shall be

flexible to adjust the content to changing contexts and needs of the field. A summary of educational contents to be covered in two year course in MS Urogynaecology is presented as under:

1.0 GENERAL UROGYNAECOLOGY ASSESSMENT

1.1.1. OBJECTIVES

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

- Obtain a general history
- Obtain a urinary/prolapse/fecal history
- Use standardized questionnaires, including quality-of-life (QOL) questionnaires
- Utilization of appropriate special investigations

1.1.2. KNOWLEDGE CRITERIA

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

1.1.3. CLINICAL COMPETENCY

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

1.1.4. PROFESSIONAL SKILLS AND ATTITUDES

- Ability to take an appropriate history
- Ability to use appropriate standardized questionnaires and to analyze them
- Ability to use appropriate QOL questionnaires and to analyze them

1.1.5. TRAINING SUPPORT

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

1.1.6. EVIDENCE

- Trainer feedback
- Research report/publication
- Logbook of competences and experience
- Interim/final assessment
- Attendance of appropriate courses

1.2. PHYSICAL EXAMINATION

1.2.1 OBJECTIVES

To be able to carry out a competent examination:

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

1.2.2 KNOWLEDGE CRITERIA

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

1.2.3 CLINICAL COMPETENCY

Carry out an appropriate general, pelvic floor and neurological examination

1.2.4 PROFESSIONAL SKILLS AND ATTITUDES Ability to:

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

1.2.5 TRAINING SUPPORT

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

1.2.6 EVIDENCE

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

1.3.1 OBJECTIVES

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

1.3.2 KNOWLEDGE CRITERIA

Investigations of lower urinary tract:

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

1.3.3 INVESTIGATIONS OF UPPER URINARY TRACT

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

1.3.4 NEUROUROLOGY

Pelvic floor electromyography

1.3.5 PELVIC FLOOR INVESTIGATION

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

1.3.6 COLORECTAL

- Ano-rectal function studies
- Barium enema
- Defecating proctogram
- Endoanal ultrasound

1.3.7 CLINICAL COMPETENCY

Initiates investigations, understands and interprets results

1.3.8 PROFESSIONAL SKILLS AND ATTITUDES

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

1.3.9 TRAINING SUPPORT

- Direct observation
- Attendance at multidisciplinary team meetings

1.3.10 EVIDENCE

- Log book of competencies and experience
- Interim/final review
- Proficiency in:

Urodynamics

Cystoscopy

Standard 6: Content

The program has a functional postgraduate curriculum committee to ensure that adequate supervision is provided throughout the learning experience with clearly defined responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting and process. Appropriate representation has been given to all the stake holders to plan the the exposure and education of the trainee/student to a broad range of experiences in the field. Multidisciplinary education/training will be encouraged including core and additional courses.

2.0 CONSERVATIVE MANAGEMENT OF UROGYNAECOLOGICAL CONDITIONS

2.1 OBJECTIVES

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

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

2.2 KNOWLEDGE CRITERIA

- Anatomy, physiology and pathophysiology of lower urinary tract, pelvis, pelvic floor, lower bowel and anus
- Effects of abnormal anatomy, physiological events and systemic disease
- Related symptoms and clinical findings
- Principles of pharmacology and mode of action of substances acting on pelvic organs, lower urinary tract and bowel
- Indications for and fitting of ring and other pessaries
- Clinical trials cohort, case control and other analytic studies and how they are conducted
- Use of different charts to assess intake and/or output and to assess and treat women with excessive voiding patterns
- Pharmacology, including mechanism of action, adverse effects & interaction, for treatment of;
 - Overactive bladder syndrome
 - Nocturnal frequency and nocturia
 - Stress urinary incontinence
 - Painful bladder syndrome
 - Constipation
- Use of hormone replacement therapy

- Effects of drugs used in other conditions on the lower urinary tract system and bowel
 - Principles of different modalities of pelvic floor exercises
 - Use of cones
 - Electrical therapy
 - Magnetic stimulator
 - Biofeedback
 - Overactive bladder syndrome:
 - Principles of and possible indications for treatment:
- v. Biofeedback
 - vi. Acupuncture
 - vii. Hypnotherapy
 - viii. Psychotherapy
 - ix. Physiotherapy

2.3 CLINICAL COMPETENCY

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

2.4 PROFESSIONAL SKILLS AND ATTITUDES

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

- Ability to fit and change pessaries

2.5 TRAINING SUPPORT

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

2.6 EVIDENCE

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

3.0 SURGICAL TREATMENTS

3.1 OBJECTIVES

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

3.2 KNOWLEDGE CRITERIA

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

3.3 VOIDING DIFFICULTIES

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

3.4 PELVIC ORGAN PROLAPSE

- Anterior and posterior repairs
- Perineal body repair

- Vaginal hysterectomy
- Uterosacral plication / suspension (open and/or laparoscopic)
- Moschcowitz, Halban repair
- McCall culdoplasty
- Sacrospinous fixation
- Enterocoele repair (abdominally/vaginally)
- Mesh repair ;
 - Abdominal (open/laparoscopic)
 - Vaginal:
 - Kits (Prolift, etc.)
 - Self-designed placement

3.5 VAULT PROLAPSE

- Sacrospinous fixation
- Sacro-colpopexy (open and/or laparoscopic)
- Other vaginal procedures, including rectocele repair and perineal body repair

3.6 CLINICAL COMPETENCY

- Counsel patients appropriately.

Perform procedures for treatment of urodynamic stress incontinence:

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

3.7 PERFORM URETHERAL DILATATION

Perform repair of pelvic organ prolapse:

- Anterior repair
- Paravaginal repairs
- Vaginal hysterectomy
- Posterior repair
- Uterosacral plication and ligament suspension
- Moschcowitz or Halban (open and/or laparoscopic)
- McCall culdoplasty
- Enterocoele repair (vaginally and abdominally)
- Mesh repairs:
 - i. Self-fashioned mesh procedures
 - ii. Anterior and posterior trocar-based kits
 - iii. Non-trocar-based kits
 - iv. Laparoscopic procedures using mesh
 - v. Fistula repair

3.8 PERFORM REPAIR OF VAULT PROLAPSE

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

3.9 MANAGE COMPLICATIONS OF SURGICAL PROCEDURES

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

Instruct patients in techniques for treatment of voiding difficulties.

3.10 PROFESSIONAL SKILLS AND ATTITUDES

- Ability to perform procedures for treatment of urodynamic stress incontinence
- Colposuspension (open and/or laparoscopic)
- Midurethral slings (transobturator and retropubic)
- Bladder neck injections
- Secondary surgery for urodynamic stress incontinence

3.11 ABILITY TO PERFORM URETHRAL DILATATION

3.12 ABILITY TO PERFORM REPAIR OF PELVIC ORGAN PROLAPSE

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

3.13 ABILITY TO PERFORM REPAIR OF VAULT PROLAPSE

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

3.14 ABILITY TO WORK AND COMMUNICATE WITH OTHER PROFESSIONALS

3.15 ABILITY TO COUNSEL PATIENTS

3.16 ABILITY TO FORMULATE A MANAGEMENT PLAN & MODIFY

3.17 ABILITY TO CONDUCT RESEARCH

3.18 TRAINING SUPPORT

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

3.19 EVIDENCE

- Logbook of competencies and experience
- Research report or publication
- Feedback from trainer
- Proof of proficiency in:
 - i. Above mentioned surgical procedures
 - ii. Research project (see later)
 - iii. Staff management
 - iv. Collaboration with colleagues
 - v. Participation in multi professional team meetings

4.0 NEUROLOGY /NEUROMODULATION

4.1 OBJECTIVES

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

4.2 KNOWLEDGE CRITERIA

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

4.3 LOWER URINARY TRACT MANIFESTATIONS OF

- Spina bifida
- Multiple sclerosis
- Parkinson's disease

4.9 OTHER RELATED SKILLS AND EXPERTISE

- Candidates are encouraged to attain the staff principles of leadership and management
- Candidates must acquire the ability of medical teaching using modern didactical methods
- Candidates must have the opportunity of attending/presenting at scientific meetings like IUGA/ICS
- Candidates must be fully involved in the under and postgraduate training programs of the training unit and department hosting the unit
- Candidates must gain experience of appraisal and assessment techniques
- The candidates should be able to discuss the ethical and legal aspects of the clinical practice of urogynaecology within the scope of national law and regulations
- The candidates should be given some administrative experience and responsibility which will enable him/her to manage an urogynaecologic practice or unit in the future.

Standard 7:Assessment

The program has appropriate and contextual policies for the student assessments, ensuring an assessment of knowledge, skills and attitudes, using a range of assessment methods according to their "assessment utility", including use of multiple assessors. There is an appropriate balance of formative and summative assessment with a clearly defined process of assessment. The external examiners shall be invited. The record the different types and stages of training in a training log-book will be given weight age.

The assessment practices are compatible with educational outcomes and instructional methods with implementation of pre, per, and post- exam quality assurance procedures. This will be done by letting the examination items assessed through a standard setting process/item analysis. New methods will be incorporated as and when considered necessary including introduction of assessment portfolios. Clearly defined criteria for passing examinations are given, besides number of allowed retakes (Annotations). A system of appeal of assessment results will be in place.

Annotations

- Quality assurance process can include feedback on the assessment items before exam, items analysis, internal and external evaluation of the assessment processes

5.2. EXAMINATION SCHEDULE

- vii. The MS Urogynaecology theory examination will be held twice a year.
- viii. Theory examinations are held in University of Health Sciences, Lahore
- ix. The University shall decide where to hold oral/practical examination and shall inform the candidates accordingly
- x. English is the medium of examination for the theory/practical/ clinical and viva examinations
- xi. The University will notify of any change in the centers, the dates and format of the examination
- xii. A competent authority appointed by the University has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the University examination because of using unfair means in the examination, misconduct or other disciplinary reasons
- xiii. Each successful candidate in the MS examination shall be entitled to the award of a University Diploma after being elected by the University Curriculum Committee and on payment of registration fees and other dues.

5.3. EXAMINATION FEE:

- i. Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination
- ii. The details of examination fee shall be notified before each examination
- iii. Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/ absence/ exclusion

5.4. REFUND OF FEES

- i. If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75 % of

fee only. No request for refund will be accepted after the closing date for receipt of applications

- ii. Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal / absence / exclusion.
- iii. If an application is rejected by the UHS, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fee paid for any other reason, e.g. late fee, etc.
- iv. **Note:** The candidate is required to fill a self explanatory 'feedback proforma' at the end of the clinical examination. This will help the College in making future examination more candidate friendly.

5.5. FORMAT OF THE EXAMINATION:

- Every candidate aspiring for MS in Urogynaecology by UHS, Lahore must pass both theory and the clinical components of the examination.
- Since the University is continually seeking to improve its examinations, changes are likely to be made from time to time and candidates will be notified well in advance of such changes
- The MS Urogynaecology shall has the following components

Written examination (MCQs 200 marks – 100 MCQs – 2 marks each
SEQs 100 marks (10 SEQs; 10 marks each)
Total: 300 marks

Oral and practical examinations:

TOACS 100
LONG CASE 100 marks
SHORT CASES 100 marks

Research: A thesis: 300 marks

5.6. FORMAT OF THE WRITTEN EXAMINATION:

It will comprise of two papers:

Paper I	10	Short answer questions (SAQs)	3 hours	100 marks
Paper II	100	MCQs (Single best type)	3 hours	200 marks

The students shall have a right to review/change the supervisor in first year of training and access to policy for systematic feedback about the processes and products of the educational programs. A balance between the educational resources (e.g. infrastructure, supervision capacity etc.) and the intake of trainees shall be ensured. They will be facilitated for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course. There will be a confidential mechanism for managing unintended incidents by the student. Resources will be allocated to provide scholarships/bursaries to students based on clearly defined criteria.

We aspire to have a clearly defined transfer policy from other national and international programs including a regional and international student exchange mechanism

Standard 9: Faculty

The program will be ensured to have leadership that is qualified by relevant education, training, and experience. with documented job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and their responsibilities. The University shall have the right for recruitment, selection, promotion, and retention policies based on the policies/criteria provided by the universities' statutory bodies for trainers, supervisors and teachers specifying the expertise required

Continuing Professional Development (CPD) of trainers and supervisors will be ensured.

UROGYNAECOLOGY FACULTY MEMBERS

Gynecology: A gynecologist with specific urogynaecology training

Urology: Supervisor for FCPS/FRCS/MS

General and laparoscopic surgeons: Supervisor for FCPS/FRCS/MS

International Faculty: Dr. AugstinaVendramini (Urogynaecologist, Argentina)

Medical Educationist: Heading the department in University of Health Sciences, Lahore

Standard 10: Program Evaluation and Continuous renewal

Structured evaluation procedures and policies will three yearly review results of evaluation and student assessments to ensure that the gaps are addressed, in consultation with post graduate curricular committee. Resources will be allocated to address deficiencies and continuous renewal of programs with involvement of students, faculty, and administration in program evaluation. The amendments based on results of program evaluation findings shall be implemented and documented

Standard 11: Governance and Services:

The program will have clearly defined structure of academic governance with mechanisms for dissemination of all policies and procedures related to governance, services, and resources. Input from medical education experts has been ensured. Satisfactory and functional IT and Library Facilities will be available.

Standard 12: Research and Scholarship

The program has an adequate research component in the curriculum, to encourage use of scientific reasoning and critical thinking and to ensure that the trainee applies evidence-based practices. Formal teaching on critical appraisal of the literature and scientific data will be encouraged to adjust the content to scientific developments. Enrolled students can get the benefit of scholarship in accordance with the current regulations