

WHO OPERATES IN UROGYNAECOLOGY? – UK NATION WIDE SURVEY –

Hypothesis / aims of study

There is a lack of evidence-based results to assert the numbers of procedures a surgeon should perform per year to maintain competences. Current topical issues are the assessment of the quality of the care provided, and the benchmarking of clinical and surgical outcomes.

To our knowledge this is the first survey asking the RCOG members' about their views regarding the numbers required to maintain competencies, and regarding a National entity responsible for gathering the surgical outcomes.

Study design, materials and methods

A Survey Monkey link was provided in the RCOG newsletters on three occasions from May to September 2015, and also emailed to known contacts.

The results were analysed using Microsoft Excel.

Results

Out of the total of 65 responses, 42 respondents completed the survey, and 28 were consultants (67% of the total). Twelve Consultants were Generalists, thirteen had a special interest in Urogynaecology, and four were Subspecialists; 50% of the Consultants were working for the NHS only.

Questions:

NHS patients' discussed as per NICE guidelines: Yes 18%, No 34%, partially 48%.

Private patients' discussed as per NICE guidelines: Yes 0%, No 66%, partially 33%.

More than 50 % of the respondents considered that 10-20 cases were needed annually to retain the surgical skills to operate for SUI, primary and secondary Pelvic Floor Repairs and Vaginal Hysterectomies. Over 50% considered that 5 - 10 procedures/year were enough to maintain the skills for Colposuspension, Vaginal Vault Fixation, Abdominal and Laparoscopic Apical Prolapse surgery.

50% used mesh for Apical Prolapse procedures, and 80% of them had clinical governance in place. Only 36% introduced their patients' data in the BSUG database consistently, and 10% occasionally; 75% audited their results, 75 % agreed with a National Benchmarking for Urogynaecological complications; 82% agreed that the surgical Outcomes should be monitored by the Surgeons with or without an Independent Assessor, 50% would be in favour of a National entity responsible for gathering the surgical outcomes.

Concluding message

This survey suggests that there is an overall agreement about the number of procedures needed to be performed on a yearly basis in order to maintain surgical competences: 5-10 procedures for specialised surgeries and 10-20 for more common ones. Improvement is required in the consistency and use of the MDT, as well as in the recording and analysis of the surgical outcomes. We believe a national entity responsible for gathering the surgical outcomes and benchmarking could assure transparency and prevent biases.

References

1. Standards for Gynaecology. RCOG report of a working party. June 2008.
2. Complex Gynaecology Services – Recurrent Prolapse including laparoscopic surgery. NHS England Public consultation document.

Disclosures

Funding: Nil **Clinical Trial:** No **Subjects:** NONE