# RCOG CLINICAL STANDARDS IN UROGYNAECOLOGY AND MENOPAUSE- A POSTAL QUESTIONNAIRE STUDY.

## Hypothesis / aims of study

The Royal College of Obstetrician and Gynaecologists (RCOG) is currently updating the "Clinical Standards – Advice on Planning the Service in Obstetrics and Gynaecology" document. The service standards are defined as "standards of clinical care which the College would expect units and hospitals to adopt in relation to the quality of patient services, training opportunities and participation in national data gathering of relevance to clinical accountability and effectiveness". In addition to the core standards, the document also identifies Aspirational Standards which the units should be working towards.

The aim of this study was to identify how many consultants work in hospitals which could meet some of the criteria for the related specialities of Urogynaecology and Menopause.

### Study design, materials and methods

A postal questionnaire survey of Obstetric and Gynaecology Consultants (O & G Consultant) in United Kingdom (UK) was undertaken in December 2007. For the Urogynaecology and Menopause services- information on the accessibility, environment and process sections was asked. Information on the clinician workload as regards pelvic floor dysfunction and continence procedures was also collected.

#### <u>Results</u>

359 responses were received and analysed (37% response rate). As regards Urogynaecology, the number of consultants whose units met the criteria were as follows: Accessibility- direct referral systems from primary care continence services (65%), Process (access to video-urodynamics, ambulatory urodynamics in own unit- (approximately 50%), combined clinic with colpoproctologists (29%) and pre-operative Urodynamics prior to vaginal surgery in women with urinary symptoms (80%). As regards, Staffing and competence- only 70% and 53% of consultants met the proposed workload standards for pelvic floor repair and vaginal hysterectomy respectively. Sixty four percent of consultants met the standards for mid-urethral tape procedures.

As regards menopause service, the number of consultants whose units met the criteria are as follows: Accessibility-clinics with a dedicated phone contact available outside the clinic time, with answer machine service out of hours (10%), Environment- Multidisciplinary meetings to review complex cases (22%), dedicated Menopause Clinic integrated with other women's health facilities (36%), Process- Annual meetings held with other departments to discuss guidelines (26%) and access to investigations (20%). Written local protocols derived from British Menopause Society publications (20%) and regular review of guidelines (37%)

The majority of the consultants belonged to District General Hospitals (67%) and 82% had been consultants for more than 5 years.

## Interpretation of results

Based on the consultant responses a large number of hospitals currently do not meet a number of the RCOG standards evaluated in this study for Urogynaecology and Menopause Services.

#### Concluding message

The RCOG should actively encourage clinicians to benchmark their service using the clinical and organisational standards and negotiate with local service providers, managers and commissioners accordingly. This will achieve a uniformly high quality clinical service throughout the country.

#### **References**

Development of clinical and organisational standards in gynaecology. RCOG, Draft Document 2007.

Clinical Standards (2002) – Advice on Planning the Service in Obstetrics and Gynaecology. RCOG, RCOG Press (2002) ISBN1 900364 78

Specify source of funding or grant	Nil
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require eithics committee approval because	It was a postal survey of the facilities available to the consultants in the UK.
Was the Declaration of Helsinki followed?	No
This study did not follow the Declaration of Helsinki in the sense that	it was not required. It was a postal survey of the facilities available to the consultants in the UK.
Was informed consent obtained from the patients?	No