

## Appendix D: Re - Accreditation Criteria

	<b>Accreditation Date:</b>		
1	<b>Process</b>	Tick if appropriate	
1.1.	<p><b>Information giving:</b> Do you still use the information below and has it been reviewed and updated if necessary?</p> <ol style="list-style-type: none"> <li>Guidelines for the agreed mechanism of referral to secondary care including care pathways/13 weeks pathway.</li> <li>Patient information leaflets for all major procedures performed and conservative measures</li> <li>Unit protocols for the management of specific conditions (expect to see haematuria, recurrent UTI, Interstitial cystitis, vault prolapse, stress UI, urge UI). Evidence of when last reviewed.</li> <li><b>If you use any additional information, please provide.</b></li> </ol>	<p>Yes <input type="checkbox"/> copies not required</p> <p>Yes <input type="checkbox"/> copies not required</p> <p>Yes <input type="checkbox"/> copies not required</p>	<b>No</b> – please provide in the file what you currently use
1.2.	<p><b>Information gathering:</b> Do you still use the same proformas and have they been reviewed and updated if necessary?</p> <ol style="list-style-type: none"> <li>History and examination proforma</li> <li>Voiding diary</li> <li>QoL assessment</li> <li>If you use any additional information, please provide</li> </ol>	<p>Yes <input type="checkbox"/> – copies not required</p>	<b>No</b> – please provide in the file what you currently use
1.3	<p><b>Evidence of collaborative working:</b></p> <ol style="list-style-type: none"> <li>Minutes from MDT attended by nurses, physiotherapists and CAs (Urogynae MDT), colorectal or urology colleagues (Pelvic floor MDT) and terms of reference for MDT</li> <li>Referral letters from community team and tertiary</li> </ol>	<b>Please provide this in new file</b>	

	<p>referrals from colleagues, or referrals to tertiary colleagues</p> <p>3. Joint clinics for OASIS follow-up and complex urology / colorectal cases if these occur</p>		
1.4	<p><b>Evidence or regular servicing and calibration log for equipment less than 5 yrs old, Full list of equipment including bladder scans.</b></p>	Please provide	
1.5	<p><b>Administrative support:</b> Are these processes the same as when you last accredited?</p> <p>Consider: letters going out within 2 weeks, triage of referral letters, MDT notes retrieval, nurses available to give telephone advice, space for urodynamic facilities, space for teaching PFME (appendix B)</p>	<p>Yes <input type="checkbox"/></p> <p>– details not required in file</p>	<p><b>No</b> – please provide details</p>
1.6	<p><b>Assessment of IT / systems management:</b> Are these processes the same as when you accredited?</p> <p>Access to terminals in theatre, clinic etc to allow contemporaneous data entry, system for post op data entry (appendix B)</p>	<p>Yes <input type="checkbox"/></p> <p>details not required in file</p>	<p><b>No</b> – please provide details</p>
2	<p><b>Personnel</b></p>		
2.1.	<p><b>Lead Urogynaecologist:</b> Has the Lead Gynaecologist <b>changed</b> since last accredited?</p> <ol style="list-style-type: none"> <li>1. CV including training, CPD certs (&amp; Urodynamic accreditation)</li> <li>2. Job template demonstrating 3 urogynae sessions / working week</li> <li>3. Evidence of one major pelvic floor op / working week</li> <li>4. Evidence of referrals by general colleagues.</li> </ol>	<p><b>Yes</b> – all criteria 1-7 required</p>	<p><b>No</b></p> <p><input type="checkbox"/></p> <p>No details required other than appropriate CPD</p>

	<ul style="list-style-type: none"> <li>5. Proportion of surgery done by him</li> <li>6. National or international involvement in urogynaecology eg BSUG</li> <li>7. Up to date appraisals</li> </ul>		
2.2	<p><b>Other urogynaecologists / consultants with special interest: any additional urogynaecologists from last accreditation?</b></p> <ul style="list-style-type: none"> <li>1. CV including training, CPD certs (&amp; Urodynamic accreditation)</li> <li>2. Job template demonstrating 3 urogynae sessions / working week</li> <li>3. Evidence of one major pelvic floor op / working week</li> <li>4. National or international involvement in urogynaecology eg BSUG</li> <li>5. Up to date appraisals</li> <li>6. Any changes to jobplan since last accredited – please send details</li> </ul>	Yes – need all criteria 1-5 for new consultant	<p><b>No</b> <input type="checkbox"/></p> <p>– but evidence of appropriate CPD for all consultants required</p>
2.3	<p><b>Urogynaecology Nurse, Continence Nurse &amp; Physiotherapists. Any additional personnel?</b></p> <ul style="list-style-type: none"> <li>1. CV including training, CPD certs (&amp; Urodynamic accreditation if applicable)</li> <li>2. Job template</li> <li>3. Up to date appraisal or equivalent</li> </ul>	Yes – need all the criteria for the new personnel	<p><b>No</b> <input type="checkbox"/></p> <p>– but evidence of appropriate CPD required</p>
3	<b>Procedures – this entire section required for units re-accrediting.</b>		
3.1	<p>Unit Throughput data and key performance indicators</p> <ul style="list-style-type: none"> <li>1. 12 month data on new outpatients / review</li> </ul>		

	<p>outpatients (&amp; N:R ratio)</p> <ol style="list-style-type: none"> <li>2. 12 month data on urodynamic investigation</li> <li>3. 12 month data on physiotherapy referrals</li> <li>4. 12 month data on surgical activity for each urogynaecology consultant and for all consultants doing urogynaecological procedures. This data to be generated from the Trust theatre IT software eg Theatreman.</li> <li>5. Evidence that greater than 90% of major procedures (AR, PR, MUT, VH, SSF, SCP etc) are entered onto the BSUG database with evidence that, of these, (ie if 90% becomes your 100%) greater than 60% have follow-up data entered onto the database. (NB use of BSUG database is mandatory for Accreditation)</li> </ol>		
3.2	<p>Outcome data for surgical and non-surgical management (over a period of 12 months at least)</p> <ol style="list-style-type: none"> <li>1. Patient satisfaction questionnaires</li> <li>2. BSUG follow data, objective (POPQ) &amp; subjective GII, QoL, EPAQ over 12 months</li> <li>3. Other objective measures: pad test, flow tests</li> <li>4. Morbidity data (via BSUG database &amp; other means): extrusion, pain, dyspareunia, change in bowel or bladder function, damage to viscus, return to theatre, transfusion rate etc.</li> <li>5. Evidence that complications related to Tape or Mesh Prolapse surgery are submitted to the MHRA</li> <li>6. Audit. Evidence of at least 1 urogynaecology governance audit per year other than outcomes eg documentation, compliance with local guidelines.</li> <li>7. KPI data</li> <li>8. The systems used to generate the outcome data must be demonstrated, robust &amp; open to scrutiny as determined by the assessors.</li> </ol>		

	<p>9. A printout of the relevant 12 months surgical ops for each consultant from the Trust's theatre IT system</p> <p>10. Evidence that there is a rolling program producing the above data year after year – a summary of the morbidity as above for the previous 5 years.</p>		
3.3	Evidence of Trust Clinical Governance /Standards Board support for new procedures and audit of the procedures, evidence of risk management strategy for O and G in the Trust and compliance with it. For new procedures, evidence of training, evidence of 12 month audit, information for patients, sufficient case-load > 20 per annum per surgeon.		
3.4	Evidence of NICE compliance		
3.5.	<p>Audit of:</p> <ol style="list-style-type: none"> <li>1. urodynamic traces and reports</li> <li>2. urogynaecology surgical cases</li> <li>3. We may wish to interrogate your database.</li> </ol>	Home produced audits may suffice	
	<p><b>Signature by Lead Urogynaecologist as testimony to the correctness of the above:</b></p> <p>.....Date.....</p>		