



Committee

Training committee

Members of the Committee (with start and finish dates)

Karen Ward	April 2016 (elected Chair November 2017)	November 2020
Anu Dua (Vice Chair)	November 2016	November 2019
Demetri Panayi	November 2012	November 2018
Sumil Doshi	November 2015	November 2018
Helen Johnson	February 2017	February 2020
Carmel Ramage	March 2018	March 2021
Karen Guerrero	March 2018	March 2021
Victoria Kershaw	March 2018	March 2021
Rufus Cartwright	April 2018	April 2021

Amendments your Committee has made to BSUG website

Committee member responsible	URL to changes or topic	Date
Karen Ward	Training committee section – updates current issues in training and fixing links	August 2018 (not yet live)
Karen Ward	Update to include checklists for centres offering ATSM training	September 2018

Date

3/9/18

Chairman

Karen Ward

Members

As above. No vacancies currently

Aims for the Year

1. Continue development of non-mesh surgery scheme for consultants, including liaison with BSUG meetings committee to develop anatomy / training course
2. Develop optional subspecialty module for complex mesh complications
3. Review ATSM and Subspecialty training curricula in light of NICE guidance, when published in 2019 and new core curriculum changes

Achievements

1. Appointment of new members and 2 trainees
2. Training committee section of website updated with:
 - a. information about continence surgery (related to mesh pause) and how this will affect training
 - b. Check lists for centres offering ATSM in vaginal surgery and urogynaecology as well as lap UG
3. Changes to ATSM curriculum made – advised RCOG about continence surgery issues including which procedures to include and how to manage transition as well as inclusion of vault surgery into ATSM
 - a. Remove mesh tapes for continence (under GMC administrative change)
 - b. Either AFS or Colposuspension for primary stress incontinence
 - c. SSF for vault prolapse
4. Liaison with RCOG to effect changes to subspecialty curriculum to remove infrequently performed procedures, adapt to changing pattern of surgery with mesh issues, introduce L3 competencies in non-mesh continence surgery
 - a. Remove Otis urethrotomy and stapled trans-anal rectopexy
 - b. Remove mesh tapes for continence (under GMC administrative change)
 - c. AFS and colposuspension to be at L3
 - d. Lap SHP at L1
 - e. Revise centre criteria for subspecialty training in view of current changes in continence surgery
5. Development of training package for consultants to train in non-mesh continence surgery. 1st draft submitted to RCOG – awaiting comments.