



British Society of Urogynaecology

The BSUG Manifesto

Celebrating the past 20 years
and aspirations for the future

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FOREWORD

EDWARD MORRIS (President, RCOG)

Since its creation 20 years ago, BSUG has established itself as the leading voice for urogynaecology in this country. Back in 2001, the Officers of the RCOG realised the importance of developing strong working relationships with our specialist societies, something that is just as important to me two decades later. I am proud that our organisations regularly work together to achieve our shared goal of improving women's health through setting standards, training, education and supporting our network of members and fellows.

During my time as President, we have successfully collaborated in several notable areas. Over the course of the pandemic, the RCOG and BSUG have produced joint guidance for the management of urogynaecology procedures, providing ongoing support for urogynaecology services so they can care for their most vulnerable patients whilst maintaining the safety of women and staff. This guidance and support have been invaluable to our colleagues on the ground and has demonstrated how well we can work together, often under immense pressure, to quickly and expertly get things done.

More recently, BSUG have been an integral partner in efforts to persuade the Government to ban the clinically unnecessary and harmful practices of virginity testing and hymenoplasty. Being able to speak together on high profile issues like this, where we have real potential to make a difference for women and girls, makes our voice so much more powerful and really underlines the value of our close relationship.

I have no doubt that the RCOG is stronger thanks to its specialist societies and we look forward to maintaining our close, successful and productive relationship with BSUG and its members in the years to come.

RANEE THAKAR (Immediate Past President, IUGA)

It gives me great pleasure to contribute to this BSUG Manifesto on its 20th anniversary. The collaboration between BSUG and the International Urogynecological Association (IUGA) has been strong and mutually beneficial. In 2004, BSUG formally affiliated with IUGA. The BSUG is the largest affiliate society of IUGA, making up 11.6% of IUGA's total membership. Many members of BSUG have had leadership roles in IUGA, including past Presidents e.g. Linda Cardozo, Bob Freeman and myself. Besides this, BSUG members have chaired many committees of IUGA.

The offerings from IUGA in the form of information leaflets, the IUGA academy, and joint terminology documents have expanded over the years with huge contribution from BSUG members. The IUGA database was a shortened form of the BSUG one and also developed by Conor Byrne and Paul Moran.

However, the collaboration extends well beyond work and academia. BSUG and IUGA have fun together! Team BSUG takes part in the FIUGA Fun Walk/Run for Pelvic Floor Disorders held during the Annual Meeting and often win the first prize. And when the pandemic hit us, BSUG took part in the IUGA Across the World Challenge, a fitness and networking initiative of the Wellness & Mindfulness Special Interest Group. The challenge called upon the teams to virtually walk, run, cycle or swim 16,500 miles – the distance from the home of IUGA Past President Lynsey Hayward in Auckland, New Zealand, to the home of then-President (myself) in London. Following on from winning the last IUGA Fun Run, Team BSUG was the first team to complete the Across the World Challenge! In addition to being the first team to cross the finish line, special kudos went to team member Doug Tincello who logged 3,637 miles, and Bob Freeman who raised \$924 for the FIUGA charity!

The IUGA Board wish BSUG the very best for the future. Long live our collaboration!

INTRODUCTION

The British Society of Urogynaecology was formed in 2001 following a request from the President of the RCOG, Professor Robert Shaw. He wanted to establish specialist societies who could advise the RCOG on their subspecialties. While he was keen to affiliate them to the College, this was initially rejected by the Council. Nonetheless, the College Officers realised the importance of a close working relationship with specialist societies and a College Officers/Specialist Societies Liaison Group was formed. At the time of the request, apart from the Research Urogynaecology Society (RUGS), no British urogynaecology society existed. Professor Stuart Stanton and Professor Linda Cardozo, therefore, proposed that one should be formed and approached the College. Professor Bob Freeman was the Chairman and Mr Vik Khullar Secretary of RUGS at the time. They started working on a constitution and setting up a general committee/executive and subcommittees and in 2001 the BSUG was born. BSUG has also undergone several changes in the committee structure since the initial set up. At its inception, committees included the Audit, Urodynamics, Legal and Guidelines committee which has evolved into alternative committees with time.

The practice of urogynaecology has changed tremendously in these past two decades and as we celebrate the 20th anniversary of the organisation, we recognise that this will continue to do so over the next decades. The Aims of the organisation as enshrined in our Constitution include:

- To encourage the study and management of female pelvic floor dysfunction, urinary incontinence, pelvic organ prolapse (POP) and faecal incontinence.
- To raise and set standards of training in urogynaecology, by providing a network of support through discussion, study and communication.
- To aid an effective network of care for urogynaecology patients throughout the UK and Republic of Ireland.
- To provide a forum for practitioners with an interest in urogynaecology throughout the UK and Republic of Ireland.
- To train gynaecologists in Specialist Urogynaecology skills and to oversee Continuing Medical Education.
- To promote the work and provide support to the Research Urogynaecology Society (RUGS).
- To collect and disseminate information on all matters including epidemiological research and multicentre trials.
- To organise clinical meetings and bring together conference members and where appropriate other allied organisations, patient support groups, relevant Government bodies, statutory authorities and individuals.
- To arrange and provide for exhibitions, meetings, lectures, classes, seminars and training courses for benefit of its members.

The role of the organisation has become increasingly important over the past two decades given the increasing prevalence of pelvic floor problems and current statistics suggest that in primary care 8.4% of women report vaginal bulge or lump, and on examination prolapse is present in up to 50% of women. One in 10 women will need at least one surgical procedure, and the rate of reoperation is as high as 19% and this is for POP alone. There is likely to be an increasing need for surgery for urinary incontinence and pelvic organ prolapse because of the ageing population and therefore an increasing demand for urogynaecologists. There is an urgent need for workforce planning.

On this 20-year journey, the BSUG has gone from being a relatively small organisation to a mature, robust and strong society with a voice that matters and contributes to every aspect of education, teaching, training and practice of pelvic floor medicine. We have a close and good working relationship with the RCOG of which we are an affiliate society and all decisions relating to pelvic floor health are made in collaboration. Our international presence has also grown with BSUG members represented on both the IUGA and EUGA to which we are now also affiliated.

The Covid-19 pandemic has resulted in considerable upheaval and has meant that the future of pelvic floor health or indeed the future of all of medicine will never be the same again. The pandemic has resulted in us taking several steps back as pelvic floor health has not been a priority and access to services have been restricted. Pelvic Floor Services have gone to the back of the queue for funding and prioritisation, though this cannot be blamed solely on the pandemic as it was already the Cinderella specialty in medicine. In addition, there is a disparity in availability of expertise around the country with staff shortages being more acute in some areas compared to others. During the pandemic, however, waiting times for surgery have reached levels never seen before and some NHS trusts have waits of over 18 months for urogynaecological surgery. This is unlikely to get better in the near future and the problem is only being exacerbated by the ongoing restrictions in services. This has affected all continence services and the Pelvic Floor Society published their report on "[Pelvic Floor Services for 2021 and beyond](#)" which was co-authored by BSUG members and endorsed by the organisation. However, whereas the pandemic has had a huge adverse impact we have learnt new ways of working, identified better use of technology and telemedicine and better team working.

The "National Pause" on the use of vaginal mesh, implemented in 2018, was much needed to get our house in order and has also meant that the future of continence care in the UK has changed beyond recognition. The pause had a huge impact on patient care as there weren't enough clinicians with the appropriate training to deliver the alternatives to mesh. The BSUG responded proactively by implementing the BSUG Native Tissue Mentorship Scheme for continence procedures exclusively for consultants wishing to acquire these skills. The training package, endorsed by the SEAC of the RCOG, was up and running within five months of the National Pause. To date 11 consultants have completed the Mentorship programme (with a further 15 registered) allowing them to offer native tissue procedures in their own units as an alternative to synthetic slings. The Parliamentary Review into the use of vaginal mesh led by Baroness Cumberlege which started following the pause and culminating in the report of the [Independent Medicines and Medical Devices Safety Review](#) in 2020, better known as the "Cumberlege Report" provides a harrowing tale of the harm some of our patients have suffered. The lessons learnt from this should not be forgotten in a lifetime, and the BSUG responded to the recommendations within months of the report incorporating all that was relevant to the organisation.

BSUG as an organisation in the early days was worried about the harm that could be caused by any pelvic floor surgery and indeed by the use of mesh. It was partly this very anxiety that led to the further developments in the BSUG database. The organisation recognised the need to collect patient reported outcomes (PROMs) following pelvic floor surgery owing to the lack of supporting long-term evidence in favour of various procedures undertaken. BSUG also felt it was our duty and responsibility to identify any harm caused by synthetic devices; as history had already shown us that the introduction of new surgical techniques was not always safe and several procedures had fallen by the wayside owing to the medium and long-term complications identified. The strength of the database is the number of cases reported, making it one of the largest databases for pelvic floor surgery in the world, however, as the BSUG did not have the power to mandate its use, vital data particularly denominator data is missing from the Audit database. BSUG welcomes the introduction of the Pelvic Floor Registry set up by NHS Digital as data entry is now mandated by Law by the [Medicines and Medical Devices Act 2021](#) for all mesh procedures and devices.

THE MANIFESTO

The aim of this Manifesto is to identify our collective aspirations, have a map for where we want the organisation to go and identify the path we wish to take to achieve these goals. It also gives us an opportunity to celebrate our success over the past 20 years, as this gives us a sense of how far we have come and how much has been achieved. It is an opportunity to look back with those who have been on this journey and brought the organisation to the position of strength we are now in. BSUG is today uniquely placed to influence the future direction of services for pelvic floor health not just nationally but internationally and to ensure patient safety and improved patient outcomes.

The manifesto has several objectives:

- giving patients the confidence that we are here for their benefit (first and foremost)
- give members the confidence we will support their training, education and development
- give confidence that we view the role of supporting research integral to our organisational objectives; without research there can be no medicine.

We recognise that aspirations can change over time so the aim is to identify achievable goals for each of the committees relevant to their objectives and the society for the next five years; goals that will give direction to the organisation and steer it towards achieving better pelvic floor health for the nation.

Executive Committee:

Chair: Swati Jha

Secretary: Ashish Pradhan

Vice Chair: Karen Ward

Treasurer: Christian Phillips

Supported by Amanda King and Stella Rafferty of the secretariat

Past Executives:

Chair	Dates	Vice Chair	Dates	Secretary	Dates	Treasurer	Dates
Linda Cardozo	2001-2006	Paul Hilton	2001-2006	Bob Freeman	2001-2006	Vik Khullar	2001-2006
Bob Freeman	2006-2009	Tony Smith	2006-2009	Ash Monga	2006-2009	Abdul Sultan	2006-2009
Tony Smith	2009-2012	Vik Khullar	2009-2012	Ranee Thakar	2009-2012	Simon Hill	2009-2014
Ash Monga	2012-2015	Alfred Cutner	2012-2015	Tim Hillard	2012-2015	Philip Toozs-Hobson	2014-2017
Alfred Cutner	2015-2017	Jonathan Duckett	2015-2017	Jason Cooper	2015-2018	Christian Phillips	2017-2021
Jonathan Duckett	2017-2019	Swati Jha	2017-2019	Ashish Pradhan	2018-2021		
Swati Jha	2019-2021	Karen Ward	2019-2021				

The executive committee is responsible for overseeing the work of the different committees. Responsibilities towards the subcommittees are moved around every few years based on the experiences of the executive committee members.

When the organisation was set up, the Chair and Vice Chair were separate appointments for three years each, but six years ago the membership voted that the Vice Chair would be Chair elect and the tenure for both was reduced to two years each. This was to ensure the Vice Chair had a gradual transition into the role.

The executive committee is responsible for dealing with all queries from the membership and interactions with affiliate societies, it responds to complaints, generates the newsletters for the membership and meets up three monthly to determine key issues relevant to the organisation and ensure its smooth functioning. It provides comments to all NICE guidelines relevant to the society and works with the RCOG media team in drafting press releases relating to pelvic floor health. The Executive Committee writes the citations for the National Clinical Excellence Awards and is ultimately responsible for the finances of the organisation and ensuring these are spent judiciously. They also comment on documents from the RCOG, NICE and the DoH on a regular basis. The Executive team is ably supported by a part-time secretariat which we also manage and support.

Several key developments the committee have worked on in the past few years include: set up of the Native Tissue Mentorship Scheme, establishment of the BSUG Research Network (RN), Annual Research Grants offered by the association to mention a few.

The Executive committee recognised the need to engage better with patients and are in process of establishing a patient committee, the chair of whom will represent patients on the BSUG Committee and serve as their voice.

Over the past four years we have worked closely with NICE in the development of Patient Decision Aids (PDA) and Guidelines for the Management of POP and Urinary Incontinence; NHS England and Improvement on the Pelvic Floor Mesh Oversight Group to meet the recommendations of the IMMDS review and report; NHS Digital in developing the Pelvic Floor Registry; Specialist Commissioning in the set-up of the Mesh Removal centres which went live on the 1st April 2021; and with the Maternity and Women's Policy Health Team in developing a long term NHS plan to ensure all women have access to physiotherapy antenatally and in the post-natal period. BSUG has worked closely with patients and other societies including the British Association of Urological Surgeons (BAUS) and the Pelvic Floor Society (PFS) to develop standardised information leaflets, MDT forms and pathways for care for patients being referred to the Mesh Removal Centres.

Aspirations:

- Ensure diversity in our team. Continue to shift the experience of under-represented groups of membership and patients.
- Continue to provide strong and effective leadership.
- To increase membership by 10% in the next five years.
- Support the RCOG with workforce planning of urogynaecologists needed to run the service in the NHS.
- Enhance our social media presence.
- Publish a public directory of urogynaecologists for patients and other health professionals.
- Allow members to use BSUG logo on their profiles to increase our profile.
- Embrace and encourage patient involvement by the inception of a Patients Subcommittee with a chair that represent the group on the main committee.
- Establish why members who are still actively practicing choose to leave the organisation and develop an exit survey on reasons why members leave.
- Work with a sustainable budget with balance remaining at around £200,000. Ensure a sustainable income from membership and increased value for members.
- Expand membership to other healthcare professionals (including physios and urogynae nurses).
- To continue to provide value for money for membership: including BSUG database and membership to IUGA, EUGA.

DATABASE COMMITTEE (Chair: Andrew Hextall)

Past Chairs: Paul Moran; Phil Assassa; Ash Monga; Philip Toozs-Hobson

This was one of the first subcommittees set up within the organisation and the aim was to promote local and national audit through a surgical register of urogynaecological procedures. In 2016 Appraisal Reports were introduced, to give personal outcomes for BSUG members who have kindly registered their cases. The BSUG database holds a wealth of data and was devised so that at a national level, we could look at outcomes following operative procedures, look at trends and in the future possibly create benchmarks. Its original purpose was as an audit database allowing individual consultants and units to collect data so that they have their own outcomes data at a click of a button to be used for purposes of their appraisal. It can be used for research purposes too, retrospectively and prospectively.

The database became so effective that other countries (Australia) and organisations (IUGA) were supported by BSUG to set-up their own databases using the same model. The BSUG database is managed by Conor Byrne of ICEway and hosted on the N3 server, which is the same server that holds all NHS data so is very secure. It is GDPR compliant and clinicians using it need to inform their medical directors as well as obtain patient consent prior to entering data onto it.

In the past few years, the database committee has published a series of reports on Stress Urinary Incontinence (SUI) surgery (including the 1st and 2nd National Reports, Bladder neck Injections and the BSUG Continence Surgery Outcomes); Vaginal vault surgery Reports; (including reports into sacrospinous fixation, sacrocolpopexy and sacrohysteropexy); Vaginal hysterectomy; Vaginal wall repair (including anterior and posterior repair); Mesh Complications surgery; and Length of stay data from urogynaecological procedures. There have been over 55 Medline indexed publications arising from the BSUG database. The publication of the reports has been supported by Paul Watson of Medical Web Designs.

Aspirations:

- Further develop the BSUG database so that it will continue to provide a useful tool to assess surgical procedures for incontinence and prolapse.
- Improve the User Reports, which can be accessed by BSUG members to evaluate their practice which in turn lead to better patient care. The Reports may also be used for Appraisal and Revalidation.
- Allow other Societies, such as the British Association of Urological Surgeons (BAUS), access to the BSUG database to improve coverage across specialities.
- Improve the percentage of patients with follow up data recorded, which will in turn enhance the reliability of future National Reports from the BSUG database.
- Update the BSUG database User manual and make further Instruction Videos to capture the many improvements made over the last few years.
- All BSUG members to input to the audit database.

MEETINGS COMMITTEE (Chair: Pallavi Latthe)

Past Chairs: Ash Monga; Tim Hillard; Raneer Thakar; Jason Cooper; Christian Phillips; Maya Basu

The meetings committee is central to the objectives of education, and professional development for its membership but is also the main source of income for the Society. It is one of the earliest subcommittees to be set up and dates back to 2009. It organises all national/ international meetings, road shows and other educational events. The meetings committee is busy all year round with the organisation of a range of meetings: annually these are the Annual Scientific Update, which includes the Annual Research Meeting and the Urodynamics course; biannually it organises the Surgical Masterclass, Laparoscopic Urogynaecology, Female Sexual Dysfunction and the Childbirth and Trauma course. It also supports the RCOG at the Professional Development meeting and World Congress with the Urogynaecology content of the meetings.

Aspirations

- To host meetings relevant to the personal development and needs of the membership which incorporate workshops on consent and avoiding litigation.
- Host meetings which are good value for money by trialling the different educational media required for the delivery of an effective course and tailor the fees accordingly.
- Accommodating the needs of clinicians who are geographically distant from London to allow opportunities to attend meetings virtually.
- To continue to review and modify the meetings programme to ensure topical issues relevant to membership are covered.
- To invite more international faculty speakers for the virtual and hybrid programmes so that we have the best speakers in the field at no extra cost.
- To take into account the feedback received; so that we continuously strive to improve the quality of the meetings and improve on the numbers attending the meeting.
- To work harmoniously with the other sub committees to ensure that the ethos of BSUG shines through our work.

INFORMATION TECHNOLOGY COMMITTEE **(Chair: Gans Thiagoorthy and Co-Chair: Jennifer Davies)**

Past Chairs: *IT: Ruben Trochez*

Past Chairs: *Information: Jennifer Davies*

The Information and IT committee has gone through several metamorphoses over the years. In April 2015 we set up an IT committee to manage the website and an Information Committee responsible for development of patient information leaflets (PIL). Because of the overlap in their work and the need for these committees to work so closely together, in 2019 it was voted that these two subcommittees be amalgamated.

This committee keeps all PIL up-to-date and a record of all archived leaflets as these are sometimes requested by law firms and members. The committee are also responsible for maintaining the BSUG website and providing useful information such as highlighting relevant publications, news and forthcoming meetings. The committee has recently developed a section purely "For patients" and another with "Useful documents" for healthcare professionals.

Their work is supported by Simon Osborn (BSUG Webmaster) and all the committees who liaise with him to provide their updates in terms of news, relevant publications, upcoming meetings etc.

Aspirations

- For patients and the lay public to feel BSUG supports them as well as healthcare professionals.
- To keep the membership regularly updated on plans.
- To develop a BSUG members forum to discuss clinical queries and what matters to them.
- To provide support and encouragement for trainees and those considering training in urogynaecology.
- To provide up to date information leaflets and update on all meetings and courses through the website as well as the latest research published in Urogynaecology.
- To liaise regularly with other societies eg UKCS, IUGA, EUGA, BAUS, TPFS.

TRAINING COMMITTEE (Chair: Karen Guerrero)

Past Chairs: John Osborne; Philip Toozs-Hobson; Lucia Dolan; Swati Jha; Karen Ward

This committee started as the Urodynamics Committee and was subsequently changed to the Training committee approximately 10 years ago. The aim of this committee is to improve standards of training and assessment in urogynaecology. This committee works very closely with the Subspecialty committee and the ATSM committee of the RCOG and contributes to curriculum design for both aspects of training. The Chair of this committee also sits on the Subspecialty committee (RCOG) and is usually responsible for organising the annual Urodynamics course, which is part of the curriculum for both SST and the ATSM. In 2015, laparoscopic urogynaecology became a mandatory component of the SST curriculum and an optional module for the ATSM following approval by the GMC. Simultaneously, sacrospinous fixation became mandatory in the ATSM curriculum.

The Covid-19 pandemic has led to significant changes in the way we work. Our surgical throughput has been significantly affected and so too has training. The introduction of our webinar series for our associate members being a positive addition to the BSUG educational programme that has developed from this as the society endeavours to support its members.

The Training Committee also developed the curriculum for Non-Mesh Continence surgery Mentorship Scheme which was launched in 2019 for consultants and manages the registration and has a list of mentors, mentees and completions. It is currently working very closely with the RCOG education committee and other specialist societies to develop a Curriculum for credentialing for mesh removal surgeons.

Aspirations

- To encourage and support engagement in teaching with our allied health professionals and clinical scientists working as part of a team with BSUG. The training committee will work as part of this team to develop guidelines and training programmes to include all team members.
- To continue to be at the forefront of curriculum development and implementation within urogynaecology with the RCOG and GMC, for all trainees and curricula: core training, ATSM, Sub-speciality, post-CCT, credentialing. BSUG will endeavour to support training at all stages.
- To develop a database of resources for trainees, which can be used to facilitate training and the curricula, including our webinar programme.
- Continued development of the surgical mentorship scheme to:
 - support consultants who wish to renew or develop their training in urogynaecology procedures to comply with the clinical governance requirements.
 - be able to include any new procedures that are introduced into clinical practice.
- To encourage a network of training units whereby the trainees and consultants can visit other units to learn from others.
- Work with the deaneries and heads of schools to develop strategies to encourage trainees to have more experience in urogynaecology at the beginning of the training in order to improve recruitment into urogynaecology.
- To develop further surgical skills training courses, including cadaveric, to help members train or retrain in various surgical skills.

RESEARCH COMMITTEE (Chair: Dudley Robinson)

Past Chairs: *Abdul Sultan; Doug Tincello; Jonathan Duckett*

The Research in Urogynaecology Society (RUGS) was the organisation from which the BSUG was born, so actually predates the Society. The aims of the subcommittee include the promotion of high quality urogynaecology research in the UK while fostering a “research-active” culture among members of BSUG. The committee also hosts and manages the Annual Research Meeting which is part of the Annual Scientific Update. The committee provides expert opinion on research matters to the Pelvic Floor Studies group at the College, and other organisations when requested or indicated. It also serves as a point of contact between individual researchers or research organisations wishing to work with BSUG in specific research projects. The Committee is responsible for all surveys that are circulated to the membership and are checked for validity and usefulness whilst ensuring these are spaced out to avoid fatigue with these surveys.

In 2018 the BSUG Research Grants were launched and recipients have been able to apply for portfolio status from the NIHR thereby being able to access research support from the CRN locally. This has been a big boost for small-scale research projects which may otherwise have gone unfunded.

The establishment of the BSUG Research Network in 2020 was another milestone for the committee. This is supported by an epidemiologist from the London School of Economics Professor Jan van der Meulen and Health economist Dr Matthew Franklin from the University of Sheffield. Overall responsibility of the BSUG RN lies with the Chair of the BSUG with day-to-day responsibilities lying with the Chair of the Research Committee. The aim of the BSUG Research Network is to facilitate collaborative research in the UK with the objective of improving patient care for women with pelvic floor disorders. It will bring together research active units and individuals to support each other with the intention of delivering high quality research. This includes studies into the following conditions:

- pelvic organ prolapse
- urinary incontinence
- childbirth related trauma
- anal incontinence and
- sexual dysfunction.

Aspirations

- To continue to promote high quality urogynaecology research within the UK.
- To nurture those embarking on a career in Urogynaecology research and to support established researchers.
- To showcase the best research at the BSUG ARM and disseminate the work globally in the International Urogynaecology Journal.
- To continue funding research using the BSUG Grant scheme in partnership with NIHR.
- To design and facilitate high quality UK based trials using the BSUG Research Network.

GOVERNANCE COMMITTEE (Chair: Azar Khunda)

Past Chairs: Elizabeth Adams; Paul Ballard; Ashish Pradhan

The Governance committee was set up in 2010 and was called the Guidelines committee prior to this with chairs including Tony Smith, Mark Slack and Ayman Elnaqa. It evolved in its role and today the committee is involved in all aspects of Governance and setting standards in Urogynaecology.

The main work over the past 10 years has been in developing and implementing the Accreditation of Units for BSUG, which requires the committee to score the application files from units around the country, using a standardised scoring system, following which a visit by two assessors is arranged. During Covid-19, these visits were conducted virtually. A raft of information leaflets covering all the continence procedures and prolapse surgeries were initially developed to standardise the information given to patients to help members with accreditation. However, this role has been relegated to the Information committee. The committee have helped develop a repository of useful evidence such as MDT proforma, audit templates, history sheet, consent forms etc. that members can use for the purpose of collecting evidence for their own accreditation application.

There are 37 accredited units and several that have been reaccredited over time.

Aspirations

- Online application with a built-in scoring system which is simple and streamlined.
- Make the process of accreditation objective, constructive and achievable.
- Integrate the application with BSUG database.
- Robust, reproducible and timely assessment process.
- Standardised virtual package for all visits.
- On line reaccreditation linked to the initial accreditation.

ASSOCIATE MEMBERS COMMITTEE (Chair: Hayser Medina Lucena)

Past Chairs: *Anjum Doshani; Swati Jha; Ruben Trochez; Maya Basu; Ilias Giarenis; Patrick Campbell; Thomas Gray*

The Urogynaecology trainees are an integral part of the organisation and the future practice of urogynaecology lies with its trainees. The BSUG has invested in the associate members to ensure that they are well equipped to manage problems of the pelvic floor through education and a curriculum that is appropriate to the needs of their training. BSUG offers many benefits to the associate members, the majority of whom are trainees though some are specialty doctors. They have access to the trainee's database, which is used to keep a log of their cases and also have affiliate membership to the IUGA with all the benefits that comes from this. They have free attendance at the BSUG ARM and can serve on the individual committees. They are also able to apply for Bursaries and attend one of the Urogynaecology meetings being hosted with three funded places at each of the meetings.

Over the summer, the trainees have led the BSUG Gets Fit and hopefully we have all lost a few pounds from this.

Aspirations:

- To build on the success of the "BSUG online webinars for associate specialists", by investing in an online educational platform for trainees that will include various online webinars and educational tools.
- Voicing of the challenges facing the subspecialty and ATSM urogynaecology trainees and supporting them in these difficult times.
- Developing an interactive community of sharing experiences online where BSUG members can discuss interesting and difficult cases.
- Improve the use of social media platforms to expand the reach of the BSUG and share future events and announcements with members and trainees.

CONCLUSION

On this 20th anniversary of the organisation, many of the current serving committee members complete their tenure, and I know I speak for every urogynaecologist who has served before me that it has been a pleasure and honour to serve on the committee and to have had an opportunity to make a difference to the practice of urogynaecology in the UK.

We have learnt from the lessons taught us over these past 20 years and have emerged as a stronger organisation for it. We want the BSUG to be an inclusive society so that all those practising urogynaecology in the UK feel they are valued.

We hope this Manifesto will be just one way by which the membership and our patients can be assured of the commitment of BSUG to respond to critical issues that are of generic importance to the objectives of the organisation; assured that we speak with one voice and have confidence that we have a set direction of travel for the future of the society on which we have reached consensus.

BSUG is only as strong as the members it represents. I will not deny that by getting involved there will be some tough times along the way but it is both rewarding and fulfilling and allows you to have a say in the future of your subspecialty. Often consultants from the DGH, who have so much to give are hesitant to get involved. I can safely say, I have been equally impressed by the work achieved by committee members and Chairs from the DGH as the subspecialists working in tertiary teaching hospitals, so please do not let this be an impediment to volunteering and putting yourselves forwards for various roles.

BSUG is a collective and we are nothing without our members, so it is now over to you to take the organisation forwards to better and bigger heights.



Swati Jha (BSUG Chair)

on behalf of the BSUG Committee

18th November, 2021