

British Association of Urological Surgeons  
Section of Female, Neurological and Urodynamic Urology

# A Strategy for Increasing Standards of Care in Female, Neurological and Urodynamic Urology

Prepared by the Section Executive Committee, May 2010

## EXECUTIVE SUMMARY:

This document has been prepared in order to formalise a strategy for the development of the urological subspecialty of female, neurological and urodynamic urology (FNUU). The general trend towards increasing subspecialisation has impacted on the delivery of urological care. While there is a widespread understanding of the role of the consultant with a subspecialist involvement in uro-oncology or stone management, the need for subspecialist urological expertise in the care of women with disorders of function of the lower urinary and genital tracts and of the patient with neurological disease affecting urinary tract function, is less clearly appreciated. Similar considerations apply to men who have complex or unusual disorders of lower urinary tract function which require subspecialist management.

The introduction provides the following:

- A definition of the subspecialty.
- A description of the relationship between Female Urology and Urogynaecology.
- A proposed pattern of service delivery for female, neurological and urodynamic urology.
- A summary of the arguments describing the importance of the continuing role of urologists in delivering care to women with functional lower urinary tract and pelvic floor disorders.

The need to establish the extent of subspecialist provision within urology departments at the present time is important and a mapping exercise using a survey of urology departments is to be undertaken.

Subsequent sections of the document set out the strategy for the improvement and development of female, neurological and urodynamic urological care:

- An extremely high priority is attached to the further development of female urology training fellowships that include a substantial exposure to urogynaecology as well as to female urological practice. The continuing development of subspecialist modular training is also supported.

- The need to develop a strong programme of continuing professional development for established consultants is emphasised.
- Tools for effective professional development and practice that the Section can provide include support for audit and research as well as the development of a high-quality area of the BAUS website.
- The need for continued involvement in the process of defining professional standards is described.
- A requirement to enhance the profile of the Section of Female, Neurological and Urodynamic Urology with other, related healthcare organisations is acknowledged as being of future importance.

## 1. INTRODUCTION:

### 1.1 A definition of the subspecialty:

Female, neurological and urodynamic urology (FNUU) is the subspecialty of urology that covers the investigation and treatment of benign conditions of the lower urinary tract. It also encompasses related problems within the female genital tract. The particular focus of the subspecialty is on disorders of function and inflammatory conditions affecting these systems. A major component of the subspecialty is neurological urology which covers the management of patients with neurological conditions that have an impact on urinary tract and sexual function; neurological urology encompasses both static conditions, such as spinal cord injury and stroke, as well as progressive disorders, such as multiple sclerosis and Parkinson's disease.

### 1.2 The relationship with Urogynaecology:

Urogynaecology is the subspecialty of gynaecology which is particularly involved in the management of pelvic floor prolapse and urinary incontinence. It is therefore apparent that there is considerable overlap between FNUU and Urogynaecology but there are also very important distinctions. One way of viewing the relationship is to consider a spectrum of conditions that runs from "pure" urology to "pure" gynaecology. Diseases such as bladder and uterine cancer would fall at the extremes of such a spectrum whereas stress urinary incontinence would lie centrally as it is commonly managed by clinicians from either discipline. In general, problems such as the bladder pain syndrome and urge urinary incontinence are dealt with within FNUU while urogynaecological equivalents might be endometriosis and pelvic floor prolapse.

There is an increasing interest in developing training schemes that cover both FNUU and Urogynaecology thereby creating a new generation of specialists who are able to manage the full spectrum of conditions that are met in the two subspecialties. A small number of consultants have now been appointed who have been trained using this approach and it seems likely that there will be a growth in the number of this type of training scheme. However, it is clear that, for the large majority of Hospital Trusts, female urological and urogynaecological care will continue to be delivered by a combination of urologists and gynaecologists.

The Section of Female, Neurological and Urodynamic Urology (SFNUU) is firmly of the opinion that the care of women with conditions that affect the function of the lower urinary tract and genital tract is most effectively provided in a setting where there is a close working relationship between the Female Urology and Urogynaecology teams. Formal multidisciplinary team working arrangements are highly desirable. The SFNUU believes that, in the absence of a specialist with training in both disciplines, every Hospital Trust should provide a service for women with functional lower urinary tract and genital tract disorders that is jointly led by a Urologist with an interest in FNUU and a Gynaecologist with an interest in Urogynaecology.

### 1.3 The current pattern of service delivery:

There is no comprehensive information available that sets out how services for patients with FNUU disorders are currently provided. The SNFUU is planning to carry out a survey of UK urology units in order to determine what proportion of units currently have at least one consultant with a clear subspecialty interest in FNUU. This initiative is described in detail below.

It would seem likely that much of the care of patients with FNUU conditions is currently being provided within the context of general urology. This is clearly appropriate in many cases as the subspecialty encompasses a number of common conditions that rightly are considered as being within the remit of general urology; for example all urologists should be capable of using urodynamic investigations to diagnose bladder outflow obstruction in the male patient with LUTS and to manage uncomplicated urinary tract infection. However, the SFNUU believes that it is unlikely that a woman with stress urinary incontinence requesting surgery or the patient with multiple sclerosis with lower urinary tract symptoms will receive the highest standard of care if managed within general urology.

### 1.4 A blueprint for future service delivery:

The SFNUU has consistently supported the need for every urology department to include a consultant with a subspecialist interest in FNUU. We do not believe that patients with conditions that are covered by the subspecialty are best served by being managed in units where there is no consultant taking a lead role in FNUU.

That is not to say that some aspects of subspecialty care cannot be included within general urology but rather that a unit which includes a subspecialist lead is more likely to deliver care of the highest standard.

There is also a clear role for a second level of highly specialised urologists who have a practice that includes either a highly specialised field (such as spinal cord injury) or includes a significant tertiary referral practice.

This pattern of service for FNUU can be summarised as follows:

*Urologist with an Interest in FNUU:*

*At least one such consultant in each urology department.*

*Would provide a service which includes:*

- *Close liaison with primary care colleagues regarding the development of local FNUU services.*
- *Multidisciplinary team working with urogynaecologists, coloproctologists, specialist nurses and specialist therapist.*
- *Coordination of urodynamic services and personal, active participation in urodynamic assessment.*
- *Overactive bladder/detrusor overactivity – investigation, conservative management and Botulinum toxin service.*
- *Female stress incontinence – investigation, conservative management and surgical treatment.*
- *Bladder outflow obstruction – investigation and treatment of the complex case.*
- *Bladder pain – investigation and conservative management.*
- *Other pelvic and genital pain – investigation and conservative management.*
- *Pelvic floor prolapse – assessment and management or assessment and referral for treatment.*
- *Investigation and treatment of the neuropathic lower urinary tract, genital tract and bowel. To include MS, Parkinson's disease, stroke and spinal pathology.*
- *Management of complex urinary tract infection.*

*Urologist with Specialist FNUU Practice:*

*A consultant with a regional or supra-regional practice that includes a significant volume of tertiary referral or highly specialised work. One or more such consultants would be likely to work in each Region.*

*Would provide services which might include one or more of the following:*

- Provision of advanced urodynamic assessment.*
- Management of intractable frequency/urgency syndrome patients.*
- Management of intractable bladder pain.*
- Continent urinary diversion and orthotopic bladder replacement surgery.*
- Neurourology in relation to spinal cord injury and spina bifida.*
- Neurological implants – artificial urinary sphincter, electrical stimulators.*
- Complex reconstructive surgery such as post irradiation pelvic pathology.*
- Vesico-vaginal fistula and other rare lower urinary tract conditions.*

1.5 Enhancing the profile of FNUU:

The SFNUU has an important role in increasing awareness of this important area of urology. This process is progressing within urology where the BAUS Sections are seen to have an important place within the parent organisation; the major input of the Sections to the BAUS Annual Meeting is an example of this. However, it is now important to engage with the wider NHS in order to promote the subspecialty. In particular it is vital that high level managers within Healthcare Commissioning organisations (notably Primary Care Trusts) and within Hospital Trusts are aware of the importance of having Urologists with an interest in FNUU as key providers of services to patients with lower urinary tract dysfunction.

The following boxed paragraphs summarise the arguments that need to be put forward particularly with respect to the need to understand the importance of urology to the delivery of care to women with lower urinary tract problems.

### What has the urologist to offer women with functional diseases?

1. The urologist is trained in the science of urology and in the spectrum of urological conditions.
2. Urodynamic investigations are a core component of the urological curriculum and every trainee will have this fundamental practical experience recorded in their log book thereby making it clear that the woman's surgeon will have an excellent understanding of bladder and urethral physiology and pathophysiology.
3. Urological training ensures that urologists possess unrivalled endoscopic skills with respect to the lower urinary tract. This covers the full range of urological conditions including cancer, stone and inflammatory diseases.
4. Experience in the management of other patient groups, including men, children and neurological patients ensures that the application of knowledge and expertise that is acquired through managing those patient groups is available to the management of women with both similar and unique conditions.
5. A leadership role within a hospital's urodynamic service (often working in partnership with a gynaecologist), given that urodynamic investigations are required for men as well as women.
6. A similar leadership role within the multi-disciplinary team that includes continence nurses, specialist physiotherapists and urodynamic technical staff. The team will include urologists, gynaecologists and coloproctologists but must not be focused entirely on the needs of women as it will have an important role in also managing men and children. The multi-disciplinary team will also need to provide care to patients with neurological disease.
7. Network links within their region and nationally. This will provide appropriate access to more specialist care such as sacral nerve stimulation, lower urinary tract reconstruction and the use of urological prostheses. Formal FNUU networks within a region with annual educational and business meetings would represent a valuable development.



## 2. MAPPING THE CURRENT PROVISION OF FEMALE, NEUROLOGICAL AND URODYNAMIC UROLOGY IN THE UK:

The SFNUU is currently engaged in an initiative to review current FNUU service provision across the UK. BAUS has constructed a detailed consultant database for urology and this has provided an opportunity to contact every urology department in the country in order to discover the extent to which the aim of every urology department having a consultant with a subspecialty interest in FNUU is being met. The importance of this information is that it will allow departments to review how they hope to meet the needs of patients with FNUU disorders in the future and engage with their hospital management team in order to develop the case for FNUU if current service provision is felt to be sub-optimal.

The results of the mapping process will also be of great interest to trainees as it will provide an indication as to the likely demand for consultants with an FNUU interest in the future. The information that is obtained will be relevant to future manpower calculations and will inform decisions regarding the need for training fellowship posts in the future.

A further important outcome of this exercise will be information regarding the needs of consultants who are wishing further to develop their subspecialist skills within the field of FNUU. For example, there is likely to be a demand for mentoring in some of the developing areas of the subspecialty.

The provision of the tertiary level of service provided by urologists with a subspecialist practice in FNUU has not developed as a result of formal planning (with the possible exception of the urological services that are based around Spinal Injury Units). Furthermore, the increase in numbers of urologists has inevitably meant that not all consultants will be aware what tertiary services are available to the patient with a rare or complex problem. The mapping exercise will provide an opportunity to develop a directory of tertiary services. It will also become apparent whether urologists within each of the regions of the UK will be able to form a network that provides patients with a comprehensive range of services; it is likely that some regions will need to consider how to meet the needs of patients where there is no appropriate regional subspecialist.

### 3. THE ROLES OF THE SECTION OF FEMALE, NEUROLOGICAL AND URODYNAMIC UROLOGY:

The roles for the BAUS Sections were agreed in 2009 with the following Terms of Reference being laid down:

*The Sections aim to improve standards and quality of practice within their sub-specialties by promoting training, research and development.*

*The Sections are responsible for:*

- *Working with the Director of the BAUS Office of Education to develop and support a programme of educational activities (including teaching courses) to enable urologists (post CCT) to meet their needs in relation to continuing professional development and revalidation / recertification.*
- *Working in conjunction with the SAC in Urology, to maintain appropriate curricula for urologists in training and, where appropriate, facilitating skills courses within the Section's disease area / area of interest.*
- *Developing professional standards that define the satisfactory and safe practice of urology within the Section's disease area / area of interest.*
- *Providing an infrastructure for effective national audit within the Section's disease area / area of interest.*
- *Developing and maintaining a high-quality Section-specific area of the BAUS website.*
- *Providing advice to the BAUS Trustees and Council in relation to political and policy issues that relate to the Section's area of interest. Note – Issues can be raised in Section Chairmen's Reports to Council.*
- *Developing effective working relationships with allied groups and organisations.*

The following paragraphs set out current activity and future plans for fulfilling these responsibilities.

### 4. EDUCATION AND TRAINING FOR JUNIOR DOCTORS:

There are two possible pathways by which a Urology Trainee will be able to develop subspecialist skills in FNUU: through appointment to a formal Fellowship scheme or through modular training where relevant modules are undertaken in the last year of pre-CCT training. The Executive Committee of the SFNUU supports the further

development of both approaches but views the development of several new Fellowship programmes as being of the utmost importance.

The Fellowship model developed in Leicester provides a trainee with an interest in Female Urology with the opportunity to work in both a specialist urology post and in a urogynaecology department offering hands-on experience in pelvic floor reconstruction. This provides experience that equips an individual either to work as a general urologist with an interest in FNUU or to develop further into full subspecialist practice.

Several issues need to be addressed or are being addressed in relation to the development of Fellowship programmes:

- To identify departments capable of offering fellowship level training in female or neurological urology with the former including at least six months of experience in a urogynaecology unit.
- To develop a curriculum that provides a structure for the training of the fellowship trainee. The basis for such a curriculum in female urology is provided by the 2007 curriculum that was developed under the auspices of the ICS.
- To develop other supporting documentation including procedure-based assessments. This work is currently being undertaken.

The development of modular training within urology is not, as yet, mature. The SFNUU will need to work with the SAC and Programme Directors to maximise the educational content of subspecialist modular training. Several members of the SFNUU are currently serving on the SAC and are well placed to advance the FNUU agenda.

It is clear that the urological training curriculum is a dynamic document which has to change as urology advances. Furthermore, the implementation of the curriculum through the processes of training and assessment continues to evolve. The SFNUU will continue to push for the development of FNUU through engagement with both the development of the curriculum and its application. The lack of hands-on urodynamic experience offered by some training schemes is an area of particular concern that requires urgent attention.

It is encouraging that there is significant and apparently growing interest in FNUU amongst trainees. Promoting the subspecialty to trainees is important and this is being undertaken in a number of ways. Section Executive Committee members have provided input into regional training days across the country in order to support local trainers in providing training excellence. Furthermore, bursaries have been provided to support the attendance of a number of trainees at meetings that have included the UK Continence Society Annual Meeting, the Bristol Operative Female Urology Course and the Leicester Masterclass Course.

#### 5. CONTINUING PROFESSIONAL DEVELOPMENT FOR CONSULTANTS:

The distinction between the urologist with an interest in FNUU and the urologist with a subspecialist practice in FNUU has to be acknowledged when designing Section-led CPD. Meetings provide the most obvious format for such education and an attempt has been made to use the Section Annual Meeting and the Section's input into the BAUS Annual Meeting to provide less specialised content so as to attract the interest of the urologist with an interest in FNUU as well as trainees.

"Craft Group" meetings that have provided CPD for subspecialists in FNUU have been run at UCLH and in Leicester in recent years and the Section is keen to continue to support these courses.

The Section Executive is clear that there is limited resource within BAUS for running meetings and has taken the view that the experiment of holding the Section Annual Meeting on the Monday of BAUS week should continue. Rather than attempting to run a second meeting each year, the current approach is to provide input to and to support meetings organised by other individuals and groups. In 2011 a joint meeting is to be held with the RSM Urology Group.

Discussion has also taken place regarding the option of developing subgroups within the SFNUU that might provide a focus on female urology and neurological urology. The value of such groups might include their ability to encourage recently appointed consultants to become involved in the development of our subspecialty although the question remains as to whether these aims can be met without additional formal structures and bureaucracy.

The future role of the website in providing CPD opportunities is discussed below.

## 6. DEVELOPING PROFESSIONAL STANDARDS:

The introduction of revalidation/reaccreditation has emphasised that there is a need to establish standards that can be used to define the levels at which consultants should be working. This requirement spreads into subspecialist areas of practice and the definition of subspecialist standards naturally falls within the remit of the BAUS Sections. The extent to which professional standards need to be specifically defined remains unclear.

The SFNUU was strongly represented within the team that produced documents that defined urodynamic standards and remain engaged in that process with other partner organisations such as UK Continence Society and the British Society of Urogynaecologists. Continued participation in similar initiatives will be important in the future and enables the Section to promote the urological perspective to a wide audience. Members of the SFNUU are currently representing urology within a group that is looking at best practice in the use of catheters.

Another vehicle for standards-setting is the clinical guideline. A SFNUU guideline on suprapubic catheterisation is currently in press with the BJU International and there is scope for there to be a programme of guideline development which deals with issues that are of importance but are unlikely to become the subject of guidance from national organisations such as NICE.

## 7. FACILITATING AUDIT:

Audit continues to feature strongly as a tool for improving clinical standards and participation in audit is seen as a marker of professional standards. It continues to have a central role within the appraisal and revalidation processes which are under development. BAUS has a long history of interest in audit but it is only within the last 6 months that there has been an on-line data entry facility for SFNUU audits. Audits looking at suprapubic catheterisation and botulinum toxin usage have been established.

The Section will continue to provide its membership with the facility to engage in large national audits which will seek to provide valuable data that is suitable for publication in peer-reviewed journals. Traditionally surgeons have focused on audits looking at outcomes of procedures but within FNUU there are only a few operations

that would be useful subjects for large-scale audits. There will therefore be a need to take a more imaginative view on suitable subject matter for national audit; the option of looking at the process of care is one possible area for exploration.

More specialist audits that address the interests of the urologist with a subspecialist practice will continue to be supported by the Section. Audits of specialist procedures, such as operations for male stress urinary incontinence, will have added significance if multiple centres can contribute data and the Section is well placed to coordinate such activity.

#### 8. FACILITATING RESEARCH:

There has been a shift in the way in which research is conducted within the NHS in recent years and research is now carried out within a highly regulated structure. Basic science research is largely conducted within university research units. Clinical research now has a lower profile within many urology departments and those that continue to be research-active have had to develop a professional approach to funding application and to the conduct of the research itself. Encouragingly, there are now drivers in place that should encourage clinicians to engage in research activity. For example, financial incentives are present so that Trusts are no longer disadvantaged by their clinicians undertaking research.

There is a potential role for the SFNUU in promoting research activity for example by fostering cooperative working between different units. Furthermore, information regarding the conduct of research and funding opportunities can be relayed to Section members; the use of the website as an information portal is of obvious potential value.

In recent years there have been processes in place which have established supporting structures for high quality clinical research. These include the clear prioritisation of research topics; the inclusion of research recommendations in NICE guidance is one example of this. The second key development has been the establishment of a more streamlined NHS research infrastructure that has been put in place by the National Institute for Health Research (NIHR); this includes the Comprehensive Clinical Research Network with the associated Local Networks and Speciality Groups (with the Urogenital Group being relevant to FNUU). Funding for

non-commercially driven research is available from the NIHR, charities and the Research Councils but the success of grant applications is dependent on the proposed study meeting the highest standards in terms of the importance of the topic being addressed and the design of the study.

It is a realistic aspiration for the SFNUU to work with the Pelvic Floor Clinical Studies Group and to seek the adoption of one or more trials. The aim would be to encourage Section members to participate as investigators. A trial that involved relatively simple interventions being carried out but required the recruitment of large patient numbers would be suitable for such an approach. An example of a suitable study might be a randomised trial looking at the potential value of multichannel cystometry in selecting men for surgery for suspected bladder outflow obstruction.

There is also the potential for the SFNUU to work with the Section of Academic Urology in order to promote FNUU as an area of interest amongst trainees who wish to pursue a career in research as an academic urologist.

#### 9. DEVELOPING AND MAINTAINING AN SFNUU WEBSITE:

The launch of a BAUS website that is fit for purpose will take place at the Annual Meeting this year. This platform provides the SFNUU with the opportunity to establish a website that has the potential to serve as a focus for all those with an interest in FNUU. Groups that would be expected to use the website will include urologists, other medical groups, nursing colleagues, other healthcare professionals and, importantly, patients. A website that scores highly with common search engines will naturally be used by patients. This means that our own site can be a very effective tool for promoting urologists as key providers of care to patients with FNUU disorders.

The formation of a small editorial group for the website is seen as an effective means of ensuring that there is a continuing interest and enthusiasm for the website project. Recruitment to such a group will be discussed and planned in the near future. It should be noted that there is a useful pool of website experience within the current SFNUU Executive.

## 10. DEVELOPING RELATIONSHIPS WITH PARTNERSHIP ORGANISATIONS:

A key aim of the SFNUU is to promote the highest standards of care for our patients. This is a task that cannot be conducted in isolation. The reorganisation of BAUS and the debate about the future shape of urological services has meant that the specialty has been concerned with internal issues to a significant extent in recent years. There has been contact with potential partnership organisations but building on these links has not been seen as a priority for the Section. Building a higher profile for the SFNUU with the wider medical community would be one way of promoting our view of the future of our area of urology.

Despite the lack of a strong drive towards developing our profile with other organisations, the Section and its members have been working with NICE (female incontinence, male LUTS and neurological incontinence guideline development groups), the NPSA (suprapubic catheterisation safety), EAU (incontinence guideline group), UK Continence Society and BSUG (urodynamics standards) to name but a few.

The relationship between professional organisations and the pharmaceutical and equipment industries is an important one. Great care is needed in order that the independence and professional standing of the organisation is not put at risk through links with industry. However, it has to be recognised that financial support for educational and research initiatives is available through engagement with industry. The work of the Section has been supported in the past through sponsorship arrangements and it is anticipated that this use of industry support will continue. The management of potential conflicts of interest will require the development of more formal systems than have been in place to date. Given that these are issues that BAUS as a whole will need to address, it would seem to be appropriate for the Section to engage in the development of procedures along with our parent organisation.