



Royal College of
Obstetricians &
Gynaecologists

Purpose Statement for the Mesh Complications Management Training Pathway



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The curriculum has a clear purpose based on the scope of practice support and needs of patients and service providers

The purpose of the Mesh Complications Training Pathway is to equip doctors in regional specialised centres with the clinical skills needed to manage patients presenting with a wide range of mesh implant complications originally inserted for urinary incontinence (UI), pelvic organ prolapse (POP) and rectal prolapse. It does not include management of patients with complications of mesh inserted for other reasons including abdominal wall hernia or for complications following non-mesh surgery for UI, POP or rectal prolapse.

This area of clinical practice is new and there are no formal training programs for surgeons worldwide, including the UK. Mesh implants were intended to provide permanent support to the pelvic organs to treat prolapse and incontinence. Surgery to remove them is often complex. There are significant public safety concerns regarding the safety of mesh removal surgery. The Pelvic Floor Oversight Group, the NHSE/I specialised commissioning process for Mesh Complications and the Independent Medicines and Medical Devices Safety Review have been formed to support patients and provide safe care. The specialised commissioning process states that there is requirement for training for Mesh Complications: ‘Individual Trusts providing Mesh Services must use the trust appraisal system to ensure surgeons are appropriately trained and current in their practice; adhere to clinical guidance; comply with national data requirements and report complications’.

The IMMDS safety review recognised the need for specialist mesh removal centres and recommended that consideration should be given to credentialing surgeons for complex mesh surgery (First Do No Harm; Specialist Mesh Centres: Section 5.102).

Pelvic Mesh removal surgery has been predominantly undertaken by urogynaecologists, colorectal and urological surgeons in an informal arrangement within a number of centres around the UK. Surgeons have developed their surgical skills and expertise within their own departments to remove mesh implants from the vagina, bladder, urethra and abdominal cavity; often working with their colorectal, plastic surgery, orthopaedic and other colleagues.

The IMMDS review recognised the risks associated with mesh removal surgery including the variability of access and provision, the absence of consensus in the medical literature and among specialist surgeons over the techniques and approaches that should be offered, and the lack of surgeons able to carry out full mesh removals.

Specialist Mesh centres across the UK are being commissioned by NHS England, NHS Scotland, Wales and HSC Northern Ireland in 2021. Within the commissioned centres, there is already a recognised requirement for surgeons with advanced training in urogynaecology (RCOG subspecialty accreditation), urology (special skills training in female, functional and reconstructive urology or colorectal surgery). However, specific and tailored training requirements in mesh implant removal does not form part of the commissioning specification.

The RCOG will lead on the development of the proposed Mesh Complications Management Training Pathway with support from the Royal College of Surgeons (Royal College of Surgeons of England, Royal College of Surgeons of Edinburgh and Royal College of Physicians and Surgeons of Glasgow), the British Society of Urogynaecologists (BSUG), the British Association of Urological Surgeons (BAUS) section of Female, Functional, Neurourology and Urodynamics (FFNU), the Association of Coloproctology of Great Britain and Northern Ireland (ACPGBI) and the Pelvic Floor Society (TPFS) as the specialist societies. The proposed Mesh Complications Management Training Pathway addresses the following criteria:

1. Service and patients' needs

There are currently few surgeons who have developed the skills to offer complete removal of mesh for incontinence and prolapse. Patients request referral to centres of high volume in anticipation of better care. There are geographical disparities in mesh removal services, however these will not be addressed by specialised commissioning without adequate training of surgeons in these centres.

The IMMDS review team heard that many women affected by mesh complications have lost faith in the medical profession and health care systems (First Do No Harm; Access to Medical Treatments: Section 2.30). There is a need to ensure that patients have confidence in the training and standard of care offered by specialists in the UK dealing with mesh complications, which will be enabled by the Mesh Complications Management Training Pathway accreditation process.

NHS England estimate that 750 women per year will be referred to commissioned specialist mesh centres in England for complications associated with mesh for incontinence and prolapse. These numbers are based on HES data. The mesh service in Scotland receives around 100 referral per year and Northern Ireland and Wales receive the same proportion of referrals per year for their population size.

2. Absence of a current approved training package / significant risks to patients

Complications arising from mesh insertion are a relatively new problem and therefore management of these is not included in existing Obstetrics and Gynaecology training schemes such as the Urogynaecology and Vaginal Surgery ATSM, Urogynaecology Subspecialty Training, Urological training with special skills training in female functional and reconstructive Urology or Colorectal training. Although knowledge and initial recognition of mesh complications is included in the subspecialty training curriculum for urogynaecology, complex mesh removal surgery is not covered. The number of women presenting with mesh complications is not sufficient to support the addition of this training into the urogynaecology subspecialty training or Urological special skills training curricula. Similarly, there is no approved training pathway for Colorectal surgeons managing patients with complications after surgery with mesh. A single cross specialty training package is needed to equip gynaecologists, urologists and general surgeons with the skills to manage this specialised area of practice. It is anticipated that the majority of trainees will achieve these capabilities in 12 – 18 months.

As this is a new area of practice and patients require complex surgery, there are significant risks to patients who have already suffered iatrogenic injury from mesh insertion. These include the development of urogenital and bowel fistulae requiring further surgery.

3. Complexity and expertise in clinical care

Women with complications associated with mesh implants for UI and POP present with a variety of symptoms, including chronic pain and psychosexual issues requiring comprehensive specialist assessment and a multidisciplinary approach to their care. Mesh implant removal surgery and the decision-making processes surrounding it is often complex and requires clinicians with significant experience in pelvic floor surgery, abdominal/laparoscopic surgery as well as surgery in the soft tissues of the groin. For example, mesh inserted for prolapse and incontinence may traverse the obturator foramen and muscles of the upper thigh and its removal requires anatomical knowledge and surgical skills not covered by postgraduate training in either Gynaecology, General Surgery or Urology.

Within the curriculum, there is particular emphasis on teamworking and collaboration with other professionals. Due to the complexity of complications arising following mesh insertion, it is not feasible or desirable for an individual surgeon to manage all complications and collaboration with other professionals is an essential aspect of the proposed Mesh Complications Management Training Pathway.

4. Scope of practice

There is a need for a recognised clinical standard and formal training for the care of women with complications following mesh surgery that is not possible to achieve for all three surgical specialties in another way.

The purpose of this training pathway is to enable gynaecologists with subspecialty accreditation in Urogynaecology, urologists with special skills training in female, functional and reconstructive Urology and colorectal surgeons to specialise in the assessment, diagnosis, and surgical and non-surgical management of patients with complications following surgery with mesh for pelvic floor disorders.

Doctors who are undertaking this proposed Mesh Complications Management Training Pathway will be expected to work in a commissioned specialist mesh service to ensure experience and skills are developed in centres with sufficient clinical exposure to the full range of mesh associated conditions. A doctor with accreditation in complications of mesh surgery will be able to work within a multidisciplinary team managing patients with complications following surgery with mesh.

This curriculum provides a framework for training and enables the achievement of essential Mesh Complication-specific clinical skills. The curriculum builds on the clinical capabilities attained in core and advanced training in Obstetrics and Gynaecology, Urology and General Surgery, such as Generic Professional Capabilities; e.g. communication, examination, diagnosis and advanced surgical skills.

The proposed mesh complication management training pathway curriculum consists of 4 Capabilities in Practice (CiPs) (high-level learning outcomes) which are classified as belonging to the Clinical Expert Professional Identity of the overall RCOG curriculum framework. The new CiPs, which have been mapped to the Generic Professional Capabilities (GPCs) require a holistic judgment as to the individual's overall capability and support a move away from a 'disease-based' structure to encourage a more person-centred approach that prioritises the needs and complexities of each individual. Whilst this is based on the RCOG curriculum the proposed Mesh Complications Management Training Pathway has been devised and is supported by all four Royal Surgical curricula.

SPECIALTY SPECIFIC: Mesh Complication Management Training Pathway

PROFESSIONAL IDENTITY: CLINICAL EXPERT

CiP1	The doctor has the knowledge, skills and attitudes required for clinical assessment of patients presenting with suspected mesh-implant complications
CiP2	The doctor is able to investigate mesh complications, and interpret the results of tests, appropriately
CiP3	The doctor is competent in non-surgical management of mesh complications.
CiP4	The doctor is competent to undertake mesh removal surgery as part of a multidisciplinary team

In parallel with the introduction of the new core curriculum we have reviewed the 'assessment at work' methods. The programme of assessment (POA) includes an integrated body of formative and summative evidence triangulated from different formats and contexts to allow ascertainment of minimal standards/competencies, including expectations/attainments at critical progression points and at completion of training. The POA has been approved by the GMC Curriculum Approval Group (CAG) for our 2019 Core Curriculum in O&G, the Advanced Training and Subspecialty Curricula. These POA mirror and have been approved by the GMC in the surgical curricula. The POA will be based on robust and fair assessment principles and processes, and will apply to this Mesh Complications Management Training Pathway curriculum.

We have introduced an element of reflection and self-assessment to our existing workplace assessment tools (CbD, Mini-CEX) in line with other higher training curricula in other specialties. Again this has been approved by the GMC CAG.

The curriculum considers interdependencies between the curriculum and other training programmes, professions or areas of practice

High quality women's healthcare relies on an integrated approach to service and care, to fully meet the needs of women. The proposed Mesh Complications Management Training Pathway aims to develop mesh removal surgeons who work and lead multidisciplinary teams, and work with colleagues from a range of professional groups. During its development the curriculum has undergone consultation with stakeholders including Mesh Centre Leads, BSUG, BAUS section of Female, Functional, Neurourology and Urodynamics (FFNU) and the Pelvic Floor Society (PFS). A workshop was held with women through a Focus Group who have been affected by mesh surgery complications to define what a Mesh removal surgeon should be able to do and what the process will be to assess their skills.

We intend to undertake a wider consultation of external stakeholders including other related specialties (**Royal College of Surgeons, Royal College of Radiologists, Royal College of Nursing, Chartered Society of Physiotherapists and the British Pain Society**) and patient groups to gain their insight into what they require and would want from a high quality mesh removal surgeon. In addition, there will be formal consultation with NHS employers and their equivalent in the devolved nations and CoPMED through the lead Postgraduate Deans for obstetrics and gynaecology, urology and general surgery.

This proposed Mesh Complications Management Training Pathway will train specialist doctors who work within regional specialised centres for women with complications of mesh inserted for urinary incontinence and vaginal prolapse; Obstetricians and Gynaecologists who have completed Subspecialty Training in Urogynaecology, Urological Surgeons who have completed advanced training in female functional and reconstructive Urology and Colorectal General Surgeons with expertise in pelvic floor problems.

The curriculum supports flexibility and transferability of learning

All of the clinical CiPs, have been mapped to the GPCs. This means that evidence can be acquired by experiences in a wide range of posts and environments, allowing flexibility to meet the needs of the service and the individual trainee.

Surgeons undertaking the Mesh Complications Management training pathway will also need to demonstrate that they have achieved a thorough understanding of the anatomy, physiology and pharmacology of the genitourinary tract, colon, rectum and pelvic floor. They must also be aware of the effects of disease, both mental and physical upon the pelvic organs.

Doctors following this curriculum will:

- place at the heart of their practice the principle that all decisions should be made in the best interests of the women and their families
- be advocates for women's health policy
- be up to date in their practice and promote and implement evidence-based medicine
- be committed to the highest standards of care and professional behaviours within the specialty and across the medical profession as a whole

All Obstetricians and Gynaecologists, Urologists and General Surgeons achieving accredited status will have demonstrated achievement of a range of generic and specialty-specific capabilities in their core specialty, advanced specialty and subspecialty training. Doctors achieving this will also have demonstrated achievement of a set of advanced or subspecialist CiPs. These CiPs fully incorporate the GPCs, meeting the requirements set out by the GMC.

Outline of the proposed training pathway

Doctors embarking on this proposed Mesh Complications Management Training Pathway need to have successfully completed either Urogynaecology subspecialty training, special skills training in female , functional and reconstructive urology or colorectal general surgery training with expertise in pelvic floor problems and is expected to take 12-18 months whole time equivalent. This proposed Mesh Complications Management Training Pathway is to obtain the capability of additional skills not included in the postgraduate curricula of all three specialities. This is something mesh centres need to deliver for succession planning. Funding is available from the commissioned mesh complication centres in England. Surgeons in all four nations have funding available for CPD for participation in educational opportunities such as skills based courses.

How does the proposed curriculum equip doctors with the general skills to participate in the emergency and unselected take and provide continuity of care

Doctors will contribute to generalist and specialist emergency and acute unselected take and provide continuity of care of their respective parent specialty. They will not be working 100% in the Mesh Complications Management area.

How will the proposal better support the delivery of care in the community

The Mesh Complications Management training pathway has a focus on patient-centred care and shared decision making, ensuring that the patient is at the centre of all decisions on care. In addition, the proposed Mesh Complications Management Training Pathway considers the service requirements, the impact of healthcare on women and their families and takes into account recommendations from RCOG and RCS (England and Edinburgh) documents, service needs and national policy developments. As the proposed Mesh Complications Management Training Pathway

is for doctors who have completed the 2019 core Obstetrics and Gynaecology and Subspecialty Training in Urogynaecology curricula or the 2016 Curriculum in Urology or the new GMC approved special skills curriculum for female , Functional and Reconstructive Urology , or the curriculum for Colorectal Surgery with expertise in pelvic floor problems from August 2021. Doctors undertaking this proposed Mesh Complications Management Training Pathway will have the capabilities to be an advocate for women's health as this has been developed as part of the 2019 O&G curriculum and the specialist in O&G is uniquely placed to promote the development of policies to address women's health needs across all settings including the wider public and community settings. Whilst this is based on the RCOG curriculum the proposed Training Pathway has been devised and is supported by all four Royal Surgical curricula.

The increased focus on the development of generic skills will ensure that opportunities to develop and change services to support delivery of care in the community will not be overlooked by trainees and CCT holders. Building on the pre-CCT capabilities the proposed Training Pathway will ensure that the skills and attributes needed to recognise, develop and implement service change will be utilised in this clinical area.

Describe how the proposal will support a more flexible approach to training, such as embedding shared learning outcomes and content with other relevant specialties

This proposed training pathway is competency based and clearly describes the outcome required for a Mesh Complications surgeon. Progression is not time dependent but rather depends on acquisition of CiPs that facilitates the ability to complete training earlier. It is anticipated that the majority of trainees will achieve these capabilities in 12 – 18 months. The PoA helps to highlight the support that doctors require during the training.

Doctors undertaking this proposed training pathway will not transfer between training pathways but are extending their skills. This proposed training pathway is a collaborative endeavour between the RCOG, RCS and the relevant specialist societies/associations. The proposed Mesh Complications Management training curriculum will be available and accessible for urogynaecologists, female, functional and reconstructive urologists and colorectal surgeons.