

Postgraduate training in urogynaecology in South Africa

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To the Editor: I conducted a survey on postgraduate training in urogynaecology in South Africa. A randomised sample was obtained from among all registered gynaecologists in the country, with a sample size of 60 (10%). Questionnaires were sent out by mail, with a return rate of 51% ($N = 32$).

The results were as follows.

1. The majority of respondents ($N = 14$) were between 41 and 50 years of age, followed by 12 between 51 and 60 years.
2. Twelve gynaecologists had qualified between 1981 and 1990, and 13 between 1991 and 2000.
3. Respondents were asked how they would regard their postgraduate training in urinary incontinence and genital prolapse in the following fields (the response was expressed on a scale of 1 - 5, with 1 meaning extremely poorly, 2 poorly, 3 average, 4 good and 5 excellent): (i) management of urinary incontinence (median 3); (ii) interpretation of a cystometrogram (2); (iii) cystocele repair (4); (iv) uterine prolapse repair (3); (v) vault prolapse repair (1); (vi) enterocele repair (3); (vii) rectocele repair (4); and (viii) repair of old third-degree tear (3).

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Respondents were asked how confident they were at the present time in managing the following (scale 1 - 5): (i) diagnosis of urinary incontinence (median 4); (ii) surgical treatment of urinary stress incontinence (4); (iii) diagnosis of unstable bladder (4); (iv) interpretation of a cystometrogram (2); (v) treatment of an unstable bladder (3.5); (vi) surgical treatment of cystocele (4); (vii) surgical treatment of vault prolapse (3.5); (viii) surgical treatment of enterocele (4); (ix) surgical treatment of rectocele (4); (x) surgical treatment of third-degree tear (4); and (xi) surgical treatment of vaginal fistula (2).

These results underline the importance of post-qualification training, as the median score at the time of qualification was 3 compared with a current median of 4. Such training is provided by medical trading companies, academic workshops and congresses, both locally and abroad. It also seems that there is a need for improved training during the residency period in obstetrics and gynaecology.

The 8 universities were asked about their position with regard to urogynaecology (only 1 did not respond). There were 3 dedicated urogynaecology units, 6 universities consisted of multichannel urodynamics and 4 intended to apply for subspecialisation training once urogynaecology is approved.