

Evidence Brief: Gynaecology

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Evidence Brief: Gynaecology

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Waiting for a way forward](#)

Source: Royal College of Obstetrics and Gynaecologists

Publication date: November 2024

Following on from our 2022 report [Left For Too Long](#), the RCOG has undertaken new research to understand the ongoing impact of gynaecology waiting times on women. We also spoke to healthcare professionals across the system to deepen our understanding of the barriers and solutions to addressing gynaecology waiting lists.

We found that as a result of long waiting times, many women were now living with increasingly complex conditions and severe symptoms. A quarter of women who responded to our survey reported that they had attended A&E as a result of their symptoms, with more than 1 in 10 of those women going on to have emergency interventions, such as blood transfusions. Professionals across primary and secondary care said they were deeply concerned for women waiting, but often felt helpless at not being able to expedite waits.

See also [“New RCOG report reveals devastating impact of UK gynaecology care crisis on women and NHS staff”](#) (November 2024, Royal College of Obstetricians and Gynaecologists)

[Endometriosis: diagnosis and management \[NG73\]](#)

Source: NICE Guidance

Publication date: 6 September 2017 (updated 11 November 2024)

This guideline covers diagnosing and managing endometriosis, including where fertility is a priority. It aims to raise awareness of endometriosis symptoms, and to provide clear advice on referral, diagnosis and the range of treatments available.

[NHS hospital care: who is waiting and what are they waiting for?](#)

Author(s): Fisher and Taylor

Source: Nuffield Trust

Publication date: 10 October 2024

Backlogs in NHS care and long waiting times in England are widespread, and politicians, policymakers and the public are well aware of this. But headline numbers obscure important distinctions, and questions remain unanswered about who is bearing the brunt of delays. This new QualityWatch analysis uses urgent and emergency care and planned care data alongside an ONS patient survey to understand how waiting times vary by age, sex, ethnicity, and level of deprivation, and how waits for specific conditions differ.

[Women’s health economics: investing in the 51 per cent](#)

Source: NHS Confederation

Publication date: 2 October 2024

This report evidences the potential return on investment for every additional £1 that is invested in women’s health services throughout the NHS.

See also [“The economics case for investing in women’s health services revealed”](#) (2 October 2024, NHS Confederation) and [“Women’s health investment could return over £300m for economic, NHS report suggests”](#) (3 October 2024, National Health Executive)

[Independent investigation of the NHS in England](#)

Source: Department of Health and Social Care

Publication date: September 2024

Lord Darzi’s report on the state of the National Health Service in England.

Endometriosis: A Long and Painful Road A review of the quality of care provided to adult patients diagnosed with endometriosis

Source: NCEPOD

Publication date: July 2024

IN THIS STUDY The pathway and quality of care provided to patients aged 18 years and over with a diagnosis of endometriosis was reviewed. The sampling period of 1 st February 2018 to 31st July 2020 was used and data were included from 623 clinician questionnaires, 167 organisational questionnaires and the assessment of 309 sets of case notes. In addition, a patient survey was completed by 941 respondents and a clinician survey by 137 respondents.

“Dismissed, ignored and belittled”: The long road to endometriosis diagnosis in the UK

Source: Endometriosis UK

Publication date: March 2024

Endometriosis is a disease that affects the physical and mental health of 10 % of women and those assigned female at birth from puberty to menopause – although the impact may be felt for life. That’s over 1.5 million people in the UK, and nearly 200 million globally. It costs the UK economy around £8.2 billion every year in healthcare costs, loss of work and treatments¹ . Endometriosis may have a significant, sometimes devastating impact on all aspects of life: education, career, relationships, sexual relationships, fertility and quality of life. Despite this, it is a disease that the majority of people have never heard of. Without awareness, pain and symptoms can be dismissed, and brushed aside as ‘normal’ when they are anything but. Without a diagnosis, treatment can’t be accessed, and the disease may progress.

Guidance: Women’s health hubs: cost benefit analysis

Source: Department of Health and Social Care

Publication date: Updated 21 March 2024

Women’s health hubs bring together healthcare professionals and services to provide integrated women’s health services in the community, centred on women’s needs across the life course. They aim to address fragmentation in service delivery to improve women’s health access, experiences and outcomes.

Closing the women’s health gap: A \$1 trillion opportunity to improve lives and economies

Source: McKinsey Health Institute

Publication date: 17 January 2024

Investments addressing the women’s health gap could add years to life and life to years—and potentially boost the global economy by \$1 trillion annually by 2040.

NHS Long Term Workforce Plan

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

“This will mean training posts in obstetrics and gynaecology, anaesthetics, internal medicine stage 1 training and core surgical training would better reflect population needs.”

Guidance: Women’s health hubs: core specification

Source: Department of Health & Social Care

Publication date: Updated 21 March 2024

The Women’s Health Strategy for England sets out our 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to

women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.

Advanced Nursing Practice for Gynaecology and Women's Health

Source: Royal College of Nursing

Publication date: January 2024

Gynaecology and women's health care has many sub-specialties, including hysteroscopy, general gynaecology, early pregnancy, emergency gynaecology, colposcopy, urogynaecology, menopause, endometriosis and gynaecology oncology. This publication has set out pathways for advanced nursing practice and advanced clinical practice roles, which will enhance clinical care, the patient experience and enable progression career development for nurses.

Endometriosis: lived experience insight report 2023

Source: Scottish Government

Publication date: 8 December 2023

Details the findings from a series of endometriosis lived experience interviews. It seeks to raise awareness of endometriosis by providing an insight into experiences of accessing care and support across Scotland and how living with endometriosis can impact a person's quality of life.

Women's Health Strategy for England

Source: Department of Health & Social Care

Publication date: 30 August 2022

While women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. And while women make up 51% of the population, historically the health and care system has been designed by men for men.

This 'male as default' approach has been seen in:

- research and clinical trials
- education and training for healthcare professionals
- the design of healthcare policies and services

See also "Physio workforce will be key to first women's health strategy for England" (Chartered Society of Physiotherapy, July 2022)

Left for too long: understanding the scale and impact of gynaecology waiting lists

Source: Royal College of Obstetricians and Gynaecologists

Publication date: 2022

The 2022 report, *Left for too long*, exposes the surge in gynaecology waiting times post-pandemic. With increasing delays and no consistent support for affected women, this report highlights the need for immediate action across the healthcare system.

Women are waiting longer than ever for their care, with analysis that shows that gynaecology waiting lists have grown by over 60% across the UK since the start of the COVID-19 pandemic. In this report, the RCOG shines a light on the true impact of gynaecology waiting lists on women and on the wider health system and calls for action to give parity to a speciality that has too often been overlooked.

Establishing an effective and resilient workforce for elective surgical hubs: a Guide for NHS Trusts and systems

Source: Getting It Right First Time (GIRFT)

Publication date: 2022

A key element of the elective recovery strategy for the NHS in England is the creation and expansion of elective surgical hubs. One of the integral success factors for the set-up and operation of these hubs will be an appropriately skilled sustainable workforce. This guidance is designed to assist providers and

Integrated Care Systems (ICSs) in planning the workforce requirements for new or expanded surgical hubs. It outlines the key factors that should be considered when creating flexible, multidisciplinary teams that care for patients before, during and after their elective surgery. These will apply to all types of elective hubs, although specific staffing requirements will be dependent upon the design and location of the hubs, as well as the composition of the elective backlog and the range of procedures that will be conducted.

Maternity and Gynaecology: GIRFT Programme National Specialty Report

Author(s): David Richmond and Robert Sherwin
Source: Getting It Right First Time (GIRFT)
Publication date: September 2021

Maternity and gynaecology and their association at times may seem strange and yet in reality they cover the entire life course of a woman from cradle to grave. Any impact at the start of life can have such enormous ramifications in later epochs. Maternity care has repeatedly been in the media spotlight recently, sadly often for the wrong reasons. There is an enormous amount of work going on to address the issues raised, much of it behind the scenes at NHS England and NHS Improvement, the royal colleges, the Healthcare Safety Investigation Branch and MBRRACE, to name but a few.

Endometriosis in the UK: time for change

Source: All Party-Parliamentary Group on Endometriosis
Publication date: 2020

The APPG on Endometriosis found that those with endometriosis are waiting an average of 8 years for a diagnosis, despite over 58% visiting their GP 10 or more times with symptoms, 53% visiting A&E with symptoms, and 21% seeing doctors in hospital 10 or more times with symptoms.

Women's experience of gynaecological and urogynaecological services in primary and secondary care

Author(s): Ross and Baird
Source: The King's Fund
Publication date: October 2019

Within the literature review, we were asked to explore: • women's experiences of health services for urological and gynaecological conditions (particularly those women who were felt not to 'have a voice', for example, those from deprived backgrounds or minority ethnic communities) • any barriers to seeking help from health services.

Case Studies

Maternity and Gynaecology Getting It Right First Time

Source: Getting It Right First Time (GIRFT)
Publication date: September 2021

See p. 64 "Integrated Approach to reducing first to follow-up ratio"

Oxford University Hospitals NHS Foundation Trust has taken a range of steps to reduce the first to follow-up ratio for gynaecology. With the team committed to reducing the average number of follow-up appointments, it reviewed its clinical pathways so that wherever possible women received relevant investigations and conservative treatment before the initial consultation. It then put in place a requirement that only consultants could schedule post-operative face-to-face follow-ups, and instead introduced nurse-led telephone clinics for the majority of follow-up activity.

See p. 68 "Patient-initiated follow-up and self-management"
Northumbria Healthcare NHS Foundation Trust has introduced a process of patient-initiated follow-up for a range of conditions.

The process was first introduced for gynaecology cancer. On discharge, women are given a list of symptoms which would merit a review. If they have a problem, they can contact nurse specialists by telephone; where appropriate, a follow-up appointment is then arranged within a few days rather than waiting for routine review. With the process proving beneficial, it has now been extended into other areas of gynaecology. Women are typically given a list of potential alternative treatments at the first visit, which they can work through with their GP. If they still have issues, then they are able to contact the department for review. The approach is recognised as being more responsive to the woman's needs. It also reduces unnecessary reviews, which are often felt to be unsatisfactory and a poor use of time by both patient and clinician.

See p. 74 "[Conducting endometrial ablation as day surgery or as an outpatient](#)"

Walsall Healthcare NHS Trust and Wrightington, Wigan and Leigh Teaching Hospitals NHS FT

See p. 85 "[Improving coding and data collection](#)"

Sandwell and West Birmingham Hospitals NHS Trust Sandwell and West Birmingham Hospitals NHS Trust has taken practical steps to improve the quality and depth of its coding and data collection. All outpatient activity, including details of procedures, is undertaken by dedicated gynaecology outpatient teams at the point of departing the patient from the clinic. Inpatient activity is recorded by a central team, collecting information about documented diagnosis, comorbidities and procedures from the patient notes. The outcome is a far more consistent and comprehensive record, which not only helps fulfil national requirements but also enables the trust to use the data locally to examine its own performance.

[Manchester Community Gynaecology Service](#) (p.3)

Source: Primary Care Women's Health Forum

Publication date: 2021

This case study demonstrates how a gynaecology service in Manchester brought women's reproductive health services together, to better serve the needs of the local community and reduce pressure on secondary care.

[Women's Health Hub North Hampshire](#) (p.4)

Source: Primary Care Women's Health Forum

Publication date: 2021

This case study shows how a Women's Health Hub utilised healthcare professionals' skills from both primary and secondary care to reduce referrals and streamline local provision.

The Star for workforce redesign

More resources and tools are available by searching for "gynaecology" in [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under "Health and Care"

[Endometriosis Facts and Figures](#) (Endometriosis UK)

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Burnout

[More than burnout: Qualitative study on understanding attrition among senior Obstetrics and Gynaecology UK-based trainees.](#)

Item Type: Journal Article

Authors: Chakrabarti R. and Markless, S.

Publication Date: 2022

Journal: BMJ Open 12(2) (pagination), pp. Article Number: e055280. Date of Publication: 11 Feb 2022

Objectives Workforce retention among UK-based Obstetrics and Gynaecology (O&G) trainees has been a particular concern for a number of years, with 30% trainees reportedly leaving specialty training. With specialty focused research being limited and tending to analyse the training programme as a whole. The aim of this study was to explain why senior O&G trainees within reach of completing training were leaving the specialty.

Design Qualitative study based on Constructivist Grounded Theory methodology using semi-structured interviews. Data collection and analysis continued until theoretical saturation was achieved. The key themes were used to build an explanatory model, in the form of a concept map for attrition. Setting London. Participants Nine senior O&G trainees (ST5-7) of which six were committed to the specialty, two were not going to pursue a consultancy post once training was complete and one ex-trainee. Results Five major themes emerged from the study, of which four; 'Just get on with it', 'Just a number', 'Tick-box exercise' and 'It has not happened to me but...' were described by all participants. However, the final theme, relating to the lack of

professional identity, 'I did not see myself as an Obstetrician and Gynaecologist' was only demonstrated among those who had left or were not going to pursue a consultancy post once training was complete. Potential strategies for facilitating professional identity development were focused into three areas; establishing meaningful connections, adequate support mechanisms and regional initiatives. Conclusion Previous research on attrition in the medical profession have suggested burnout and the lack of resilience as being the key factors for leaving training. However, based on this study's findings, an alternative pathway related to the lack of professional identity has been proposed for senior O&G trainees. Ethics This study was registered at King's College London, Kings Reference: LRU-18/19-10632 and was awarded ethical approval through the Research Ethics Committee (REMAAs).

Cancer

[Current Management Practices for Endometrial Cancer \(EC\) in the UK: A National Healthcare Professional Survey \(KNOW-EC\).](#)

Item Type: Journal Article

Authors: George, A.;Herbertson, R. A.;Stillie, A.;McCormack, S.;Drean, A. M.;Wesselbaum, A.;Hudson, E.;Miles, T.;Ryan, N. A. J.;Maxwell, H.;Le Treust, L. and McCormack, M.

Publication Date: No ,2024

Journal: Clinical Oncology (Royal College of Radiologists) 36(11), pp. e448–e455

The clinical landscape for endometrial cancer in the UK is evolving to include new management guidelines and targeted treatment options. An understanding of current treatment and management practices in the UK will help services plan and adapt to upcoming changes. Aim: The purpose of this survey was to understand current and anticipated real-world practices

for endometrial cancer care in the UK and potential areas for optimisation. Materials and Methods: Telephone interviews were conducted in November/December 2021 with UK-based healthcare professionals involved in endometrial cancer management. Questions were aligned with the British Gynaecological Cancer Society/European Society for Medical Oncology recommendations, covering the pathway from diagnosis and treatment to follow-up. Results: A total of 63 healthcare professionals (HCPs) involved in the management of patients with endometrial cancer participated in telephone interviews. The results highlighted variations in management and treatment practices for endometrial cancer and suggest that current UK practice appears to diverge from national and international guidance in some instances. While somatic mismatch repair deficiency testing was used by 89.7% of respondents as mainstream testing, the survey highlighted a lack of access to other key molecular biomarker tests, such as polymerase epsilon (*POLE*) sequencing (used by only 9.8% of HCPs at the time of the survey). Conclusion: The results highlighted several perceived practical barriers to the swift adoption of new therapeutic options, including funding access, limited staff, treatment-related resources, staff education, and support. Our findings support the need for better access to biomarkers that could enable more effective and targeted treatments.

[Are trainees working in obstetrics and gynecology confident and competent in the care of frail gynecological oncology patients?](#)

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Owens, Gemma Louise;Sivalingam, Vanitha;Abdelrahman, Mohamed;Beirne, James P.;Blake, Dominic;Collins, Anna;Davies, Rhianna;Dilley, James;Farquharson, Malcolm;Frimpong, Diana;Gomes,

Nana;Hawco, Sarah;Ilenkovan, Narthana;Jones, Eleanor;Jones, Sadie Esme Fleur;Khan, Tabassum;Leung, Elaine;Otify, ohamed;Parnell, Laura;Rimmer, Michael P., et al

Publication Date: 2020

Journal: International Journal of Gynecological Cancer 30(12), pp. 1959–1965

Older patients undergoing cancer surgery are at increased risk of post-operative complications, prolonged hospital stay, and mortality. Identification of frailty can help predict patients at high risk of peri-operative complications and allow a collaborative, multidisciplinary team approach to their care. A survey was conducted to assess the confidence and knowledge of trainees in obstetrics and gynecology regarding identification and management of peri-operative issues encountered in frail gynecological oncology patients.

Career Pathways and Progression

[The early determinants of career choices for medical students following an obstetrics and gynaecology placement: Mixed methods study.](#)

Item Type: Journal Article

Authors: Sein, Eleanor;Belsi, Athina;Morgenstern, Christian;Terzidou, Vasso and Patel, Roshni R.

Publication Date: Ju ,2024

Journal: BJOG: An International Journal of Obstetrics & Gynaecology 131(7), pp. 961–968

Objective: To explore the impact of attending a clinical placement in considering a career in obstetrics and gynaecology.

Design: Mixed methods study. Setting: London Medical School.

Population: Fifth year medical students attending a clinical

placement in obstetrics and gynaecology. Methods: Between January 2021 and January 2022, questionnaires were used and semi-structured focus groups conducted, which were audio-recorded. Descriptive statistics were conducted and a framework analysis on transcribed focus groups. Main outcome measure: The impact of the clinical placement on career choice. Results: Six main themes were identified from the analysis; three contributing to considering a career in obstetrics and gynaecology; *pregnancy is not an illness, extraordinary experience of observing childbirth* and *variable specialty* and three themes emerged contributing to not considering a career; *lack of work–life balance, high stakes specialty* and the *emotional toll*. Even at an undergraduate level, medical students exhibited concerns about the long-term feasibility of achieving work–life balance and avoiding professional burnout, which was partly attributed to the responsibility of looking after both the woman and their baby. Conclusions: Obstetrics and gynaecology is perceived as an exciting and variable speciality by medical students. Students' experiences on the labour ward during a clinical placement appear to contribute to the consideration of a career in obstetrics and gynaecology. Students should be given opportunities to discuss their concerns about obstetrics, particularly over the potential psychological impact of adverse/traumatic birth events. It is crucial to provide a realistic introduction to obstetrics, to recruit enthusiastic junior doctors who will be resilient to the pressures of the speciality, to avoid burnout and minimise attrition rates.

[The impact of the current medico-legal and regulatory culture in Ireland on the decision of graduate entry medical school students to pursue a career in obstetrics and gynecology.](#)

Item Type: Journal Article

Authors: Tumelty, Mary-Elizabeth;Spain, Eimear;Cheema, Ayesha;Cinnamond, Kaitlyn;Hannigan, Ailish;Sharma, Santosh and Cotter, Amanda

Publication Date: Oct 09 ,2024

Journal European Journal of Obstetrics, Gynecology, & Reproductive Biology 303, pp. 42–47

Objectives: Medico-legal and regulatory culture has a significant impact on medical practitioners, including the decision of graduates to enter high-risk specialties. This study explores the impact of the current medico-legal and regulatory culture in Ireland on the decision of graduate entry medical students to enter one high risk specialty, obstetrics and gynecology. Study Design: We conducted a survey of 146 final-year, graduate-entry medical students pre- and post- a 6-week rotation in obstetrics and gynecology in Ireland. Participants were asked to rate the influence (on a four-point scale) of factors such as fear of being sued, being reported to the regulatory body or criminal prosecution on their decision to pursue a career in obstetrics or gynaecology. Data were matched pre- and post-rotation and McNemar-Bowker's test was used to test for differences in related data. All analysis was conducted using SPSS for Windows version 25. Results: The responses of 72 students to both questionnaires could be matched (response rate 49.3%). The majority of participants pre-rotation reported that fear of being sued (74%), fear of being reported to the regulatory body (70%) and fear of criminal prosecution (55%) were factors influencing their decision (somewhat or to a great extent) to

pursue a career in obstetrics. There were no significant changes post-rotation. Compared to obstetrics, lower proportions of participants pre-rotation considered fear of being sued (54%), fear of being reported to the regulatory body (50%) and fear of criminal prosecution (40%) as factors influencing their decision to pursue a career in gynecology. There were no significant changes post-rotation. Conclusions: Medico-legal and regulatory culture is shaping the perceptions of graduate entry medical students of obstetrics and gynecology and influencing their decision to pursue a career in the speciality. Understanding the impact of medico-legal culture on career choices including a high-risk specialty such as obstetrics and gynecology is important from both a policy and reform context, and if the healthcare service is to recruit and retain adequate numbers to ensure the safe provision of healthcare.

[The importance of non-technical skills in robot-assisted surgery in gynaecology.](#) Abstract only*

Item Type: Journal Article

Authors: Wood, Thomas Charles;Rahman, Rumana;Bainton, Thomas;Ahmed, Jeffrey and Raza, Amer

Publication Date: May 02 ,2024

Journal: Journal of Robotic Surgery 18(1), pp. 192

It was the dawn of a new era for robotic surgery when the Food and Drug Administration (FDA) approved *da Vinci* robotic surgical system for general laparoscopic procedures in 2000. The surgical practice saw a transformative breakthrough towards minimally invasive approach with the ever-increasing uptake of advanced robots proven to benefit patients and surgeons in various ways. However, these innovative machines only complement and enhance a surgeon's operating skills, and with such privilege come responsibilities and new challenges. Heavy reliance on such advanced devices while operating on humans

necessitates thorough training and supervision to ensure safe and efficient applications. It is the surgeon's responsibility to direct the procedure constantly and lead other team members who assist during the surgery. In this chapter, we provide miscellaneous tips and tricks that can help beginners navigate through robotic surgery with more confidence and enthusiasm.

[Factors influencing medical students' decision to pursue a career in obstetrics and gynaecology.](#)

Item Type: Journal Article

Authors: Ni hEalaithe C.;Howard A.;Corcoran P.;McCarthy C.M.;Horgan M.;Bennett D.;O'Donoghue K. and O'Sullivan, S.

Publication Date: 2023

Journal: PLoS ONE 18(12 December) (pagination), pp. Article

Number: e0288130. Date of Publication: December 2023

Introduction: The career intentions of medical students can exert influence on service provision and medical staffing in the health services. It is vital for a specialty's development and sustainability that it has a constant stream of trainees into it annually. An appreciation of how a specialty is viewed by medical students can be used as an opportunity for early intervention in order to improve perception of the specialty and reduce future workforce problems, such as retention and attrition within obstetrics and gynaecology (O&G). We aimed to analyse positive and negative factors of the specialty of O&G as perceived by medical students in order to gain insight into changes that need to be made to improve recruitment and retention into the specialty. Methods: A 70-item structured questionnaire consisting of demographic information and 5-point Likert scale questions relating to O&G was administered to final year medical students in the Republic of Ireland. Data were analysed with descriptive statistics, logistic regression, and odds ratios as appropriate. Results: Of 195 medical students approached, 134 completed the questionnaire, a response rate of 68.7%. The majority were female (55.2%, n = 74) and 76.1%

of respondents (n = 102) were Direct Entry Medicine students, with the remainder Graduate Entry Medicine students. 30.8% (n = 41) of students who responded scored 6 or more on a 10-point Likert scale when asked about their likelihood of considering a career in O&G. Students' clerkship experience factored heavily into their perception of the specialty and was more likely to be positive if they experienced direct consultant engagement and the opportunity for hands-on experience. Lifestyle factors, litigation and media were found to be deterrents to considering the specialty after graduation. Conclusions: This study demonstrates the importance of good clerkship experience in fostering an interest amongst undergraduates in O&G. Educators and those working within the specialty should showcase the strengths of the specialty during undergraduate education, and work on ameliorating deterrents to ultimately provide a structured approach to improving recruitment into O&G

[Factors impacting on the decision of graduate entry medical school students to pursue a career in obstetrics and gynecology in Ireland.](#)

Item Type: Journal Article

Authors: Spain E.;Tumelty M.E.;Hannigan A.;Cinnamond K.;Cheema A. and Cotter, A.

Publication Date: 2023

Journal: BMC Medical Education 23(1) (pagination), pp. Article Number: 449. Date of Publication: December 2023

Background: Challenges in recruiting appropriately trained obstetricians and gynaecologists have been identified across the world. Given well documented staff shortages within obstetrics and gynaecology in Ireland, it is increasingly important to understand the factors which influence medical students to choose or reject a career in the speciality. The aim of this study was to ascertain the perceptions of final year graduate entry medical students of obstetrics and gynaecology, including the factors which may influence a student's decision to pursue in a

career in the speciality. Methods: Paper-based surveys of graduate entry medical students (n = 146) were conducted at the beginning and end of a six week rotation in obstetrics and gynaecology in Ireland. Responses to the surveys pre- and post-rotation were matched and changes in career choices, merits and demerits over time were analysed. All analysis was conducted using SPSS for Windows version 25. Results: The responses of 72 students to both questionnaires could be matched (response rate of 49.3%). No male students expressed an interest in obstetrics, gynaecology or both as a first choice of career in the pre rotation survey. Obstetrics as a first choice of career increased from 6.9% pre rotation to 19.4% post rotation (p = 0.04) and this increase was seen in male and female students. Gynaecology as a first choice increased slightly from 1.4 to 4.2% (p = 0.50) and the dual speciality increased from 6.9 to 13.9% (p = 0.23). Students identified many merits of obstetrics pre-rotation with more than 60% identifying it as exciting, interesting fulfilling and challenging. However, incompatibility with family life was cited as a demerit by 72% of respondents and 68.1% identified fear of litigation as a demerit. Participants were less positive overall about the merits of a career in gynaecology with less than 40% viewing it as exciting, fulfilling, and varied. Conclusions: While respondents were positive about the merits of a career in obstetrics and gynecology, concerns remain about work-life balance, career opportunities, and the high-risk nature of the speciality. These concerns should be addressed by the profession and policy makers if they wish to attract sufficient numbers to address anticipated need in the coming years. Gender differences in speciality choice were also evident. If males are to be recruited into obstetrics and gynaecology, consideration should be given to the positive impact of internship.

Education and Training

[Comparing proficiency of obstetrics and gynaecology trainees with general surgery trainees using simulated laparoscopic tasks in Health Education England, North-West: a prospective observational study.](#)

Item Type: Journal Article

Authors: Khan, Zaibun N.;Shrestha, Donna;Shugaba, Abdulwarith;Lambert, Joel E.;Clark, Justin;Haslett, Elizabeth;Afors, Karolina;Bampouras, Theodoros M.;Gaffney, Christopher J. and Subar, Daren A.

Publication Date: 2023

Journal: BMJ Open 13(11), pp. e075113

Background Training programmes for obstetrics and gynaecology (O&G) and general surgery (GS) vary significantly, but both require proficiency in laparoscopic skills. We sought to determine performance in each specialty. Design Prospective, observational study. Setting Health Education England North-West, UK. Participants 47 surgical trainees (24 O&G and 23 GS) were subdivided into four groups: 11 junior O&G, 13 senior O&G, 11 junior GS and 12 senior GS trainees. Objectives Trainees were tested on four simulated laparoscopic tasks: laparoscopic camera navigation (LCN), hand–eye coordination (HEC), bimanual coordination (BMC) and suturing with intracorporeal knot tying (suturing). Results O&G trainees completed LCN ($p<0.001$), HEC ($p<0.001$) and BMC ($p<0.001$) significantly slower than GS trainees. Furthermore, O&G found fewer number of targets in LCN ($p=0.001$) and dropped a greater number of pins than the GS trainees in BMC ($p=0.04$). In all three tasks, there were significant differences between O&G and GS trainees but no difference between the junior and senior groups within each specialty. Performance in suturing also varied by specialty;

senior O&G trainees scored significantly lower than senior GS trainees (O&G 11.4 ± 4.4 vs GS 16.8 ± 2.1 , $p=0.03$). Whilst suturing scores improved with seniority among O&G trainees, there was no difference between the junior and senior GS trainees (senior O&G 11.4 ± 4.4 vs junior O&G 3.6 ± 2.1 , $p=0.004$). Discussion GS trainees performed better than O&G trainees in core laparoscopic skills, and the structure of O&G training may require modification.

[Women's health: specific assessments to become mandatory in medical training](#)

Author(s): Jacqui Wise

Source: BMJ

Publication date: 2022

Specific teaching and assessments on women's health will become mandatory for all graduating medical students from 2024 and for all incoming doctors, the government has pledged as part of its first women's health strategy for England.

Equality, Diversity and Inclusion

[A Framework for Diversifying Obstetrics and Gynecology Training Programs](#) Abstract only*

Author(s): Napoe et al.

Source: Obstetrics and Gynecology 143(2) pp. 204-209

Publication date: February 2024

There is an urgent need to diversify the physician workforce in obstetrics and gynecology to serve a diverse patient population and mitigate disparities in care. There is a paucity of data on how to improve recruitment of individuals from underrepresented minoritized groups to the field of obstetrics and gynecology. This article outlines important steps for sharing the department's commitment to diversity, equity, and inclusion; addresses ways to attract a diverse applicant pool; and reviews the importance of

and need to perform a holistic review of applicants. This commentary also shares some approaches to support faculty and trainees that may lead to sustained increases in diversity. Using this framework, the authors successfully increased the diversity of their obstetrics and gynecology residency program.

Endometriosis

[A COM-B and Theoretical Domains Framework Mapping of the Barriers and Facilitators to Effective Communication and Help-Seeking Among People With, or Seeking a Diagnosis Of, Endometriosis](#) Abstract only*

Author(s): Hearn et al.

Source: Journal of Health Communication 3;29(3)

Publication date: January 2024

Endometriosis is a chronic condition in which tissue resembling the endometrium grows outside the womb, causing severe chronic pain. People with endometriosis report difficulty in help-seeking and communicating with healthcare professionals, contributing to diagnosis delays and ineffective management. The present study aimed to identify barriers and facilitators to effective communication using the Theoretical Domains Framework (TDF) and COM-B model to inform behavior change intervention development. This study was a qualitative semi-structured interview and open-ended survey design. Thematic Analysis was utilized to identify barriers and facilitators to effective communication which were mapped to the TDF and COM-B model. Four women aged 25 to 44 with a formal diagnosis of endometriosis participated in interviews. Thirty-three participants, aged 20-48 years, participated in the online survey, 21 of whom had a diagnosis of endometriosis (12 were currently seeking diagnosis). Five COM-B domains were identified: reflective motivation, social and physical opportunity, physical and psychological capability. Ten TDF domains were reflected in concerns surrounding dismissal, disempowerment, social norms,

beliefs about consequences, cognitive resources, reinforcement, and environmental context and resources, among others. This is the first study to identify barriers and facilitators of effective communication and help-seeking in light of established behavioral change theory and frameworks for comprehensive intervention design. This provides a comprehensive explanation of challenges in help-seeking for endometriosis and represents the first step in the development of complex interventions to improve help-seeking and communication for people with endometriosis. Interventions targeting salient barriers will have greater potential to change behavior and improve outcomes.

[Transgender and gender diverse people with endometriosis: A perspective on affirming gynaecological care](#)

Author(s): Jefferey et al.

Source: Women's Health

Publication date: 2024

Transgender and gender diverse people presumed female at birth experience gynaecological conditions, such as chronic pelvic pain at elevated rates, estimated to impact between 51% and 72% of this population, compared to rates of up to 26.6% in cisgender women. The negative impact of these conditions is likely amplified due to limited access to safe and affirming healthcare. Despite this high prevalence rate, there is limited research investigating the prevalence, presentation or management options for trans and gender diverse people with endometriosis. Cisgender women with endometriosis report barriers to accessing care, with lengthy times to diagnosis and limited treatment options available. However, barriers for trans and gender diverse individuals are enhanced by physician bias and lack of education in gender-affirming care. This is reflected in stories of discrimination and denial of basic healthcare. A healthcare environment built on the presumption that gynaecological patients are women, others trans and gender diverse patients, which can result in avoidance of needed

medical care. A lack of knowledge of gender-affirming care alongside healthcare provider bias highlights a need for gender-affirming care and bias reduction training in undergraduate healthcare provider curricula. Research to date assessing current curriculum in Australia and Aotearoa (New Zealand) shows limited inclusion of lesbian, gay, bisexual, trans, queer, intersex, asexual and other related identities content as a whole with gender-affirming care being among the least-frequently addressed topics. This review will detail barriers to accessing gender-affirming healthcare specific to gynaecology, interweaving the experiences of a non-binary individual seeking access to gender-affirming endometriosis care.

[The Burden of Pelvic Pain Associated With Endometriosis Among Women in Selected European Countries and the United States: A Restricted Systematic Review](#)

Item Type: Journal Article

Authors: AsSanie S.;Shafir A.L.;Halvorson L.;Chawla R.;Hughes R. and Merz, M.

Publication Date: 2024

Journal: Journal of Minimally Invasive Gynecology 31(8), pp. 653–666.e5

Objective: To evaluate the burden of endometriosis-associated pelvic pain (EAPP) on health-related quality of life (HRQoL) among women living in similar socio-economic conditions. Data

Sources: Searches were performed in PubMed and Embase on September 26, 2022. The review was performed in conformity with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis protocol (PRISMA-P) and was registered on PROSPERO (ID: CRD42023370363). Methods of Study

Selection: Due to the high volume of eligible publications following initial review, inclusion criteria were restricted to studies undertaken in France, Germany, Italy, Spain, the United Kingdom, and the United States. This restriction was applied

before screening as these countries have broad social and economic similarities, and previous studies in the literature suggest pain reporting and experience are influenced by numerous socio-cultural factors. Eligible studies were those published between 2013 and 2022 and include a sample size of ≥ 50 participants. The search strategy identified all relevant publications relating to the burden of illness due to EAPP. A variety of terms are used in the literature to describe pain associated with endometriosis, and this was considered in the design of the search strategy and screening procedure. Tabulation, Integration, and Results: The database searches resulted in a total of 6139 records. After removal of duplicates, 3855 records were assessed further. A total of 27 publications were identified as eligible. Fourteen (52%) were from Italy, 5 (19%) were multinational studies, 4 (15%) were from the United States, 3 (11%) were from Spain, and 1 (4%) was from Germany. Most studies were cross-sectional ($n = 15$; 56%); 7 (26%) were case-control studies; 3 (11%) were cohort studies; and 2 (7%) were longitudinal studies. These publications collectively highlighted an association between EAPP and reduced HRQoL. Several studies showed that EAPP was associated with lower HRQoL when compared with endometriosis without pain and potentially with chronic pelvic pain caused by other conditions, although the evidence is limited in this case. Moreover, the studies reported detrimental effects on general HRQoL, mental health functioning, and sexual functioning, culminating in reduced work productivity and difficulties in performing everyday activities. The associations were generally similar across study populations, including adolescents, as well as younger and older women. Results were consistent across the range of different patient-reported outcome

tools used to assess HRQoL. Conclusion: The existing literature suggests that, among women in selected European countries and the United States, EAPP is associated with reduced HRQoL, including impaired mental and sexual functioning, as well as reduced work performance and productivity; each of which may contribute to the societal burden of endometriosis.

[Recommendations for the implementation and conduct of multidisciplinary team meetings for those providing endometriosis and adenomyosis care - a Delphi consensus of the European Endometriosis League \(EEL\)](#)

Item Type: Journal Article

Authors: Burla, L.;Kalaitzopoulos, D. R.;Samartzis, N.;Khazali, S.;Bokor, A.;Renner, S. P.;Hudelist, G.;Constantin, A. S.;Schafer, S. D.;Nassif, J.;Naem, A.;Keckstein, J. and Krentel, H.

Publication Date: Sep, 2024

Journal: Facts Views & Vision in Obgyn 16(3), pp. 337–350

Background: The treatment of endometriosis and adenomyosis requires a complex, multidisciplinary approach. Some centres have established multidisciplinary teams (MDT) and regular meetings. There are currently no international data or recommendations.

Objectives: To examine existing MDT meetings and define consensus recommendations to support implementation and conduct. Materials and Methods: Online questionnaires were sent through the European Endometriosis League (EEL) based on a Delphi protocol. After a literature review and assessment of existing MDT meetings, essential aspects for consensus statements were identified. The consensus statements were evaluated using a 5-point Likert scale with the possibility to modify them. Results were analysed between rounds and reported to the respondents. Consensus, defined as $\geq 70\%$ agreement, concluded the Delphi process when achieved in the majority of statements. Main outcome measures: Prevalence and

type of existing MDT meetings and recommendations. Results: In round 1, 69 respondents participated, with 49.3% (34) having an MDT meeting at their institutions, of which 97% are multidisciplinary. 50% meet once a month and 64.7% indicated that less than 25% of their patients are discussed. Throughout the three rounds, 47 respondents from 21 countries participated. During the process, 82 statements were defined, with an agreement of 92.7% on the statements. Conclusions: This study assessed existing MDT meetings for endometriosis and adenomyosis and developed recommendations for their implementation and conduct. The consensus group supports the strengths of MDT meetings, highlighting their role in offering guideline-based, multidisciplinary, and personalised care. What is new?: This study presents the first international data and recommendations on MDT meetings for endometriosis and adenomyosis.

[A Psychological Point of View on Endometriosis and Quality of Life: A Narrative Review](#)

Item Type: Journal Article

Authors: Farenga, Elisa;Bulfon, Matteo;Dalla Zonca, Cristiana;Tersar, Costanza;Ricci, Giuseppe;Di Lorenzo, Giovanni and Clarici, Andrea

Publication Date: Apr 28, 2024

Journal: Journal of Personalized Medicine 14(5)

Endometriosis is a chronic gynecological disorder with a multifactorial etiology that has not yet been fully elucidated. What is known, however, are the pathological tissue dynamics that lead to the complex symptoms that women suffer from. The known symptoms are mainly fertility problems and pain. Both dimensions have an impact that varies from case to case, but that is certainly decisive concerning a woman's health, specifically by affecting the overall quality of life (QoL). In this publication, we will deal with the descriptive aspects of endometriosis's pathology and then present a review of the

aspects impacting QoL and their psycho-social consequences. Finally, the experience of pain in the context of the mind–brain–body relationship will be discussed, describing the complexity of this dimension and emphasizing the importance of a multi-professional approach that considers the relevance of the contribution that a psychotherapy intervention based on up-to-date neurobiological models can make for women with endometriosis. A review of the literature and current knowledge on the neural and psychological aspects of pain lead to the conclusion that it is of the utmost importance to provide informed psychological support, alongside medical treatments and sexual counseling, to patients with endometriosis.

Entrapped by pain: The diagnosis and management of endometriosis affecting somatic nerves

Item Type: Journal Article

Authors: Thiel, Peter;Kobylianskii, Anna;McGrattan, Meghan and Lemos, Nucelio

Publication Date: Ju ,2024

Journal: Best Practice & Research in Clinical Obstetrics & Gynaecology 95, pp. 102502

Somatic nerve entrapment caused by endometriosis is an underrecognized and often misdiagnosed issue that leads to many women suffering unnecessarily. While the classic symptoms of endometriosis are well-known to the gynaecologic surgeon, the dermatomal-type pain caused by endometriosis impacting neural structures is not within gynecologic day-to-day practice, which often complicates diagnosis and delays treatment. A thorough understanding of pelvic neuroanatomy and a neuropelvic approach is required for accurate assessments of patients with endometriosis and nerve entrapment. Magnetic resonance imaging is the preferred imaging modality for this presentation of endometriosis. Surgical management with laparoscopic or robotic-assisted techniques is the preferred approach to treatment, with excellent

long-term results reported after nerve detrapment and endometriosis excision. The review calls for increased awareness and education on the links between endometriosis and the nervous system, advocating for patient-centered care and further research to refine the diagnosis and treatment of this challenging condition.

Enhancing endometriosis care with telehealth: Opportunities and challenges. Abstract only*

Item Type: Journal Article

Authors: Perelmuter, Sara and Shin, Ja Hyun

Publication Date: Oct 16 ,2024

Journal: Journal of Telemedicine & Telecare
1357633X241287969

Endometriosis affects a significant portion of women during their reproductive years, causing substantial pain and impacting their quality of life. Telehealth services have emerged as a promising avenue for enhancing endometriosis care, especially in the post-COVID-19 era. For endometriosis patients, who often require frequent appointments and specialized care, telehealth offers a convenient and accessible solution, particularly for addressing pain management and interdisciplinary concerns. Despite the challenges posed by the lack of physical examinations in telehealth, studies show that it can be a viable option for endometriosis care. Integrating telehealth with in-person visits for initial assessments can build trust and ensure comprehensive care delivery. Moreover, telehealth facilitates collaboration among multidisciplinary teams, including gynecologists, psychologists, and physiotherapists, to provide holistic treatment plans addressing physical, psychological, and interpersonal aspects of endometriosis. Here, we explore the potential benefits of telehealth in managing endometriosis, highlighting its role in providing comprehensive, multidisciplinary care while overcoming barriers like diagnostic delays and limited access to specialists. Further research and integration of telehealth into

routine practice are warranted to maximize its benefits and address the complex challenges associated with endometriosis management.

Assessment of Education and Management of Endometriosis Among Colorectal Surgeons and Residents. Abstract only*

Item Type: Journal Article

Authors: Rivera Ortiz, Gabriella;Poles, Gabriela C.;Foote, Janet A. and Gubbels, Ashley

Publication Date: Sep 06 ,2024

Journal: Journal of Minimally Invasive Gynecology

Study objective: To identify the type of endometriosis education and surgical training colorectal surgery residents are exposed to during training. To determine the current surgical management of endometriosis among recently graduated colorectal surgeons and their level of comfort. Design: A qualitative cross-sectional study was performed. An anonymous questionnaire was emailed to colorectal surgery residents of 2023 and recent graduates for completion. Data was then extracted and analyzed from REDCap. A chi-square test was performed on the primary outcome variables. Setting: A REDCap electronic survey was administered through email to each participant. Patients: All colorectal surgery residents in 2023 and recent graduates from Colon and Rectal Surgery subspecialty from 2012 to 2022. Interventions: A 17-item anonymous questionnaire was sent via email through REDCap. Measurements and main results: The survey was completed by 70 participants. Most respondents (58.5%) did not receive formal education on bowel endometriosis. Forty percent of participants (28/70) did not feel they received adequate training for surgical management of bowel endometriosis. In terms of surgical exposure, 3.8% (2) responded they had been involved in >15 bowel endometriosis cases and 18 (25.7%) had been exposed to 1-5 cases during colorectal training. Factors that predicted feeling adequately trained in managing endometriosis included formal

endometriosis education (OR 4.70, 95% CI 1.37-16.12, p-value .027) and surgical exposure during training (OR 4.38, 95% CI 1.18-16.26, p-value .014). Additionally, the number of cases exposed during training is highly correlated with feeling adequately trained. Conclusion: More than half of colorectal surgeons did not receive formal education on bowel endometriosis and the majority had only been exposed to 1-5 cases during their colorectal training. An overwhelming majority were interested in further education. This study highlights opportunities for improvement in the exposure to education and surgical management of endometriosis among colorectal surgery trainees.

Experiences of patients with endometriosis with a digital health application: a qualitative analysis.

Item Type: Journal Article

Authors: Zugaj, Marco Richard;Germeyer, Ariane;Kranz, Karina;Zuger, Andrea and Kesler, Jens

Publication Date: 2024

Journal: Archives of Gynecology & Obstetrics 310(4), pp. 2253–2263

Background: Endometriosis is a frequent disease in women of reproductive age in which the endometrium occurs outside the uterine cavity. Multimodal treatment approaches are necessary due to loss of quality of life and the chronic nature of the disease. Digital health applications (DiGa) are becoming increasingly important. This research project investigates how a healthcare app can influence the subjective experience of illness in patients with endometriosis. Methods: Empiric data were collected through semi-structured interviews. Data analysis was carried out using qualitative focussed interview analysis. Reliability was ensured by joint interdisciplinary and interprofessional evaluation of the interviews by experts and those affected. Results: Ten patients with endometriosis and the prescribed healthcare app Endo-App© were examined. Categories were defined from the

superordinate categories “[Factors influencing the experience of illness](#)” and “[Evaluation of the app](#)”. The app provided reliable information, promoted self-efficacy through exercises and strengthened the perception of the individuality of the illness. It helped to minimise placebo effects from internet research and enabled a positive change of perspective. Patients criticised the time required for data input and had data protection concerns. The educational elements were often seen as redundant. Some patients only used the app briefly, or not at all. Conclusion: Once a DiGa has been prescribed, it may be useful to explain its use on an outpatient basis and validate regular use. Blind re-prescribing of DiGas should be avoided. Younger patients with a recent diagnosis or patients following rehabilitation may benefit more from prescribing.

[Evidence for the role of multidisciplinary team care in people with pelvic pain and endometriosis: a systematic review](#)

Author(s): Fang et al.

Source: Australian and New Zealand Journal of Obstetrics and Gynaecology

Publication date: September 2023

Background: Endometriosis is a chronic, inflammatory condition characterised by the presence of endometrial-like tissue outside the uterine cavity. Given the multi-system nature of the disease and the potential for significant negative impact on quality of life, there has been a long-standing recognition of the need for multidisciplinary care for people with endometriosis. However, there is paucity to the data supporting this approach, and much of the evidence is anecdotal. Aim: This systematic review aims to describe recent evidence-based models and patient-centred perspectives of multidisciplinary care for endometriosis, to improve understanding of the role of an integrated, multidisciplinary team in effectively addressing patients' care needs. Materials and Methods: PubMed, Medline, Embase and Web of Science were searched for relevant articles published

between 1 January 2010 to 7 July 2022. Results: Nineteen studies met the inclusion and exclusion criteria and pinpointed a multidisciplinary team consisting of gynaecologists, pain specialists, nurses, physiotherapists, psychologists, sex therapists, nutritionists, complementary medicine practitioners, and social workers to be most commonly utilised in holistically managing people with pelvic pain and endometriosis. Furthermore, patient perspectives on care highlighted the need for reliable information, respect and validation of experiences or preferences, discussion of long-term treatment plans and social and emotional supports. Conclusion: The trend for multidisciplinary team care for people with endometriosis is growing. Further consumer-driven clinical studies and outcome evaluations need to be conducted to determine the effect of multidisciplinary care on improvements to quality of life for people living with endometriosis and or pelvic pain.

[Endometriosis patients' experiences of the counselling they need from the nurses through the digital care pathway: a qualitative descriptive study](#)

Author(s): Remes et al.

Source: Nordic Journal of Nursing Research

Publication date: May 2023

Endometriosis is a chronic disease associated with severe, life-impacting pain symptoms and impaired fertility that can affect relationships, sexuality, family life, social relationships, and working life. The aim of the present study was to describe endometriosis patients' experiences of the counseling they need from the nurses through the digital care pathway. A qualitative descriptive study was conducted; 14 Finnish women with endometriosis were interviewed. Content analysis revealed four main categories related to counseling provided through the digital care pathway: counseling on endometriosis and its role in life; counseling on how to live with endometriosis; comprehensive support for self-care; and patient-oriented

counseling. Nurses should provide counseling at different stages of the disease, because the symptoms of endometriosis can change rapidly in a short period of time, and these are the moments when the patient needs support and advice from the nurses. The digital care pathway can provide reliable information to patients at the right time of disease progression. The study was planned and reported using the Consolidated Criteria for Reporting Qualitative Research Checklist.

Current endometriosis care and opportunities for improvement

Item Type: Journal Article

Authors: Pickett, Charlotte; Foster, Warren G. and Agarwal, Sanjay

Publication Date: 2023

Journal: Reproduction & Fertility

Endometriosis is a chronic disease associated with debilitating pain that affects many people assigned female at birth, from menarche through menopause, not just causing pain and infertility, but also negatively impacting quality of life, participation in daily activities, productivity and income. It is associated with increased incidence of obstetric and neonatal complications, depression, other chronic diseases, and substantial healthcare costs. Despite the profound negative impact of endometriosis on quality of life, current treatment options remain sub-optimal and many patients express dissatisfaction with current care. The prevailing acute-care, single-provider model in which the provider works in relative isolation and thus with limited therapeutic strategies readily available, proves inadequate for treating endometriosis. Patients would benefit from earlier diagnosis and referral to a center capable of providing a comprehensive and multi-modal management plan that utilizes a chronic care model. Often this can only be achieved through multidisciplinary teams of providers with expertise in endometriosis. Researchers need to agree on standardized core outcome measures, relevant to

patients with endometriosis and the healthcare system as a whole. Only through increased education and recognition of endometriosis as a chronic disease can we achieve better treatment outcomes.

Endometriosis care: combining NHS and charity nursing roles: Working as a specialist adviser for a charity alongside a clinical practitioner role in the NHS – the skills and training required, and how a dual arrangement can develop your career Abstract only*

Item Type: Journal Article

Authors: Pearce, Lynne

Publication Date: 2023

Journal: Nursing Standard 38(1), pp. 25–26

Abstract: Working as a specialist adviser for a charity alongside a clinical practitioner role in the NHS – the skills and training required, and how a dual arrangement can develop your career. Having the chance to improve support for women with endometriosis at a national level was too good an opportunity to miss for Joanne Hanley.

Impact of the Covid-19 pandemic on surgery for severe endometriosis in the UK: a national database study

Author(s): Lewin et al.

Source: Facts, View and Vision in ObGyn 14(4) pp. 309-315

Publication date: December 2022

Background: The COVID-19 pandemic has had a significant effect on healthcare services, particularly affecting patients who suffer from chronic conditions. However, the pandemic's effect on endometriosis surgery is not yet known. Objectives: To determine the impact of the COVID-19 pandemic on surgery for severe endometriosis in the UK at a national, regional and centre-level. Materials and Methods: The British Society for Gynaecological Endoscopy (BSGE) collects data nationally on all operations for severe endometriosis which involve dissection of the pararectal space. Annual audits of this database were

obtained from the BSGE. Publicly available data on COVID-19 cases and population were obtained from the UK Office for National Statistics. Main outcome measures: Numbers of annual BSGE-registered endometriosis operations. Results: A total of 8204 operations were performed. The number of operations decreased by 49.4% between 2019 and 2020 and then increased in 2021, but remained 10.5% below average pre-pandemic levels, indicating at least 980 missed operations between 2019-2020. Median operations per centre decreased by 51.0% in 2020 (IQR 29.4% – 75.0%) and increased in 2021 but remained 33% below pre-pandemic levels. There was no change in the type of surgery performed. All 11 administrative regions of Great Britain had reduced numbers of operations in 2020 compared with the average for 2017-2019, with a median 44.2% decrease (range 13.3% - 67.5%). Regional reduction in operations was correlated with COVID-19 infection rates ($r=0.54$, 95% CI of r 0.022 – 1.00, $p=0.043$). Conclusion: The number of operations performed annually in the UK for severe endometriosis fell dramatically during the COVID-19 pandemic and is yet to normalise. What's new? This study shows the dramatic effect that the COVID-19 pandemic has had on UK services for endometriosis surgery, which may continue to affect patients and clinicians for a considerable time to come.

Endometriosis centers of expertise in the Netherlands: Development toward regional networks of multidisciplinary care

Item Type: Journal Article

Authors: de Kok, Laura;van Hanegem, Nehalennia;van Kesteren, Paul;Klinkert, Ellen;Maas, Jacques;Mijatovic, Velja;Rhemrev, Johann;Verhoeve, Harold and Nap, Annemiek

Publication Date: 2022

Journal: Health Science Reports 5(1), pp. e447

Endometriosis is a common and complex disease that is difficult to diagnose and treat.^{1, 2} Centralization of care in expertise centers can contribute to a multidisciplinary approach to both

diagnosing and treating endometriosis. However, until June 2020, no criteria for endometriosis expertise centers in the Netherlands were established. The aim of centralization of endometriosis care is to improve treatment for women with endometriosis by shortening the delay in diagnosis and reducing morbidity, leading to an improvement of their quality of life. This aim is in accordance with the advices of the European Society of Human Reproduction and Embryology (ESHRE), the World Endometriosis Society (WES), and the National Institute for Health and Care Excellence (NICE). Centralization of surgery has already proved to be successful in other disciplines in terms of improving clinical outcome.^{3, 4} A retrospective multicenter study in France shows a correlation between surgical experience and postoperative complications in the treatment of deep infiltrating endometriosis.⁵

Impact of endometriosis on women's life decisions and goal attainment: A cross-sectional survey of members of an online patient community.

Item Type: Journal Article

Authors: Missmer S.A.;Tu F.;Soliman A.M.;Chiuve S.;Cross S.;Eichner S.;Antunez Flores O.;Horne A.;Schneider B. and AsSanie, S.

Publication Date: 2022

Journal: BMJ Open 12(4) (pagination), pp. Article Number: e052765. Date of Publication: 27 Ar 2022

Objectives To examine women's perceptions of endometriosis-associated disease burden and its impact on life decisions and goal attainment. Design An anonymous online survey was distributed in October 2018 through the social media network MyEndometriosisTeam.com. Participants Women aged 19 years and older living in several English-speaking countries who self-identified as having endometriosis. Outcome measures Patients' perspectives on how endometriosis has affected their work, education, relationships, overall life decisions and attainment of

goals. Subanalyses were performed for women who identified as 'less positive about the future' (LPAF) or had 'not reached their full potential' (NRFP) due to endometriosis. Results 743 women completed the survey. Women reported high levels of pain when pain was at its worst (mean score, 8.9 on severity scale of 0 (no pain) to 10 (worst imaginable pain)) and most (56%, n=415) experienced pain daily. Women reported other negative experiences attributed to endometriosis, including emergency department visits (66%, n=485), multiple surgeries (55%, n=406) and prescription treatments for symptoms of endometriosis (72%, n=529). Women indicated that they believed endometriosis had a negative impact on their educational and professional achievements, social lives/relationships and overall physical health. Most women 'somewhat agreed'/'strongly agreed' that endometriosis caused them to lose time in life (81%, n=601), feel LPAF (80%, n=589) and feel they had NRFP (75%, n=556). Women who identified as LPAF or NRFP generally reported more negative experiences than those who were non-LPAF or non-NRFP. Conclusions Women who completed this survey reported pain and negative experiences related to endometriosis that were perceived to negatively impact major life-course decisions and attainment of goals. Greater practitioner awareness of the impact that endometriosis has on a woman's life course and the importance of meaningful dialogue with patients may be important for improving long-term management of the disease and help identify women who are most vulnerable.

General practitioners and endometriosis: Level of knowledge and the impact of training

Author(s): Roullier et al.

Source: Journal of Gynecology Obstetrics and Human Reproduction 50(10)

Publication date: December 2021

Objective: To assess general practitioners' (GPs') knowledge of and practice in the diagnosis and management of endometriosis following the publication of updated French national guidelines in 2017. Materials and methods: A descriptive, anonymous, epidemiological survey of 102 GPs in the Picardie region of France. Results: Only 25% of the GPs considered that they knew enough about endometriosis for their routine clinical practice. This proportion was 58.9% amongst GPs with an university diploma in gynaecology and 31.4% amongst those participating in continuing medical education courses on gynaecology. Only 19.6% of the GPs were aware of the updated French national guidelines. With regard to five main suggestive, localizing signs of endometriosis, dyspareunia, dysmenorrhoea and infertility were mentioned as being of diagnostic value by 55.9%, 37.3% and 43.1% of the GPs, respectively; in contrast, functional urinary tract disorders and painful defecation were not mentioned very often. GPs with a qualification in gynaecology and those participating in continuing medical education in gynaecology knew more about treating endometriosis. Conclusion: In the Picardie region of France, GPs appear to be only moderately aware of how to manage endometriosis; this probably contributes to the diagnostic delay associated with this condition. GPs with a university diploma in gynaecology and those participating in continuing medical education in gynaecology appeared to have a better grasp of the subject. Continuing medical education on this topic should therefore be promoted and expanded.

[The management of women with thoracic endometriosis: a national survey of British gynaecological endoscopists.](#)

Item Type: Journal Article

Authors: Hirsch, M.;Berg, L.;Gamaleldin, I.;Vyas, S. and Vashisht, A.

Publication Date: Jan 08 ,2021

Journal: Facts Views & Vision in Obgyn 12(4), pp. 291–298

Objectives: This study evaluates current national opinions on screening, diagnosis, and management of thoracic endometriosis. Background: Thoracic endometriosis is a rare but serious condition with four main clinical presentations: pneumothorax, haemoptysis, haemothorax, and pulmonary nodules. There are no specialist centres in the United Kingdom despite growing patient desire for recognition, investigation, and treatment. Methods: We distributed a multiple-choice email survey to senior members of the British Society for Gynaecological Endoscopy. Descriptive statistics were used to present the results. Results: We received 67 responses from experienced clinicians having provided over 800 combined years of endometriosis patient care. The majority of respondents managed over 100 endometriosis patients annually, for more than five years. Over one third had never managed a patient with symptomatic thoracic endometriosis; just 9% had managed more than 30 cases over the course of their career. Screening varied by modality with only 4% of clinicians always taking a history of respiratory symptoms while 69% would always screen for diaphragmatic endometriosis during laparoscopy. The management of symptomatic thoracic endometriosis varied widely with the commonest treatment being surgery followed by hormonal therapies. Regarding management, 71% of respondents felt the team should comprise of four or more different specialists, and 56% believed care should be centralised either regionally or nationally. Conclusions: Thoracic endometriosis is poorly screened for amongst clinicians with varied management lacking a common diagnostic or therapeutic

pathway in the United Kingdom. Specialists expressed a preference for women to be managed in a large multidisciplinary team setting at a regional or national level.

[Rethinking endometriosis care: applying the chronic care model via a multidisciplinary program for the care of women with endometriosis](#)

Item Type: Journal Article

Authors: Agarwal, Sanjay K.;Foster, Warren G. and Groessl, Erik J.

Publication Date: 2019

Journal: International Journal of Women's Health 11, pp. 405-410

Endometriosis is a chronic, painful disease without a cure. Due largely to chronic pain, endometriosis can lead to significant physical, mental, relationship, and financial burdens. Within the conventional single provider model of care-in which the patient is primarily taken care of by her physician and complementary strategies based on psychology, nutrition, pain medicine, pelvic physical therapy, and so on may not be readily available in a coordinated manner-most women with endometriosis live with unresolved pain and the consequences of that pain. We therefore propose that there is an urgent need to search for alternative models of care. In the current paper, we discuss our experiences with an model of care in which we adopt a long-term, patient-focused, and multidisciplinary chronic care model for women with endometriosis. Our objective is to improve long-term clinical outcomes for women with endometriosis. For geographical areas and healthcare systems in which it is feasible, we propose consideration of this multidisciplinary model of care as an alternative to the single provider model and offer guidance for those considering establishment of such a program. We also initiate a conversation about which clinical outcomes pertaining to endometriosis are important and should be tracked to assess the efficacy and value of multidisciplinary and other

endometriosis healthcare models.

The role of the multidisciplinary team in the management of deep infiltrating endometriosis

Author(s): Ugqumadu et al.

Source: Gynaecological Surgery 14(15)

Publication date: 2017

The multidisciplinary team (MDT) is considered good practice in the management of chronic conditions and is now a well-established part of clinical care in the NHS. There has been a recent drive to have MDTs in the management of women with severe endometriosis requiring complex surgery as a result of recommendations from the European Society for Human Reproduction and Embryology (ESHRE) and British Society for Gynaecological Endoscopy (BSGE). The multidisciplinary approach to the management of patients with endometriosis leads to better results in patient outcomes; however, there are potentially a number of barriers to its implementation and maintenance. This paper aims to review the potential benefits, disadvantages and barriers of the multidisciplinary team in the management of severe endometriosis.

Diagnostic delay for superficial and deep endometriosis in the United Kingdom.

Item Type: Journal Article

Authors: Ghai, Vishalli;Jan, Haider;Shakir, Fevzi;Haines, Pat and Kent, Andrew

Publication Date: Ja ,2020

Journal: Journal of Obstetrics & Gynaecology 40(1), pp. 83–89

A Cross-sectional study was undertaken at a specialist centre in the United Kingdom investigating duration and causes of delay in the diagnosis of endometriosis. One hundred and one women completed a self-reported questionnaire containing 20 items about their psychosocial, symptoms and experiences. The statistical analysis included a Mann-Whitney *U* test. A *p* value of

.05 was considered statistically significant. The Spearman's rank correlation was also calculated. Overall, there was a median delay of 8 years (Q1-Q3: 3-14) from the onset of symptoms to a diagnosis of endometriosis. Factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and the attitudes of health professionals contributed to a delayed diagnosis (*p* values<.05). There was a negative correlation indicating the earlier the onset of symptoms, the greater the delay to diagnosis (Spearman's Rank Correlation Coefficient -0.63, *p*<.01). The results of this study highlight a considerable diagnostic delay associated with endometriosis and the need for clinician education and public awareness. Impact statement What is already known on this subject? The diagnostic delay of 7-9 years with endometriosis has been reported globally. In an effort to standardise surgical treatment, improve outcomes, and shorten delays specialist endometriosis centres were introduced in 2011. There has been no recent quality improvement assessment since the establishment of such centres. What do the results of this study add? This is the most recent evaluation in the United Kingdom since the introduction of specialist endometriosis centres. There is a considerable diagnostic delay associated endometriosis in the United Kingdom with a median of 8 years. The delays seem not to have improved over the last two decades. We have identified medical and psychosocial factors that may contribute to such delays. These include factors such as menstrual cramps in adolescence, presence of rectovaginal endometriosis, normalisation of pain and attitudes of health professionals contribute to a delayed diagnosis.What are the implications of these findings for clinical practice and/or further research? The results of this study, highlight the need for clinician education and public awareness to decrease the long term-morbidity and complications that result from untreated endometriosis.

Health, wellbeing and morale

["Things cannot remain as they are": UK's top obstetrician on staff morale.](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Wilkinson, Emma

Publication Date: 2024

Journal: Bmj 386(8438), pp. 138–139

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Learning from Covid-19

[The effect of the measures taken during the coronavirus pandemic on specialty trainees in obstetrics and gynaecology in the United Kingdom: an online questionnaire survey in one region.](#) Abstract only*

Item Type: Journal Article

Authors: Elghobashy, Mirna; Stout, Annabel; Hatti, Archana; Smotra, Grisham and El-Ghobashy, Alaa

Publication Date: Jun 2022

Journal: Journal of Obstetrics & Gynaecology 42(5), pp. 1455–1460

The coronavirus pandemic (COVID-19) has had unprecedented effects on healthcare delivery. A 34-question online survey was

sent to obstetrics and gynaecology trainees within the West Midlands to assess the impact of the pandemic on training, working practices and well-being. 101 responses were received from obstetrics and gynaecology trainees. Trainees reported a significant reduction in both elective and emergency surgeries as well as outpatient clinics. Over one third of respondents felt additional training time may be required following reduction of clinical opportunities. 44% of trainees felt their workload increased significantly. 55% of trainees felt the pandemic had a significant negative impact on their physical and mental well-being. Obstetrics and gynaecology trainees in the West Midlands have adapted to the challenges of the COVID-19 pandemic despite significant impact on their training, working practices and wellbeing. It is important to tailor training to improve trainees' education and combat lost training time during the pandemic. This should be considered for long-term shaping of the obstetrics and gynaecology training pathway.

Multidisciplinary working

[Impact of single multidisciplinary triage system and straight to test process evaluation at Surrey integrated musculoskeletal services.](#) Abstract only*

Item Type: Journal Article

Authors: Nalajala, Narender; Panchal, Mitesh and Gotting, Laura

Publication Date: 2023

Journal: Journal of Integrated Care 31(2), pp. 146–157

Purpose: Orthopaedics, rheumatology, pain management, specialist radiology and therapy services were brought under one umbrella to form Northwest Surrey integrated musculoskeletal (IMSK) services and introduced advanced clinical practice, a multi-disciplinary team triage with a formalised straight to test (STT) process defined in 2018. Historically, prior to these services' integration, there were a primary and second care triage systems within individual specialities. The aim of this

service evaluation is to assess the impact of a single IMSK multidisciplinary triage (MDT) system and the efficacy of STT from triage, which allows patients to be sent for diagnostics based on the cluster of symptoms and past medical history in order to achieve early identification of serious pathologies. This is a complex adaptive system with pathways spanning into the core areas of orthopaedics, rheumatology, therapies, pain management services, radiology and some less frequent specialities such as neurology, oncology, vascular and gynaecology. One of the objectives of this study was to identify how many referrals were triaged to consultants, Advance practice and therapies. In addition, the authors wanted to highlight the proportion of referrals that were sent straight to test from triage and the percentage of these that had sinister pathology identified. This information would then be compared against existing red flag literature to identify common themes. This study aims to discuss the aforementioned objectives.

Design/methodology/approach: Data were extracted retrospectively from a hospital database from January to December 2019 for all the adult musculoskeletal service referrals. The data collected were analysed on a Microsoft Excel sheet with information including date of triage, hospital number, ordering clinician, body part, type of diagnostic, indications for scanning, outcome for STT, serious pathology findings (named code 5 within our trust) and outcome of appointment.

Findings: A total of 47,039 referrals were received into the IMSK service. Of these referrals 19,967 were directly referred to therapies, with 27,072 referrals received into the IMSK service MDT process. Within triage, 718 patients were directed to STT to rule out serious pathology. A total of 28 patients (3.9%) had sinister pathology identified on their investigation. A total of 46% of patients were discharged from their first consultation following STT. Overall, 50% of the total number of referrals into the IMSK service was seen by advanced practitioners with 16% of patients directed to consultants with pre-consultation diagnostic work up.

Originality/value: This service evaluation highlights that STT allows early access to diagnostics, resulting in quicker access to identification of sinister pathology. A one stop MDT system has been shown to be effective in guiding the referral to the right place with increased referrals into allied health advance practice clinics and access to therapies directly. It has resulted in a reduction of unwarranted referrals to consultant care, duplication of investigations and identified patients on multiple pathways.

Primary Care

[Understanding primary care perspectives on supporting women's health needs: a qualitative study](#)

Author(s): Toye et al.

Source: British Journal of General Practice 73(735)

Publication date: 2023

Background A consultation for the Women's Health Strategy for England in 2022 highlighted a need to understand and develop how general practice can support women's health needs. **Aim** To understand the perspectives and experiences of primary care practitioners (PCPs) about supporting women's healthcare needs. **Design and setting** Interpretive qualitative research set in general practice in England. **Method** PCPs working in general practice settings were recruited through research and professional networks. Semi-structured interviews were conducted via telephone or Microsoft Teams, audiorecorded, transcribed verbatim, and analysed through reflexive thematic analysis. **Results** In total, 46 PCPs were interviewed. Participants had a range of roles and worked in a variety of primary care settings. Results are presented within six themes: 1) being alongside a person from cradle to grave; 2) maintaining the balance between general and specialist skills; 3) generalists and specialists combined make more than the sum of their parts; 4) striving for equity in a collapsing system; 5) firefighting with limited resources; and 6) the GP is being cast as the villain.

Conclusion The findings show that relationships and advocacy are valued as fundamental for women's health in general practice, and highlight the adverse impact of threats to these on staff and services. Developing specialist roles and bespoke services can foster staff wellbeing and could support retention. However, care is needed to ensure that service configuration changes do not result in clinician deskilling or rendering services inaccessible. Care is needed when services evolve to ensure that core aspects of general practice are not diminished or devalued. GP teams are well placed to advocate for their patients, including commitment to seeking equitable care, and these skills and specialist knowledge should be actively recognised, valued, and nurtured.

Productivity and Efficiency

[The blind spot: value-based health care in obstetrics and gynaecology](#)

Item Type: Journal Article

Authors: Naji, Osama;Souter, Vivienne;Mullins, Edward;Gaughran, Jonathan;Diab, Yasser;Fitzgerald, J. E.;Bourne, Tom and Morris, Edward

Publication Date: 2022

Journal: *Obstetrician & Gynaecologist* 24(1), pp. 67–72

Abstract: Key content Continuing financial constraints on the UK's National Health Service means the need for clinicians to provide high-quality care in a cost-effective way has never been greater. While the medical education system equips doctors with skills to provide safe clinical care, it should also provide an understanding of healthcare costs and cost-effectiveness analysis. Value-based care is becoming a key paradigm in women's health services, where clinicians must employ strategies for delivering value, rationalising costs and capitalising on the use of emerging technologies. The calculation of value of an intervention for providers and service users may differ; care

must be taken to ensure this concept is adapted for, and not imposed on healthcare systems. Engaging trainees in systems transformation and embedding the concepts of 'do no financial harm' are essential to ensure sustainable healthcare services. Learning Objectives: To understand the principles of value-based health care. To highlight the importance of adopting 'cost-conscious' care within daily clinical practice. To learn the differences between 'cost', 'charge', 'price' and 'reimbursement'. To encourage developing value-based competencies for future medical workforce through utilising out of programme placements and digital resources. Ethical Issues: The ethical obligation of clinicians to consider cost may encompass justice and equity. However, the impact of practicing value-based health care is yet to be evaluated.

Recruitment and Retention

[A qualitative review of challenges in recruitment and retention in obstetrics and gynecology in Ireland: The consultants' solution based perspective.](#)

Item Type: Journal Article

Authors: McCarthy, Claire M.;Meaney, Sarah;O'Sullivan, Suzanne;Horgan, Mary;Bennett, Deirdre and O'Donoghue, Keelin

Publication Date: 2022

Journal: *PLoS ONE [Electronic Resource]* 17(12), pp. e0279635

Aim: Recruitment and retention remains a concern in obstetrics and gynecology, with consultants having a unique perspective on the daily challenges. We aimed to examine these and examine their solutions to future-proofing the workforce. Methods: Primary data were collected from consultant obstetrician-gynecologists in the Republic of Ireland. Using a qualitative methodology, semi-structured interviews were conducted with 17 participants

recruited through purposive sampling. Following transcription, deductive content analysis was conducted to identify themes and categories with respect to challenges and solutions in the specialty. Results: Findings revealed four superordinate themes of professional and personal factors, opinions of the specialty and the role of the consultant. Respondents expressed fear about low morale in the specialty, but also threats posed by resource availability and training limitations, in addition to medico-legal and media challenges. Solutions centered around re-evaluating training pathways and implementing improved advocacy and support structures for the specialty and for those working within it. Conclusions: This study provides a unique standpoint from which to explore an international in obstetrics and gynecology. Its solution-based outlook provides the framework to implement changes to protect and retain the current workforce as well as future-proofing recruitment to secure the specialty.

Surgery

[Urological procedures performed by gynecologists: Activity profile in a gynecological surgery department, 10-year observation cohort](#) Abstract only*

Item Type: Journal Article

Authors: Lecointre, Lise;Buttignol, Megane;Faller, Emilie;Boisrame, Thomas;Martel, Camille;Host, Aline;Gabriele, Victor and Akladios, Cherif

Publication Date: 2023

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 288, pp. 204-210

INTRODUCTION: The proximity of the urinary tract to the female genital tract explains its possible involvement in pelvic gynaecological cancer or deep endometriosis. Surgical treatment

is aimed at improving overall survival and recurrence-free survival of patients, as well as restoring normal anatomy and functional integrity depending on the pathology. These operations are accompanied by significant post-operative complications. Thus, the urological procedures performed must be rigorously justified, and the different resection and reconstruction techniques adapted to the pathology and the level of infiltration., OBJECTIVE: To describe the activity profile, over the last ten years, of a gynaecological surgery department in terms of urological procedures in the management of patients with deep endometriosis and pelvic carcinolgy., STUDY DESIGN: This is a monocentric retrospective observational study, including all patients who underwent a urological procedure by a gynaecological surgeon only, as part of the management of pelvic gynaecological cancers or deep endometriosis, at the University Hospital Centre (CHU) of Strasbourg, between January 1st 2010 and April 31st 2021. The variables studied were early postoperative complications, the rate of surgical reintervention, operating time, length of hospital stay, the need for peri-operative drainage or transfusion, and post-operative functional disorders., RESULTS: A total of 86 patients were included, 27 in the pelvic gynaecological cancer group and 59 in the deep endometriosis group. 61.6% of patients received uretero-vesical catheterization, 60.5% partial cystectomy, 10.5% psocic bladder ureteral reimplantation, and 3.5% trans-ileal Bricker skin ureterostomy. The mean operating time was 316 min in the pelvic gynaecological cancer group and 198.9 min in the deep endometriosis group. The average hospital stay was 11.5 days, 22.3 days for patients treated for pelvic cancer and 6.3 days for those treated for endometriosis. The rate of minor post-operative complications was 8.2% of cases, and major post-operative complications 17.4% of cases, the majority of which were in the gynecological cancer group. There were no cases of intra- or early post-operative death. Early postoperative urinary complications affected 14.0% of the

total patients, mostly in the gynaecological cancer group with 33.3% of patients, but only 5.1% of patients in the deep endometriosis group. The total reoperation rate within 60 days postoperatively was 15.1%, 40.7% for patients treated for gynaecological cancer and 3.4% for those treated for deep pelvic endometriosis. The rate of reoperations for urinary complications was 11.6% of total patients, or 76.9% of total reoperations. 15 patients received labile blood products intra- or postoperatively, 11 in the pelvic gynaecological cancer group and 4 in the endometriosis group., CONCLUSION: Our overall results appear comparable to those reported in the literature and are particularly satisfactory in terms of post-operative complications after partial cystectomy in the management of deep endometriosis compared to other gynaecological departments. This work encourages us to continue and improve the training of gynaecological surgeons in terms of multidisciplinary surgical procedures, including urological ones, to obtain a global vision of the pathology and to allow an optimal quality of care for the patients. Copyright © 2023 Elsevier B.V. All rights reserved.

Technology

[An innovative outpatient monitor service for gynecological patients in the United Kingdom: Case study evaluation of clinical effectiveness, economic outcomes, patient safety, and service improvement.](#) Abstract only*

Item Type: Journal Article

Authors: Tinelli M.;Jackson A.;Siddique S. and Hamilton, B.

Publication Date: 2021

Journal: International Journal of Health Planning and Management (pagination), pp. Date of Publication: 2021

Background: Failure to attend appointments places a huge strain on health care systems around the world, resulting in poorer care for the patients, waste of staff time and increased waiting times. This study looked at the impact of an Outpatient-Monitor-Service

(OMS) on clinical, economic, patient safety and service improvement outcomes in gynaecology patients compared with care as usual (with no access to the OMS). Methods: We conducted a retrospective match-pair controlled study at a London-based hospital. The cohort included adult women who received either (i) gynecological, (ii) hysteroscopy or (iii) vulval procedures. A cost-consequences analysis compared intervention (who received the OMS) with control (historical cases who did not receive the OMS). Main outcome measures were clinical-effectiveness, NHS-cost, patient safety, and service improvement. Results: The intervention had positive impacts spanning clinical, patient safety and service improvement areas and showed cost saving results for the healthcare in terms of reduced follow-up consultations and did-not-attend occurrences. Conclusions: The OMS offered by Message Dynamics appears to be a successful digital health technology to monitor gynecological patients' conditions and inform clinical decision making via remote channels, which is particularly relevant in coronavirus disease pandemic.

Women's Health Hubs

[Women's Health Hubs: a rapid mixed-methods evaluation.](#)

Item Type: Journal Article

Authors: Daniel, Kelly;Bousfield, Jennifer;Hocking, Lucy;Jackson, Louise and Taylor, Beck

Publication Date: Se ,2024

Journal: Health and Social Care Delivery Research 12(30), pp. 1–138

Background: Women's sexual and reproductive health needs are complex and vary across the life course. They are met by a range of providers, professionals and venues. Provision is not well integrated, with inequalities in access. In some areas of the United Kingdom Women's Health Hubs have been established to improve provision, experience and outcomes for women, and to

address inequalities and reduce costs. These models were established prior to the national implementation of Women's Health Hubs announced in the English 2022 Women's Health Strategy. Objective: To explore the 'current state of the art', mapping the United Kingdom landscape, and studying experiences of delivering and using Women's Health Hubs across England, defining key features and early markers of success to inform policy and practice.

eLearning

[Endometriosis](#) Free for RCGP members

Source: Royal College of General Practitioners

This half-hour course aims to promote awareness of the symptoms of endometriosis. Using the NICE guidance as a key reference, investigation and treatment will be discussed as well as when to refer to secondary care. A case study will illustrate common issues with diagnosis and treatment, from early presentation in the teens through to later life, fertility issues and subsequent surgery.

Competency Frameworks

[Gynae-oncology Nurse Competency Framework](#)

Source: British Gynaecological Society

Publication date: February 2024

Executive Summary This competency framework has been written by members of the British Gynaecological Cancer Society (BGCS) Nursing Forum and is based on the MacMillan Competency Framework for Nurses. It incorporates gynae-oncology specific competencies on all five gynaecological cancers. Whilst they are not an exhaustive set of competencies, they will help registered nurses to support people affected by

gynaecological malignancies. This competency publication provides a: • Framework for career development, training and education for nurses who are engaged in providing care to people affected by gynaecological cancers. • Point of reference to help identify and develop the knowledge, skills and competencies required by nurses in this highly specialist field. This enables nurses to identify gaps in their knowledge and support action and learning development plans.

[Standards for Gynaecology Care \(PDF\)](#)

Source: Royal College of Obstetrics and Gynaecology

Publication date: 2016

IN 2015, the RCOG established the Safer Women's Health Care working party to identify the workforce and service standards needed to deliver safe, high-quality maternity and gynaecological care. This report is the output of the gynaecology standards work stream. It sets out a framework for commissioners and service providers of high-level service standards that aim to improve outcomes and reduce variation in gynaecological care. There is also an accompanying framework for maternity services. The framework is a progression of the national standards for gynaecological care published by the RCOG in 2008. The 2008 document covers a mixture of clinical and organisational standards and continues to be a highly relevant reference resource for service providers, commissioners, healthcare professionals and for women, and for quality improvement in UK gynaecological care. However, health care provision is changing rapidly, so this new framework for gynaecology service standards builds on the 2008 document to offer providers and commissioners a contemporary structure for the delivery of quality improvement and safe care in gynaecology.

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