DRAFT 5

Achieving Curriculum Competencies in the Management of Bladder and Bowel Health

Guidance for Trainees, Supervisors and ARCP panels

Bladder and Bowel health is a core subject area within the curriculum for higher specialty training in Geriatric Medicine (Section 3.4). There is a specific curriculum grid summarising the knowledge, skills and behaviours required of the trainee.

"To have the knowledge and skills required to assess and manage urinary and faecal incontinence"

Background

Bladder and bowel health, especially continence, is a 'Geriatric Giant'. The quality of care is directly linked to preserving the dignity and humanity of our patients as well as improving health outcomes. The priority attributed to bladder and bowel health is reflected in several national frameworks across the UK emphasising the need for improved care and integrated services for older adults.

In England and Wales, NICE quality standards, NHS England frameworks (e.g. EHCH), National Service Frameworks Wales, explicitly address continence care. In Scotland, strategies such as the Health and Social Care Strategy for Older People and *My Health, My Care, My Home* highlight dignity, person-centred care, and proactive continence promotion to prevent complications.

Despite these frameworks, continence care for frail older adults remains inadequate, with national audits indicating systemic issues - variable service integration, insufficient staff training, inequality in access for patients and overreliance on containment products rather than rehabilitation.

In frail older people with multi-morbidity, other conditions often take precedence over bladder and bowel health, and assumptions made that 'little can be done'. In this group of people, incontinence is the coalescence of multiple factors on multiple levels – hence the traditional term "Geriatric Giant".

The British Geriatrics Society has recognised the need for improvements in bladder and bowel care and has supported the development of learning resources.

Curriculum Competencies

All Geriatricians require competencies in bladder and bowel assessment and management to appropriately and holistically manage older people across inpatient, outpatient and community settings.

Approximately 30-40% of the Geriatrician`s case-mix will have bladder and/or bowel issues. This is the commonest "syndrome" encountered and is highly prevalent within our general (inpatient and community) services as well as within our Stroke, Movement Disorders, Orthogeriatics and Memory Services.

Given the prevalence and impact on health and well-being, it is vital that **all** Geriatricians have the skills to assess and manage bladder and bowel health across settings. In addition, the ability to establish good working relationships with linked professionals is essential for learning, skills development, and formulating individualised patient plans using an MDT approach.

The 2022 Geriatric medicine JRCPTB Curriculum requires all trainees to have training. It also offers an additional **optional higher level themed for service CiP (Section 3.5)** for those trainees who wish to attain a more in-depth level of knowledge and expertise.

There is considerable variation across the UK training sites regarding both time spent and availability of training opportunities in bladder and bowel health. Our recent survey of Training Programme Directors (2025) suggests that 70-80% Deaneries can provide some form of continence training (this can however be rotation/placement dependent) and only 30% are able to provide themed for service training.

Learning about bladder and bowel health should not be viewed as ticking a few boxes and observing another specialist e.g. specialist nurse on a couple of occasions. It is about the trainee developing and demonstrating independent skills that they can apply in clinical practice and into their consultant life.

We have developed this guidance to supplement both section 3.4, and section 3.5 of the curriculum. This is in part a response to trainees and trainers specifically seeking this support. It can be used by the trainee and educational supervisor to help guide and set up an adequate training experience/programme. The trainee could also use this framework to document experiences and learning within the portfolio.

Achieving Section 3.4

The knowledge areas are summarised in the grid below.

Continence To have the knowledge and skills required to assess and manage urinary and faecal incontinence	Effects of ageing on the urogenital tract Assessment of patients with urinary and faecal incontinence (including history, physical examination, medication review, voiding chart, performing bladder scans, principles of urodynamics) Development of a management plan, including pharmacological and non-pharmacological interventions Multidisciplinary approach (continence nurse specialist, physiotherapist, urogynaecologist, proctologist)	Urinary incontinence Faecal incontinence Epidemiology, risk factors and causes Conservative management strategies (e.g. fluids, timing, environment) Pharmacological treatments Behavioural treatments Surgical treatments Catheters and devices Padding (including different types of pads, absorbency, local arrangements for use) and other equipment	GPC CiP 3 IM CiPs 2,3,4,6; Ger Med CiPs 1-5

The following are **suggestions** as to how the trainee can achieve the clinical competencies relating to the knowledge areas.

We would advise **real cases** as the starting point to acquire competencies.

- Undertake a full history (collateral if required) and relevant general physical examination in several patients with different types of incontinence and across settings - log cases
- Undertake basic examination of external and internal genitalia, recognising presence of prolapse and other genital skin conditions
- Understand the value/limitations of a frequency chart/ frequency-volume chart
- Understand the value/limitations of dipstick urinalysis and MSU culture. Understand the complexities around the diagnosis and treatment of urinary infections and the presence of asymptomatic bacteria
- Understand the indications for portable bladder scanning and how to undertake this (DOPS)
- Undertake specific Medication Reviews in relation to urinary incontinence (suggest at least 3 Medication Reviews documented in the Portfolio)
- Acquire knowledge of pharmacotherapies for managing overactive bladder syndrome – eg anti muscarinics and beta3 agonists. Knowledge of doses (and dose adjustments), interactions and side effects. Consider logging cases to demonstrate this learning
- Acquire working knowledge of behavioural interventions – bladder retraining, pelvic floor exercises, prompted voiding, timed toileting and when appropriate to recommend each of these
- Acquire knowledge of common vulval and vaginal conditions which may mimic symptoms of infection eg atrophic vaginitis, infective vaginosis, lichen sclerosis
- Acquire knowledge of benign prostatic hypertrophy

- Acquire working knowledge of aids and appliances – mobility and transfer aids, urinals, sheath catheters, other body-worn devices, catheter products. Consider reflecting on these within the e portfolio. This is an important area in the frail older person.
- Acquire working knowledge of containment products – types of pads, absorbency, how assessments are undertaken
- Acquire knowledge of Urinary Catheters – types and indications for use. Awareness on local policies and usage. Consider reflecting on this.
- Acquire an understanding the principles of urodynamics – experience is not required
- Acquire knowledge relating to minimally invasive therapies available for stress and urge incontinence i.e. intramural bulking agents and Botox and who to refer
- Completion of all the BGS Bladder and Bowel e-learning modules with reflections to demonstrate learning

<u>How to achieve these skills:</u>

- We would recommend working within a bladder or bowel focused clinic with a Geriatrician/Gynaecologist/Urogynaecologist/Urologist/ Colorectal surgeon or any combination thereof aiming to undertake assessments with increasing independence.
- Aim for 8+ clinic sessions over your training period and to become increasingly independent in taking a relevant history, examination and formulating an initial treatment plan and then discussing with the supervising consultant.
- List of suggested clinics below:

    - **Geriatrician led / Frailty continence clinic**
    - **Urogynecology, Urology, pessary and tertiary MDT clinics**
    - **Vulval clinics (via Gynaecology or Dematology)**
    - **Colorectal faecal incontinence clinics, MDT and SNS clinics**
    - **Community continence specialist nurse clinics – bladder and bowel**
    - **Specialist pelvic floor physiotherapy clinics**

- *In addition* (not instead) working alongside specialist nurses within local continence advisory services - at least 2-3 clinic sessions.

Achieving Section 3.5 Themed for service CiP

The knowledge areas are summarised in the grid below

Continence Able to assess patients with urinary and faecal incontinence and is able to provide a continence service for a specific patient group in conjunction with specialist nursing, therapy and surgical colleagues	Effects of ageing on the urogenital tract Detailed assessment of patients with urinary and faecal incontinence (including history, physical examination, voiding chart, bladder scanning, principles of urodynamics) Use of multichannel cystometry Treatment options for patients with bowel and bladder problems (including knowledge of relevant national and international guidelines for the management of continence in older people) Development of a management plan, including pharmacological and non-pharmacological interventions Referral of appropriate patients for surgery or botox therapy Multidisciplinary approach (continence nurse specialist, physiotherapist, urogynaecologist, proctologist) Implementation and development of integrated continence services	Urinary incontinence Faecal incontinence Epidemiology, risk factors and causes Neurogenic bladder Bladder outflow obstruction Bladder instability Pharmacological treatments Behavioural treatments Surgical treatments Catheters and devices Padding and other equipment Ability to perform bladder scans and understand urodynamic testing to International Continence Society standard Interpretation of the results of investigation, including multichannel cystometry and anal ultrasound and manometry

To achieve the themed for service CiP, we would **advise all the listed recommendations for section 3.4** and **in addition**:

- A higher number of clinics/more time working within a bladder or bowel focused clinic with a Geriatrician/Gynaecologist/Urogynaecologist/Urologist/ Colorectal surgeon or any combination thereof.
- A higher number of clinics/more time with local continence advisory service. This could include community care home liaison continence nurse shadowing.
- A minimum guide of around 15-20 sessions dedicated to incontinence. Clinics highlighted in **bold** should be attended at least twice each.
- An attempt to arrange a regular more condensed pattern of clinic attendance over a 3-6 month period to allow opportunity for follow up / continuity of care / following patient journey.
- An understanding of when it is appropriate to refer patients to urogynaecology / urology / colorectal for consideration of surgery and minimally invasive procedures.
- Logging of increased numbers of cases and more in-depth analyses - CBDs / Mini CEXs /Reflections, focusing on cases covering the main bladder and bowel health issues viz. Stress Incontinence, Overactive bladder syndrome / urge incontinence, vaginal prolapse, recurrent urinary tract infection, nocturia. Faecal incontinence.

- Evidence of reflective practice around the topic of bladder and bowel health
- An understanding of differences in practice across the UK in delivery of bladder and bowel services and consider how one might apply bladder and bowel assessments across a variety of settings e.g. wards vs clinic vs community/intermediate care vs care homes and the specific challenges in each of these settings.
- A recognition of the need to case find and advocate for our frail patients with bladder and bowel health problems
- Completion of all the BGS Bladder and Bowel e-learning modules with reflections to demonstrate learning
- Attendance at least one local, regional or national meeting focused on bladder or bladder health
- Completion of a QiP or audit project focused on the theme of bladder and bowel health with the aim of presenting locally or nationally (eg BGS / BGS SIG Meeting)
- If possible, actively seek opportunity to attend a dedicated fellowship time/ visit at one of our recommended centres of excellence

Dr Rhian Morse and Dr Aine McGovern for the SAC Geriatric Medicine – November 2025

Plans going forward :

1. Continue to work with the Specialist Advisory Committee in Geriatric Medicine to improve training across regions. SAC has supported the introduction of this guidance.

2. Distribute the guidance to all trainees in geriatric medicine and TPDs across the UK.

3. Share survey results viz 70-80% regions can provide training in basic continence management, approx 30% can offer Themed for Service level training. BGS UK April 2026 Meeting. How do we address this?

4. Develop a register and network of centres across the UK where there are Geriatrician led Continence clinics/services.

5. Identify centres which can support Themed for Service Trainees from outside Deanery

6. Explore funding opportunities within Deaneries/BGS/Other charitable organisations to support trainees in gaining experience outside of Deanery

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