



Pelvic, Obstetric and Gynaecological Physiotherapy Competencies

Initial Review date:

Supervisee Signature:

Supervisor Signature:

Final review date:

Supervisee Signature:

Supervisor Signature:



Contents

How to use this Competency Document	3
Core Clinical Competencies for all Physiotherapists	4
Obstetric Physiotherapy Competencies	8
Urinary and Gynaecological Physiotherapy Competencies	14
Bowel Physiotherapy Competencies	23
Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies	28
Appendix 1: Action Plan	35
Appendix 2: Evidence Levels	36

How to use this Competency Document

- This is intended as a broad template across multiple specialties in pelvic health physiotherapy. You and your employer/supervisor will need to identify the relevant sections to your role.
- This is not a replacement for job descriptions or person specifications, although it may be used to help write these.
- The POGP accepts no liability for omissions or for entries that do not reflect your role.
- Please review this competency checklist upon starting your post. This should be reviewed jointly with your supervisor as part of your induction and initial personal development plan. Key competencies relevant to the role should be identified and agreed within the induction process, with a clear action plan for signing these off in the first 3 months, or agreed reasonable timescale.
- Beyond this, the document will be a tool to highlight areas for improvement and development with the aim to complete the relevant competencies within timescales agreed with your supervisor and employer.
- Your supervisor will highlight the expected minimum level of competency for your role and grade. Please write in these boxes what type of evidence has been used to demonstrate achievement of the competency level. Links for this evidence can be added to the evidence boxes if wished, but this document is not designed to hold the detailed evidence itself. See Appendix 2 for further information on evidence levels.
- All evidence must be anonymised and comply with local data protection policies and laws.
- Where competency is not achieved within the agreed timescales, a development plan must be put in place.

Note:

This is the first version published, and we know it does not cover all aspects of Pelvic Health Physiotherapy.

Please send feedback to the below address for future editions info@thepogp.co.uk and education@thepogp.co.uk

Version number: 1
Date published: January 2025
Date due for review: January 2026

Core Clinical Competencies for all Physiotherapists

These eight Core Clinical Competencies must be demonstrated by all physiotherapists working in the field of Pelvic, Obstetric and Gynaecological Physiotherapy. These competencies should form part of the initial induction and training, and should be signed off within the first 3 months of starting the role. They may be reviewed as part of the annual review process to provide ongoing assurance.

	Core Clinical Care Standard	Date completed and signed off by
	Standard 1: Understanding Own Role	
S 1.1	Meets the scope, duties and responsibilities of their role and complies with the Health and Care Professions Council's <i>Standards of Proficiency</i> .	
S 1.2	Works in ways that have been agreed with their employer.	
S 1.3	Has completed Incident Reporting Systems and Freedom to Speak Up trainings, or local equivalent, and is able to report and raise concerns appropriately.	
S 1.3	Works in partnership with others, understanding the roles of other members of the multidisciplinary team and delegating appropriately. Note any significant departments, clinicians or individuals relevant to this post and their contact details.	
	Standard 2: Personal Development	
S 2.1	Reflects on own practice appropriately and identifies sources of support for own learning and development.	
S 2.2	Actively participates in sufficient clinical supervision. Contributes to their personal development plan.	
S 2.3	Keeps evidence log of Continuing Professional Development which may be produced for audit if requested.	
S 2.4	Disseminates learning from training and experience to the team as appropriate.	

	Core Clinical Care Standard	Date completed and signed off by
	Standard 3: Duty of Care	
S 3.1	Demonstrates a duty of care in their work and seeks support and advice with dilemmas that can arise, in line with local policy.	
S 3.2	Manages risks in patient care. Has completed safeguarding training, is alert to signs of abuse and understands relevant processes, in line with local policy.	
S 3.3	Deals with comments and complaints in line with local policy.	
S 3.4	Demonstrates professional duty of candour and is accordingly open and honest about identifying where errors may have occurred. Deals with incidents, errors and near misses in line with local policy.	
S 3.5	Able to recognise and take appropriate action for safeguarding concerns in line with local policy, for example, but not limited to: domestic abuse, sexual abuse, trafficking, radicalisation, and female genital mutilation.	
	Standard 4: Equality, Diversity and Inclusion	
S 4.1	Has completed Equality, Diversity and Inclusion training, covering the needs and experience of a range of populations that may access their service, for example: transgender people, people from minority ethnic groups, and people living with disability, including non-visible disabilities.	
S 4.2	Practises in ways which recognises and proactively responds to health inequalities, respects diversity, protects against discrimination, and actively supports others to do the same.	
S 4.3	Able to signpost to appropriate resources for patients with language or communication needs, for example using the <i>Recite Me</i> tool on the POGP website.	

	Core Clinical Care Standard	Date completed and signed off by
	Standard 5: Person-centred care	
S 5.1	Supports and promotes patient’s individuality, independence and sense of identity and self-esteem when identifying therapy goals that will optimise present and future wellbeing and fulfilment, including end-of-life care where appropriate.	
S 5.2	Demonstrates personalised care by using a shared decision approach to support patient choice.	
S 5.3	Ability to provide patients with information on their condition and instructions for their management plan in a variety of ways, as suits the patient.	
	Standard 6: Communication	
S 6.1	Demonstrates effective communication at work with colleagues and patients, including around sensitive topics.	
S 6.2	Demonstrates ability to gain and document informed consent for assessment and treatment, including internal examinations and discussions around chaperones, if within scope.	
S 6.3	Meets the communication and language needs, wishes, and preferences of individuals, including identifying the need for interpreters, and adapts own communication accordingly.	
S 6.4	Have knowledge of trauma-informed care in relation to sensitive assessments and internal assessments.	
S 6.5	Has completed appropriate local training on documentation and communication systems.	
S 6.6	Works in accordance with local policy and national regulations for record keeping and maintains confidentiality and data protection at all times.	
S 6.7	Writes contemporaneous, succinct and appropriate clinical records and reports, including using local maternity notes systems, as appropriate.	

	Core Clinical Care Standard	Date completed and signed off by
	Standard 7: Privacy and Dignity	
S 7.1	Ensures that individuals' privacy is respected.	
S 7.2	Upholds the dignity of every individual, including respecting their views, choices, and decisions, not making assumptions, working with care and compassion, communicating directly with the individual whenever possible and supporting individuals in making informed choices about their care, in accordance with the Mental Capacity Act 2005.	
	Standard 8: Professional Autonomy and Accountability	
S 8.1	Recognises and takes personal responsibility for clinical decisions and actions which must be justifiable.	
S 8.2	Independently manages and prioritises caseload effectively at a level appropriate to level of seniority, always acting within scope of practice.	
S 8.3	Balances clinical and non-clinical responsibilities.	
S 8.4	Engages in evidence-based practice. Ensures that outcomes of therapy are monitored to guide quality assurance to ensure that clinical interventions are effective.	
S 8.5	Keep up-to-date with changes to local and national clinical guidelines and policies for all clinical areas of practice.	

Obstetric Physiotherapy Competencies

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
CK	Background Clinical Knowledge				
OB CK 1.0	Describe the physiological changes of pregnancy: hormones, cardiovascular, respiratory, and musculoskeletal, including the pelvic floor.				
OB CK 1.1	Describe pregnancy length in terms of trimesters and weeks.				
OB CK 1.2	Describe anatomy of the pelvis: bones, muscles, ligaments, organs, fascia, neural, and vascular structures.				
OB CK 1.3	Describe common musculoskeletal pathologies in pregnancy, such as: pelvic girdle pain, pregnancy-related lower back pain, diastasis recti, carpal tunnel syndrome, and plantar fasciitis.				
OB CK 1.4	Describe why supine lying is contraindicated in later pregnancy.				

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
OB CK 1.5	Describe pregnancy red flags such as: preeclampsia signs and symptoms, deep vein thrombosis signs and symptoms, lack of foetal movement, vaginal bleeding, itching, and abdominal pain.				
OB CK 1.6	Describe stages of labour and effect on the mother or birthing parent and baby.				
OB CK 1.7	Describe different methods of giving birth and how this may affect recovery: vaginal delivery, spontaneous vs induced, emergency vs elective caesarean, forceps, ventouse, episiotomy, perineal tears, medication.				
OB CK 1.8	Describe different methods of conception.				
OB CK 1.9	Describe different positions of the placenta and how this may affect physiotherapy.				

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
SK	Service Knowledge				
OB SK 1.0	Explain the service specification for the Obstetric physiotherapy service, with inclusion and exclusion criteria.				
OB SK 1.1	List local support networks and services available to antenatal and postnatal patients.				
OB SK 1.2	Demonstrate appropriate knowledge of pathways for serious pathology.				
OB SK 1.3	Demonstrate appropriate knowledge of management of safeguarding specific to obstetric care.				
OB SK 1.4	List local practitioners and pathways which refer to your service.				
AX	Clinical Assessment				
OB AX 1.0	Demonstrate ability to obtain an accurate and comprehensive obstetric past medical history.				

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
OB AX 1.1	Demonstrate ability to comprehensively screen for appropriate musculoskeletal and obstetric red flags.				
OB AX 1.2	Demonstrate how to screen for safeguarding concerns.				
OB AX 1.3	Demonstrate how to assess pelvic girdle pain in pregnancy (including sacroiliac joint pain and pubis symphysis pain) and alteration to the assessment process as pregnancy continues.				
OB AX 1.4	Demonstrate how to assess lower back pain in pregnancy and alteration to the assessment process as pregnancy continues.				
OB AX 1.5	Demonstrate how to assess carpal tunnel syndrome in pregnancy and alteration to the assessment process as pregnancy continues.				
OB AX 1.6	Demonstrate how to assess postnatal diastasis recti.				

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
T&M	Physiotherapy Treatment and Management				
OB TM 1.0	Demonstrate how to treat pelvic girdle pain in pregnancy (including sacroiliac joint pain and pubis symphysis pain) and alteration to the treatment process as pregnancy continues.				
OB TM 1.1	Demonstrate how to treat lower back pain in pregnancy and alteration to the treatment process as pregnancy continues.				
OB TM 1.2	Demonstrate how to treat postnatal diastasis recti.				
OB TM 1.3	Describe appropriate actions if patient has musculoskeletal or obstetric red flags.				
EP	Equipment Use / Provision				
OB EP 1.0	Describe equipment available within the department for staff and patients in obstetric physiotherapy care.				

	<i>Obstetrics Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
OB EP 1.1	Demonstrate ability to safely issue and instruct on use of prescribed equipment in your department. For example: elbow crutches, pelvic belts, tubigrip, wrist splints and other similar equipment.				

Urinary and Gynaecological Physiotherapy Competencies

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
CK	Background Clinical Knowledge				
UG CK 1.0	Define the types of urinary incontinence: Stress urinary incontinence (SUI); Overactive Bladder (OAB); Urgency; Urge Incontinence (UUI); Mixed Urinary Incontinence (MUI); Neurogenic Bladder; Overflow Incontinence; Nocturnal Enuresis; Nocturia.				
UG CK 1.1	Describe anatomy and physiology of the bladder, renal system, uterus, bowels, pelvic floor muscles, vulva and genital region.				
UG CK 1.2	Describe the risk factors for urinary dysfunction.				
UG CK 1.3	Discuss the benefits and risks of weight lifting, and general exercise on the pelvic floor.				
UG CK 1.4	List common bladder irritants.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG CK 1.5	List and describe the action of common medications used to treat bladder dysfunction.				
UG CK 1.6	Demonstrate knowledge of common urology investigations.				
UG CK 1.7	Describe how female genital mutilation (FGM) presents and the effect this can have on urinary continence.				
UG CK 1.8	Describe signs and symptoms of urinary and gynaecological red flag conditions, such as urinary tract infection, cancer, bladder injury, renal dysfunction, uncontrolled diabetes, unexplained vaginal bleeding, itching around the vulva, loss of architecture, abdominal pain.				
UG CK 1.9	Describe key symptoms and signs of pelvic organ prolapse.				
UG CK 2.0	Describe the key features of common gynaecological conditions such as fibroids, endometriosis and adenomyosis.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG CK 2.1	Understand the reasons for performing tests such as pelvic or abdomen ultrasound scans, trans-perineal ultrasound scans, trans-vaginal ultrasound scans, urinalysis and urodynamics.				
UG CK 2.2	Understand key surgical procedures used in gynaecology, such as pelvic floor repair, sacrospinous fixation, hysterectomy (total, subtotal, radical, and per vagina or per abdomen).				
UG CK 2.3	Understand the role of pessaries managing in pelvic organ prolapse.				
UG CK 2.4	Understand how prolapse may impact continence, including occult stress urinary incontinence.				
UG CK 2.5	Describe common medications used in the management of urinary and gynaecological disorders.				
UG CK 2.6	Describe medical procedures used to treat urinary incontinence, such as Botox or urethral bulking.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG CK 2.7	Describe common surgical options for the treatment of stress urinary incontinence.				
UG CK 2.8	Describe how bodyweight can affect urinary and gynaecological conditions.				
UG CK 2.9	Describe the impact of pregnancy and delivery on urinary and gynaecological anatomy.				
SK	Service Knowledge				
UG SK 1.0	Explain the service specification for the urinary dysfunction physiotherapy service, with inclusion and exclusion criteria.				
UG SK 1.1	Explain the service specification for the gynaecological physiotherapy service, with inclusion and exclusion criteria.				
UG SK 1.2	List local support networks and services available to patients including conservative and surgical options.				
UG SK 1.3	List local service available for bodyweight management.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG SK 1.4	Demonstrate appropriate knowledge of pathways for serious pathology.				
UG SK 1.5	Demonstrate appropriate knowledge of management of safeguarding in urology gynaecology.				
UG SK 1.6	List local practitioners and pathways which refer to your service.				
AX	Clinical Assessment				
UG AX 1.0	Demonstrate ability to obtain an accurate and comprehensive urogynaecological and obstetric past medical history.				
UG AX 1.1	Demonstrate ability to comprehensively screen for appropriate urinary and gynaecological red flags.				
UG AX 1.2	Demonstrate methods of assessing pelvic floor dysfunction, bladder and bowel dysfunction, and pelvic organ prolapse (excluding internal examinations).				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG AX 1.3	Demonstrate appropriate use and interpretation of a bladder diary/fluid volume chart.				
UG AX 1.4	Have an understanding of the POP-Q (Pelvic Organ Prolapse Quantification) system and interpretation of the results.				
UG AX 1.5	Demonstrate how to assess post-operative patients on a ward.				
TM	Physiotherapy Treatment and Management				
UG TM 1.0	Describe how to treat urinary dysfunction such as: Stress urinary incontinence (SUI); Overactive Bladder (OAB); Urgency; Urge Incontinence (UII); Mixed Urinary Incontinence (MUI).				
UG TM 1.1	Describe how to treat SUI.				
UG TM 1.2	Describe how to treat MUI.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG TM 1.3	Describe how to treat OAB.				
UG TM 1.4	Describe how to treat urgency and UUI.				
UG TM 1.5	Describe how to treat other common pathologies such as Neurogenic Bladder; Overflow Incontinence; Nocturnal Enuresis; Nocturia.				
UG TM 1.6	Discuss the advice regarding fluid input (types, volumes, timings etc.).				
UG TM 1.7	Demonstrate appropriate pelvic floor muscle exercise prescription.				
UG TM 1.8	Demonstrate ability to teach pelvic floor exercises correctly (without internal examination).				
UG TM 1.9	Demonstrate how to advise patients following gynaecological surgeries.				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
UG TM 2.0	Demonstrate how to teach pelvic floor muscle exercises (without internal examination) for patients with gynaecological conditions, adapted as needed post-operatively.				
UG TM 2.1	Understand how to advise patients on pessary options within your area of practice, including pathways to accessing a pessary.				
UG TM 2.2	Describe when onward referral would be appropriate for patients with urinary or gynaecological dysfunction.				
UG TM 2.3	Describe appropriate actions if a patient has any urinary or gynaecological red flags.				
EP	Equipment Use / Provision				
UG EP 1.0	Describe equipment available within the department for staff and patients in gynaecological physiotherapy care.				
UG EP 1.1	Demonstrate ability to safely issue and instruct on use of prescribed equipment in your department, such as continence aids, containment devices, biofeedback, transcutaneous electrical nerve stimulation				

	<i>Urinary and Gynaecological Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
	<p>(TENS), neuromuscular electrical stimulation (NMES).</p> <p><i>Please note: separate competencies for pessary prescription and management is available from the United Kingdom Continence Society and the POGP.</i></p>				

Bowel Physiotherapy Competencies

	<i>Bowel Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
CK	Background Clinical Knowledge				
BW CK 1.0	Describe the basic anatomy and function of the lower bowel.				
BW CK 1.1	Understand key bowel conditions such as rectal prolapse, posterior pelvic organ prolapse, and intussusception.				
BW CK 1.2	Describe defaecatory dynamics and the process of bowel emptying.				
BW CK 1.3	Understand the signs, symptoms and diagnosis of constipation, including the Rome III criteria.				
BW CK 1.4	Understand the symptoms of anal incontinence and the definitions of faecal incontinence versus anal incontinence.				

	<i>Bowel Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
BW CK 1.5	Describe bowel red flags such as: unexplained blood in the stools or on wiping, changes in bowel habits, unexplained weight loss.				
BW CK 1.6	Understand the tests that may be used in bowel assessment, including colonoscopy, stool sample tests, defecating proctogram, anal ultrasound.				
BW CK 1.7	Understand the different types of laxatives available and indications for use.				
BW CK 1.8	List and describe the action of commonly prescribed and over-the-counter medication used to treat and manage bowel function.				
BW CK 1.9	Understand the role of fibre and fluid in managing healthy bowels, and how to access evidence-based advice on diet and fibre.				
BW CK 2.0	Understand the optimal position to adopt for good bowel emptying.				

	<i>Bowel Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
SK	Service Knowledge				
BW SK 1.0	Explain the service specification for the bowel physiotherapy service, with inclusion and exclusion criteria.				
BW SK 1.1	List local support networks and services available to patients with bowel dysfunction.				
BW SK 1.2	Demonstrate appropriate knowledge of pathways for serious pathology.				
BW SK 1.3	Demonstrate appropriate knowledge of management of safeguarding in bowel care.				
BW SK 1.4	List practitioners and pathways which refer to your service.				

	<i>Bowel Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
AX	Clinical Assessment				
BW AX 1.0	Demonstrate ability to obtain accurate and comprehensive past medical history, including obstetric, urinary, gynaecological, and bowel history.				
BW AX 1.1	Demonstrate ability to comprehensively screen for appropriate bowel red flags.				
BW AX 1.2	Demonstrate how to assess the signs and symptoms of lower bowel dysfunction.				
BW AX 1.3	Demonstrate how to assess normal and abnormal bowel emptying patterns, including the use of a bowel diary and the Bristol Stool Scale.				
TM	Physiotherapy Treatment and Management				
BW TM 1.0	Demonstrate how to treat key symptoms and signs of lower bowel dysfunction related to anal incontinence.				

	<i>Bowel Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
BW TM 1.1	Demonstrate how to treat key symptoms and signs of lower bowel dysfunction related to constipation, including optimising defecatory dynamics.				
BW TM 1.2	Demonstrate how to teach pelvic floor exercises for lower bowel dysfunction (without internal examination).				
BW TM 1.3	Describe appropriate actions if patient has red flags.				
EP	Equipment Use / Provision				
BW EP 1.0	Describe equipment available within the department for staff and patients in bowel physiotherapy care.				
BW EP 1.1	Demonstrate ability to safely issue and/or instruct on use of prescribed equipment in your department. For example: footstools, vaginal splinting devices, anorectal inserts, irrigation, biofeedback, transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES).				

Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
CK	Background Clinical Knowledge				
DE CK 1.0	List vulvar, urinary, gynaecological and bowel red flags.				
DE CK 1.1	Describe the indications for performing a digital vaginal examination (DVE).				
DE CK 1.2	Identify the contraindications for a DVE				
DE CK 1.3	Identify the precautions for a DVE				
DE CK 1.4	Identify the risks of DVE (including psychological).				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
DE CK 1.5	Describe how the above (1.0-1.4) may differ during the antenatal and postnatal period.				
DE CK 1.6	Describe the indications for performing a digital anorectal examination (DARE).				
DE CK 1.7	Identify the contraindications for a DARE.				
DE CK 1.8	Identify the precautions for a DARE.				
DE CK 1.9	Identify the risks of DARE (including psychological).				
DE CK 2.0	Describe how the above (1.6-1.9) may differ during the antenatal and postnatal period.				
DE CK 2.1	Describe Female Genital Mutilation (FGM), including types and risk factors.				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
DE CK 2.2	Demonstrate awareness of domestic abuse and sexual abuse, and how to recognise signs and symptoms in relation to internal assessments.				
SK	Service Knowledge				
DE SK 1.0	Demonstrate understanding of the local Chaperone Policy.				
DE SK 1.1	Demonstrate appropriate knowledge of management of safeguarding, including domestic abuse, sexual abuse, trafficking, and FGM.				
DE SK 1.2	Demonstrate appropriate knowledge of pathways for serious pathology.				
DE SK 1.3	Describe process of reporting FGM.				
DE SK 1.4	Understand what equipment and space is required to be available for DVEs and DAREs in the department.				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
PC	Communication & Person-Centred Care				
DE PC 1.0	Demonstrate ability to sensitively communicate with patients.				
DE PC 1.1	Demonstrate ability to gain informed consent. This includes offering information and treatment in different ways for people with different needs. In addition, understanding that consent is an ongoing dynamic process, and can be withdrawn at any point.				
DE PC 1.2	Where consent is not given, demonstrate ability to present alternative methods of assessment.				
DE PC 1.3	Demonstrate empathy with regards to patient's privacy, dignity and comfort throughout the session.				
DE PC 1.4	Demonstrate understanding of when a chaperone may be required either for the benefit of the patient or the clinician.				
DE PC 1.5	Discuss trauma-informed care, and how this informs your practice in assessment and treatment, with specific reference to internal assessments.				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
DE PC 1.6	Describe how you would manage conducting an internal assessment with an interpreter and/or chaperone present, with particular reference to cultural sensitivities, gender, and positioning of an interpreter and/or chaperone.				
AX	Clinical Assessment				
DE AX 1.0	Demonstrate ability to obtain an accurate, relevant and comprehensive past medical history.				
DE AX 1.1	Demonstrate ability to comprehensively screen for relevant red flags.				
DE AX 1.2	Demonstrate ability to perform a DVE in line with guidance from the POGP and the International Continence Society.				
DE AX 1.3	Demonstrate ability to perform a DARE in line with guidance from the POGP and the International Continence Society.				
DE AX 1.4	Demonstrate ability to conduct examinations in a clean and safe manner, adhering to local and national infection control standards.				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
TM	Physiotherapy Treatment and Management				
DE TM 1.0	Demonstrate how to teach pelvic floor muscle exercises during a DVE.				
DE TM 1.1	Demonstrate how to teach pelvic floor muscle training during a DARE.				
DE TM 1.2	Demonstrate appropriate exercise prescription for weak pelvic floor muscles (technique, power, endurance) during a DVE.				
DE TM 1.3	Demonstrate appropriate exercise prescription for non-relaxing pelvic floor muscles during a DVE.				
DE TM 1.4	Demonstrate appropriate exercise prescription for weak pelvic floor muscles (technique, power, endurance) during a DARE.				
DE TM 1.5	Demonstrate appropriate exercise prescription for non-relaxing pelvic floor muscles during a DARE.				
DE TM 1.6	Demonstrate appropriate management regarding follow up.				

	<i>Digital Vaginal Examination (DVE) and Digital Anorectal Examination (DARE) Physiotherapy Competencies</i>	Level 1: <i>Basic level of knowledge</i>	Level 2: <i>Broad demonstrable knowledge of area</i>	Level 3: <i>Detailed knowledge: competent and confident to supervise and train others</i>	Level 4: <i>Expert knowledge: leads training groups and implements practice change</i>
DE TM 1.7	Demonstrate appropriate education and ability to alter this as needed to explain the patient's symptoms and address concerns.				
DE TM 1.8	Demonstrate appropriate education techniques to reduce strain on the pelvic floor.				
EP	Equipment Use / Provision				
DE EP 1.0	Describe equipment available within the department for patients needing pelvic floor muscle re-education and training.				
DE EP 1.1	Demonstrate ability to safely issue and instruct on use of prescribed equipment in your department. For example: biofeedback, transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES), balloon training.				
DE EP 1.2	Describe how to signpost and suggest appropriate equipment outside of your department, for example where a prescription is required.				
DE EP 1.3	Describe process of not doing assessment due to inappropriate equipment or room provision, and how to raise this appropriately.				

Appendix 1: Action Plan

Action plan to support competency					
Action:	Specify required learning	Method of updating	Date updated	Date reviewed with supervisor	Supervisor sign-off

Appendix 2: Evidence Levels

Note: All evidence must be anonymised and comply with local data protection policies and laws.

Direct evidence

- Observed interaction of skills with patient, by supervisor or colleague of senior level, with discussions, reflections, or feedback and written record of observed clinical practice;
- Observed demonstration of patient management skills, including triage and caseload management;
- Delivery of an in-service training session on an aspect of clinical knowledge or case presentation with relevant clinical underpinnings.

Indirect evidence

- Feedback or plaudits from staff or students in relation to clinical activity;
- Share written feedback from continuing professional development course or relevant clinical reading;
- Present or discuss a case in supervision to demonstrate evidence of a required competency, linking to theory and background knowledge.