

**APPLICATION FORM – PART A
 PARTICIPATING INSTITUTE(S)**

Date application	
Name primary institute	
Name affiliated institute(s)	
Name Programme Director	

This form contains information from the following institution¹

Name Head of Department of Urology	
Name of the institute	
Address 1	
Address 2	
Postal Code - City	-
Country	
Phone number	
Fax number	
E-mail address	
Web-site address	
Type of institution	<input type="checkbox"/> Community hospital <input type="checkbox"/> Private clinic <input type="checkbox"/> University hospital <input type="checkbox"/> Government Institute <input type="checkbox"/> Military Hospital <input type="checkbox"/> Other; please specify:
Distance from the primary institution	

¹This form needs to be completed by the Primary Institute and each of the Affiliated Institutes.

ACCREDITATION RTPU BY NATIONAL AUTHORITIES		
1.1	Date of issue National RTPU Certificate.	
1.2	Validation period.	From till
1.3	Issued by (name authority). <i>Note: Provide copy of the certificate in English</i>	

EDUCATIONAL PROGRAMME		
2.1.	Is any kind of pre-training required? If yes:	YES/NO
2.1.1	What kind of pre-training?	
2.1.2	What is the duration?	
2.2	What is the length/duration of training programme?	Months
2.3	How is the training programme set up?	
2.3.1	- Urology	Months
2.3.2	- Other (tick as applicable; indicate length/months) <input type="checkbox"/> General Surgery <input type="checkbox"/> Paediatric surgery <input type="checkbox"/> Radiology <input type="checkbox"/> Anaesthesiology <input type="checkbox"/> Gynaecology <input type="checkbox"/> Other:	Months Months Months Months Months Months
2.4	Does the training programme include rotation between the sub-specialties? <i>Note: If yes, provide a copy in English (pdf).</i>	YES/NO

**APPLICATION FORM – PART B
 HOSPITAL INFORMATION**

NUMBER OF BEDS AND ADMISSIONS	
3.1	Total number of beds in hospital
3.2	Number of beds adult patients
3.3	Number of beds paediatric patients
3.4	Number of beds day care
4.1	Number of admissions during last year

MEDICAL SPECIALITIES (tick boxes as applicable)			
5.1	<input type="checkbox"/> Urology <input type="checkbox"/> Paediatric urology	5.8	<input type="checkbox"/> Oncology <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Radiology <input type="checkbox"/> Nuclear medicine
5.2	<input type="checkbox"/> Renal transplantation	5.9	<input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Psychiatry
5.3	<input type="checkbox"/> Nephrology <input type="checkbox"/> Dialysis unit	5.10	<input type="checkbox"/> Emergency department
5.4	<input type="checkbox"/> General surgery <input type="checkbox"/> Paediatric surgery <input type="checkbox"/> Vascular surgery <input type="checkbox"/> Thoracic surgery <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Plastic surgery <input type="checkbox"/> Traumatology	5.11	<input type="checkbox"/> Clinical biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Pathology
5.5	<input type="checkbox"/> Anaesthesiology <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Emergency unit	5.12	<input type="checkbox"/> Dermatology <input type="checkbox"/> Ophthalmology
5.6	<input type="checkbox"/> Internal medicine <input type="checkbox"/> Cardiology <input type="checkbox"/> Haematology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Paediatrics	5.13	<input type="checkbox"/> Physical therapy <input type="checkbox"/> Rehabilitation
5.7	<input type="checkbox"/> Gynaecology/obstetrics	5.14	<input type="checkbox"/> Other (e.g. immunology)

DEPARTMENT OF UROLOGY INFORMATION

6.1	Number of beds Total.	
6.2	Day care beds.	
6.3	Adult patients beds.	
7.1	Previous year Total number of admissions (minimum stay of 1 night).	
7.2	Total number of day care procedures.	
8.	Sub-specialisation teams (tick boxes as applicable) <input type="checkbox"/> Oncology <input type="checkbox"/> Reconstruction <input type="checkbox"/> Lithiasis <input type="checkbox"/> Incontinence <input type="checkbox"/> Female urology <input type="checkbox"/> Neuro-urology <input type="checkbox"/> Paediatrics <input type="checkbox"/> Infertility <input type="checkbox"/> Other:	

STAFFING

9.1	Number of certified urologists	9.3	Number of residents
9.2	Number of other specialists	9.4	Number of fellows

DIAGNOSTIC FACILITIES

10.1	<input type="checkbox"/> Ultrasound	10.5	<input type="checkbox"/> Angiography
10.2	<input type="checkbox"/> Endoscopy – endovideo system	10.6	<input type="checkbox"/> CT
10.3	<input type="checkbox"/> Urodynamic unit	10.7	<input type="checkbox"/> MRI
10.4	<input type="checkbox"/> Interventional radiology	10.8	<input type="checkbox"/> Nuclear Medicine

SURGICAL ACTIVITY DURING LAST YEAR

OPEN SURGERY NUMBER OF PROCEDURES					
11.1	KIDNEY		11.5	URINARY DIVERSION	
11.1.1	Radical nephrectomy		11.5.1	Ileal/colon conduit	
11.1.2	Nephroureterectomy		11.5.2	Continent urinary diversion	
11.1.3	Open lithotomy (all)			Orthotopic voiding diversion	
11.1.4	Pyeloplasty				
11.1.5	Nephron-sparing surgery				
11.1.6	Kidney transplantation				
11.2	BLADDER		11.6	URETHRA	
11.2.1	Radical cystectomy		11.6.1	Urethroplasty	
11.2.2	Partial cystectomy				
11.2.3	Diverticulectomy				
11.2.4	Vesico-vaginal fistula				
11.3	EXT. GENITALIA		11.7	OTHER PROCEDURES	
11.3.1	Circumcision		11.7.1	Adrenalectomy	
11.3.2	Orchidopexy		11.7.2	Retroperitoneal	
11.3.3	Radical orchiectomy		11.7.3	Lymphadenectomy	
11.3.4	Hydrocele, varicocele		11.7.4	Incontinence surgery	
			11.7.5	Genital surgery	
11.4	PROSTATE				
11.4.1	Open adenectomy				
11.4.2	Radical prostatectomy				

LAPAROSCOPIC SURGERY NUMBER OF PROCEDURES					
12.1	Radical nephrectomy		12.6	Heminephrectomy, nephron sparing surgery	
12.2	Paediatric		12.7	Adrenalectomy	
12.3	Retroperitoneal lymph adenectomy		12.8	Radical prostatectomy	
12.4	Renal cysts		12.9	Other laparoscopic procedures (e.g. varicose, non-palpable testis)	
12.5	Robotic surgery				

ENDOSCOPIC SURGERY NUMBER OF PROCEDURES					
PERCUTANEOUS PROCEDURES			BLADDER		
13.1	Upper tract		15.1	TUR – tumour	
			15.2	Lithotripsy	
RETROGRADE UPPER TRACT			PROSTATE		
14.1	Stone		16.1	TUR-prostate	
14.2	Tumor		16.2	Laser vaporisation	
			16.3	Other BPH-treatments (TUMT, TUNA etc)	

ESWL		
17.	Number of procedures (all session/ all sites)	

NUMBER OF DIAGNOSTIC AND MINOR PROCEDURES		
18.1	Transrectal ultrasound	
18.2	Interventional uro-radiological procedures	
18.3	Urodynamic studies (excluding flow)	
18.4	Prostate biopsy	
18.5	Cystoscopy	
18.6	Other procedure(s)	

UROLOGY OUTPATIENT			
		Number of visits last year	Avg % new patients (indication)
19.1	General urology (UTI, LUTS, etc.)		
19.2	Urinary stone disease		
19.3	Oncology		
19.4	Paediatric urology		
19.5	Transplantation		
19.6	Andrology and erectile dysfunction		
19.7	Functional urology		

SCHEDULED WEEKLY ROTATION DURING 1 MONTH		Nr of hours
20.1	Ward	
20.2	Outpatient clinic	
20.3	Operation theatre	
20.4	Administration	
20.5	Research	

SUPERVISION		
21.1	Does every resident have a personal written training programme?	YES/NO
21.2	Does every resident keep a (EBU) personal logbook? <i>Note: If yes, please submit the completed logbook (in English) of the final year resident(s) covering their entire training period.</i>	YES/NO
21.3	Does every resident have a personal tutor/supervisor?	YES/NO
21.4	Are all residents supervised during clinical work?	YES/NO

UROLOGY TEACHING STAFF		
22.1	Total number of positions for full-time urologists.	
22.2	Total number of positions for part-time urologists.	
22.3	Number of urologists with FEBU-title.	
22.4	Number of other specialist in the department of urology.	

STAFF MEMBERS PARTICIPATING IN RESIDENTS EDUCATION						
Name	Title	Position	% FTE*	Specialty	Sub- Specialty	Year Certification Specialty

* Full Time Equivalent

RESIDENTS AT PRESENT			
Name	Graduation MD (year)	Total number of years urological training	Current year of Urological training

23.	Total number of training positions available.	
-----	---	--

TEACHING FACILITIES		
24.1	Are there conference rooms available.	YES/NO
24.2	Is there access to reference facilities (Pubmed, Medline, etc.)?	YES/NO
24.3	Is there a library with at least 4 international urology journals and books published in the last 5 years?	YES/NO

THEORETICAL EDUCATIONAL ACTIVITIES		
25.1	Are there regular teaching rounds under guidance of staff members or programme director? Indicate the frequency.	YES/NO
25.2	Are there regular clinical conferences? <input type="checkbox"/> Pathology – Frequency: <input type="checkbox"/> Radiology – Frequency: <input type="checkbox"/> Multidisciplinary team in oncology – Frequency:	YES/NO
25.3	Are there regular journal club meetings? Indicate the frequency.	YES/NO
25.4	Are there regular scientific meetings? Indicate the frequency.	YES/NO
25.5	Do trainees participate in educational courses and seminars? Please provide a short description indicating the frequency.	YES/NO
25.6	Are there regular training sessions in literature research, research and statistical methods, writing the scientific papers, study designs? Indicate the frequency.	YES/NO

25.7	In case there are there other educational activities, please describe	
25.8	Is there a system for assessing the trainees' competences, knowledge, skills and attitude during the training years? Please specify:	YES/NO
25.9	Is there a regular formative assessment of the training process for each trainee available? How frequent?	YES/NO
25.10	Do residents annually take part in the EBU in-service assessment?	YES/NO
25.11	Who processes the medical records and what is the percentage of administrative work involved on a weekly basis by: Secretaries % Doctors %	

WORKING FACILITIES

26.1	Does each resident have an individually assigned desk with a personal computer?	YES/NO
26.2	Are there secretaries present for administrative support?	YES/NO

STUDY FACILITIES

27.	How often are residents allowed study leave? Indicate frequency.	
-----	--	--

RESEARCH FACILITIES

28.1	Is clinical research offered to the residents?	YES/NO
28.2	Is basic research offered to the residents?	YES/NO
28.3	Can residents participate in clinical studies?	YES/NO
28.4	Is statistical advise available to the residents?	YES/NO
28.5	How many papers and/or posters were presented by residents at (inter)national meetings during the last year? <i>Note: Attach overview with NAMES, TITLES, MEETINGS.</i>	

WORKLOAD

29.1	What is the number of working hours per week (excluding on call periods)?	
29.2	What is the number of nights that each resident is on call per month?	
29.3	What is the number of weekends each resident is on call per month?	
29.4	Does the resident work the day before having been on call?	YES/NO
29.5	Does the resident work the day after having been on call?	YES/NO
29.6	On call time: <input type="checkbox"/> Residents stay at home before being called to the hospital. <input type="checkbox"/> Residents stay at the hospital during the entire on call time.	

Additional comments: