

# The future of urological training in Europe

## Continuous quality assessment process requires close cooperation amongst all stakeholders



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**The complexity of modern urological training has prompted the European Board of Urology (EBU) to produce a urology curriculum in the hope of providing a template against which national, individual and institutional curricula can be compared with.**

Moreover, creating this curriculum at the same time recognises the fact that the facilities, opportunities

and regulations will vary between countries and amongst institutions within each country.

The aim is to properly define and assess a base line of knowledge and clinical attributes, providing the European trainee a clear indication of the minimum theoretical and practical skills necessary to practice as an independent urologist.

The steady acquisition of theoretical knowledge can be optimally assessed by using the EBU In-Service Assessment on an annual basis. This will enable both the trainer and trainee to define their deficiencies and to correct these during the training period so that the trainee can take with confidence the FEBU written examination at the end of the training programme.

Nowadays, the acquisition of practical skills needs to cover more than the simple listing in a log book of the procedures that have to be performed. The assessment of how competently the trainee carries out these procedures has to be mandatory, and whether this is always done under supervision, alone, and whether the trainee can manage the common complications of these procedures will also need recording.

### Variations in practice

There will be variations of practice such that some countries will not allow a trainee to carry out any procedure on their own, whilst others will and these various factors need to be taken into account. Some training schemes will enable the trainee to carry out complex operations when they have completed the training, whilst in others formal post-training fellowships are necessary to further refine these skills.

A core of urological procedures should be defined which all European urologists can perform. These will include cystoscopy (both flexible and rigid), TURP, TURBT, flexible and rigid ureteroscopy, use of the lithotripter, scrotal surgery, circumcision, the performance of TRUS, biopsy and urodynamics.

Unlike in the past, surgery will be a part of the global assessment of the urological trainee. The increased use of drugs also implies that the trainee's performance in the outpatient clinic equally requires a careful scrutiny of their competence.

Core competencies in conditions which are mostly or wholly treated by medication such as overactive bladder, erectile dysfunction, lower urinary tract symptoms, urinary infections, prostatitis, and testicular pain will need assessment of history taking and formulation of a satisfactory management plan, and including the known interactions of the commonly used medications with standard therapies for diabetes, hypertension and heart disease.

Similarly, careful assessment of how emergencies involving the management of acute retention, the acute scrotum, acute pyelonephritis, the obstructed kidney and urological trauma will provide evidence of these core competencies.

### The modern urologist

The probity and ethical framework in which the urologist works also needs to be learnt and this will inevitably vary throughout Europe. The modern urologist will have to understand and be able to assist in clinical research, and must possess an

understanding of basic research as applied to urology before independent practice.

The emphasis of urological training is that urological diseases can be managed by multi-modal therapies. The modern urologist will manage urological disease by himself, choosing the appropriate treatments whether surgical, medical or technological. The urologist will not be a narrowly focused specialist who is solely reliant on other disciplines to assist him.

All these factors will be reflected in the EBU curriculum and will be examined in the clinical part of the FEBU exam. A number of countries have already adopted the FEBU exam as the basis of their exit assessment at the end of training, and the hope is that more countries will take some or all of the EBU tests to help harmonise urological training across Europe.

We acknowledge that this is likely to be a distant goal but one that we believe is worth striving for. The core curriculum and the core competencies offer all European trainees the signposts to where they are going and what they should be achieving, and the In-Service assessments enable them to get feedback on their current level of knowledge.

To ensure a continuous quality assessment process, close cooperation between the EBU Board and its Accreditation Committee (which produced the curriculum), the EAU Executive and the EAU Guidelines committee will be essential to ensure that the core curriculum and competencies are kept up-to-date and relevant.