



**European Board of Urology**

Certification Committee (CC)  
Certification of Residency Training Programme in Urology (RTPU)

**PREREQUISITES**

1. The Residency Training Programme in Urology (RTPU) fulfils national standards as defined by the official national organisations. Training institutes that are not nationally accredited by the Residency Review Committee or an equivalent body are not eligible and cannot be accorded or granted certification by the EBU's Certification Committee (CC).
2. The RTPU provides a balanced education in the cognition, attitudes and skills required for current urological practice. At the end of the training period, residents are qualified to provide high quality care to urological patients.
3. The duration of the urological training is a minimum of five years.
4. Residents should complete the full length of training to become a graduate of the RTPU.

**CRITERIA & GUIDELINES**

**1. INSTITUTIONAL ORGANISATION**

Institutions involved in the training of urological residents must be able to provide broad-based opportunities which include scholarly activities as well as relevant clinical experience in the wide range of urological disease. Institutions with limited areas of involvement in urology or those which cannot resolve academic or clinical deficiencies within their own establishment should seek affiliation with complementary institutions. It is important, however, that each affiliated institution offers significant educational opportunities to the overall programme and that proper supervision and co-ordination of training activities be maintained.

Although more than one institution may be part of the RTPU, there should be one institution with primary responsibility for the entire programme. This 'Primary Institution' should demonstrate commitment to the programme in terms of financial and academic support.

Participating institutions include the 'Primary Institution' and other 'Affiliated institutions'. There must be an agreement between the primary institution and each affiliated institution participating in the training programme.

The number and geographic distribution of participating institutions must not preclude adequate participation by residents in teaching and training exercises.

Rotations to institutions must be based on a clear statement of the value of such affiliation to the teaching programme as a whole: rotations to institutions distant from the primary institution must offer special clinical resources otherwise not available to the programme.

Based on the number, qualifications and commitment of the faculty, the volume and variety of the patient population available for educational purposes, and the totality of institutional resources committed to resident education, the CC will advise a total number of residents to be trained in the programme by training year.

## **2. FACILITIES AND RESOURCES**

Each participating institution must provide adequate space and equipment for educational purposes, including meeting rooms with audio-visual and other educational aids, office space for staff and residents, library materials (including at least four international urological journals and/or online access to the major international journals), diagnostic, therapeutic and research facilities.

Within the various institutions participating in the RTPU, adequate bed space for the needs of the urology service must be provided, preferably within a single area and under the direction of the urology service to ensure that care, specific for urological problems, can be rendered effectively.

Diagnostic facilities providing endoscopic, radiologic and urodynamic equipment must be adequate to enable the urology service to fully carry out its essential functions.

Within the RTPU an Extracorporeal Shock Wave Lithotripsy (ESWL) facility should be available for resident education in the treatment of urolithiasis. Residents must have access to outpatient facilities, clinic and office space for training purposes in the regular preoperative evaluation and post-operative follow-up for cases for which the resident has responsibility.

Each participating institution must provide adequate administrative backup. Medical records of all patients treated in that institution must be readily accessible to all residents. A record system must be organised in a way that permits collection and evaluation of selected materials from these records for review and investigative purposes.

Participating institutions must provide adequate facilities for residents while on duty.

Research facilities, although not mandatory for accreditation, are desirable in that they enrich the academic environment of the programme and provide the resident staff with the opportunity to explore new ideas independently. The use of these facilities should be supported.

## **3. FACULTY**

### **3.1 Programme Director**

Each RTPU should be headed by a Programme Director qualified to do so by the national organisation responsible for residency training programmes. The Programme Director should be a qualified urologist. The Programme Director must be willing to make the commitment to carry out the responsibilities that the position demands to ensure that an adequate educational experience is provided to the resident trainee.

The Programme Director is responsible for providing all residents with written documentation of the programme before they start their actual training. This documentation must include information on rotation schemes, exact period of training and working procedures in the primary and affiliated institutions.

It is the Programme Director's duty to ensure assignment of reasonable in-hospital duty hours. The Programme Director must ensure that residents have access to a balanced and comprehensive surgical experience and that the progress of each resident is regularly evaluated; a regular get-together between the Programme Director and the residents is considered important.

### **3.2 Faculty**

Every trainee must have a personal supervisor who is responsible for the trainees' education. The supervisor is nominated by the Programme Director from the members of staff. The other members of staff, preferably those with special expertise in different urological disciplines (such as renal transplantation, oncology, urinary incontinence, paediatric urology, andrology, stone disease, endocrinology and urodynamics) should contribute to the education of the resident in order to provide a significant depth of knowledge in a variety of subjects.

Evaluation of the qualifications of these staff members as teachers in urology will include a review of their publications, research efforts and participation in major scientific meetings. The Director of the Programme remains in charge for the overall quality and organisation of the programme.

## **4. EDUCATIONAL PROGRAMME**

Programmes in urology must be dedicated to the educational goals of residency training rather than employing residents primarily for the purpose of facilitating patient care. There should exist a close working relationship between the faculty and the residents. Before training begins all residents should receive written documentation of the programme.

The residents must know what is expected from them and they must also have a clear idea about the contents of the programme. Rotation schedules must be well outlined before training starts.

All patients on the service must be reviewed by the staff during regular teaching rounds with the residents according to a predetermined schedule. All major surgery performed on the service by the residents should be done under direct staff supervision.

The RTPU offers each resident a detailed programme. The required length of training for a participant cannot not be changed without mutual agreement during her/his programme, unless there is a significant break in the training. The EBU's Certification Committee must be informed of changes having a considerable impact on the training scheme .

### **4.1 Conferences**

There must be regularly scheduled conferences dealing with urological pathology, including morbidity and mortality, urological radiology, and journal reviews. Conferences must be well organised, planned in advance with notification of the topics to be presented and scheduled to avoid conflict with other activities. Both residents and staff should attend these meetings.

### **4.2 Clinical Experience**

During training the resident should gain competence in the total care of the patient including initial evaluation, methods of establishing the diagnosis, selection of the appropriate therapy, implementation of this therapy and management of any resultant complications. Therefore, continuity of care must be provided through pre-operative and post-operative clinics as well as in patient contact. As part of this experience, progressive responsibility for rendering decisions must be afforded the resident.

Sufficient numbers of patients with urological disease must be available to provide realistic experience for the residents. In general, the equivalent and adequate distribution of cases amongst residents must be demonstrated, a role that falls under the responsibility of the Programme Director.

Teaching support from other major medical fields must be readily available within the participating institutions. The activities of these disciplines should be supported by Residency

Training Programmes, particularly in the fields of general surgery, internal medicine, obstetrics and gynaecology, pathology and radiology in order to facilitate the rapid exchange of up-to-date information which is essential to a proper educational environment.

#### **4.3 (EBU) Logbook**

All residents must maintain a log of all cases in which they were the primary surgeon or assistant since the start of their urology training. The EBU LOGBOOK is published on and downloadable from the EBU website ([www.ebu.com](http://www.ebu.com)).

## **APPLICATION & CERTIFICATION PROCEDURE**

### **1. PROCESS OF CERTIFICATION**

1.1. To apply for EBU certification the following documents must to be submitted:

- Completed online application form.
- List of publications in the last two years.
- Written Training Programme (including training offered in an Affiliated Institute).
- Completed (EBU) logbooks of all residents (covering their entire training period).
- Proof of status that the RTPU offered in the Primary Institute is accredited by national authorities (Residency Review Committee, or an equivalent body).

The Application Form consists of two parts: Part A and B. Parts A and B must be completed for the Primary Institution and – when applicable - for each of the participating Affiliated Institution(s). All documents must be in English or accompanied by an English translation. The application is further processed upon receipt of payment of the application fee.

1.2. There are two application deadlines: 1 March and 1 September. Applications will be reviewed by the CC at the subsequent bi-annual committee meeting (either May or October). At the meeting, it is decided which members will perform the one day site visit, which is preferably performed within six months.

1.3. Costs associated with the performance of site visits are paid by EBU. However, in case the site visit is cancelled by the institute less than two months beforehand, the institute may be charged for any non-refundable costs (i.e. air fare and/or accommodation costs).

1.4. During the site visit, the training programme is evaluated on the basis of the score system (see point 3).

1.5. The score form is discussed at the following CC meeting; members of the CC unanimously decide on the length of the certification.

1.6. Next a letter of notification will be forwarded to the Programme Director. It includes the certification status, any areas of non-compliance with the criteria and suggestions to improve the programme. The Certificate of Accreditation will be forwarded upon receipt of payment of the (re) certification fee.

1.7. In case substantial changes are made to any RTPU during the certification period, it is the duty of the Programme Director to notify the CC. The committee may insist on a further site visit if there is any question concerning the quality of the training standards.

1.8. An application not in compliance with the criteria defined by the CC may be referred to the General Assembly of the European Board of Urology.

1.9. Before the end of the certification period, the Programme Director will be notified about the need for re-certification.

### **2. FEES**

Application: EUR 300 (payable upon each application)

Certification: EUR 1.500 for a period of maximum term of three or five years.

Re-certification (within the 3/5 year term): EUR 1000 for a period of maximum three or five years.

### **3. EVALUATION AND SCORE SYSTEM**

3 points = Excellent. 2 points = Good. 1 point = Poor. 0 points = Lacking.

#### **3.1. Educational programme**

**3 points:** (1) From the beginning a written, structured programme with (2) good given rotation and (3) adequate time period in one position, (4) covering all sub-specialities, (5) strictly followed and (6) completely applied and documented and logbooks used.

**2 points:** 4 out of 6 points fulfilled. There must be a good programme, yet may not be well documented. The general idea must be known.

**1 point:** 3 out of 6 points fulfilled. There must also be a good programme, but not well documented. The general idea must be known. Without adequate rotation without adequate long time period.

**0 points:** No structured program, no documentation (logbooks etc.).

#### **3.2. Supervising staff**

**3 points:** Adequate number with adequate expertise in sub-specialities. In addition to broad clinical expertise the staff should also offer scientific administrative and educational expertise that can be used during residency training. Ratio staff: resident 1 : 1.

**2 points:** in case the ratio staff : resident is 1 : 2, but appropriate expertise.

**1 point:** in case the ratio staff : resident is 1 : 3, but appropriate expertise.

**0 points:** in case the ration staff : resident is 1 : >3 and/or inadequate expertise.

#### **3.3. Facilities**

**3 points:** (1) Adequate number of beds and adequate facilities in the ward. (2) outpatient department with adequate diagnostic facilities (ultra-sound, camera for endoscopy, flow meter). (3) Adequate number of operating theatres with teaching facilities (camera's X-ray). (4) Individually assigned desk with personal computer for residents.

**2 points:** 3 out of 4 points are fulfilled.

**1 point:** 2 out of 4 points and no facilities for residents or no adequate number of beds.

**0 points:** 1 or 0 out of 4 points. Not enough beds, equipment. Insufficient infrastructure in 3 out of 4 points (or all 4 points).

#### **3.4. How the programme is operated with regards to achievement of goals**

**3 points:** (1) Logbooks, (2) personnel training program, (3) regular evaluation and (4) participation in the annual EBU In-Service Assessment.

**2 points:** 3 out of 4, but logbook or EBU In-Service Assessment included.

**1 point:** 2 out of 4, but logbook or EBU In-Service Assessment included.

**0 points:** 1 or 0 out of 4.

#### **3.5. Educational climate**

**3 points:** (1) Department carefully monitors the education and training of the resident. (2) Consultants and staff are enthusiastic in their tasks (3) Active educational climate with support from both sides. (4) . Residents are recognised as an active part of the organisation and their opinion and ideas are put to use. (5) Good feedback and involvement between supervisors and residents. (6) Residents are encouraged to attend meetings and participate in courses.

**2 points:** 4 out of 6 points are fulfilled.

**1 point:** Guidance 'during working hours' is rarely provided; consensus is inadequate. Indifference to "necessary" interdisciplinary training. Enthusiasm is occasionally evident.

**0 points:** Residents are viewed exclusively as a source of labour and are expected to learn by following the examples of senior colleagues.

### **3.6. Clinical and theoretical training**

**3 points:** (1) Adequate supervision in the operation theatre and outpatient clinic.

(2) Step-by-step education in surgical skills in an adequate number of procedures.

(3) Encouragement of residents to write for clinical and basic research publications.

(4) Internal activities organised for pathology, radiology, morbidity/mortality, basic science, journal club, etc..

**2 points:** Supervision is provided, however, not all other points are completely fulfilled. There are regular conferences but they do not cover all suggested topics.

**1 point:** Very few opportunities to participate in clinical and theoretical education. Occasional supervision only.

**0 points:** Neither clinical nor theoretical education. No supervision.

#### **Certification terms**

< 12 points : maximum three years of certification.

≥ 12 points : maximum five years of certification.

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