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urology



EUROPEAN TRAINING REQUIREMENTS

UROLOGY

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Glossary of Acronyms and Abbreviations

- AEMH** – Association Européenne des Médecins Hospitaliers
- AIDS** – Acquired Immunodeficiency Syndrome
- BCG** – Bacillus Calmette-Guérin
- BPE** – Benign Prostatic Enlargement
- BPH** – Benign Prostatic Hyperplasia
- BOO** – Bladder Outlet Obstruction
- CESMA** – Council of European Specialist Medical Assessments
- CIS** – Carcinoma in Situ
- CPME** – Standing Committee of European Doctors
- CT** – Computed Tomography
- CTF** – Common Training Framework
- CanMEDS** – Canadian Medical Education Directives for Specialists
- DUSG** – Direct Urinary System Radiography (appears in imaging section)
- EEA** – European Economic Area
- EVR** – Electrovaporesction
- DMSA** – Dimercaptosuccinic Acid Scan
- DTPA** – Diethylenetriamine Pentaacetate Scan
- EAU** – European Association of Urology
- EBU** – European Board of Urology
- EJD** – European Junior Doctors
- EPA** – Entrustable Professional Activity
- ETR** – European Training Requirements
- EU** – European Union
- FEMS** – Federation of European Salaried Doctors
- HIFU** – High-Intensity Focused Ultrasound
- HIV** – Human Immunodeficiency Virus
- HoLEP** – Holmium Laser Enucleation of the Prostate
- HPV** – Human Papillomavirus
- ICS** – International Continence Society
- IVU** – Intravenous Urogram
- KTP** – Potassium Titanyl Phosphate (laser)
- LUTS** – Lower Urinary Tract Symptoms
- MAG-3** – Mercaptoacetyltriglycine Scan
- MDT** – Multidisciplinary Team
- MDT Tumour Board** – Multidisciplinary Team Tumour Board

Glossary of Acronyms and Abbreviations

MRI	– Magnetic Resonance Imaging
MJC	– Multidisciplinary Joint Committee
MR	– Magnetic Resonance
NPI	– Nocturnal Polyuria Index
NMA	– National Medical Association (used alongside NMCA in preamble)
NMCA	– National Medical Competent Authority
NMIBC	– Non-Muscle Invasive Bladder Cancer
OAB	– Overactive Bladder
PET	– Positron Emission Tomography
PET-CT	– Positron Emission Tomography–Computed Tomography
PNL	– Percutaneous Nephrolithotomy
PRM	– Physical and Rehabilitation Medicine
PSA	– Prostate-Specific Antigen
RIRS	– Retrograde Intrarenal Surgery
RTPU	– Resident Training Programme in Urology
STI	– Sexually Transmitted Infection
SWL	– Shock Wave Lithotripsy
TNM	– Tumour, Node, Metastasis Classification
TOT	– Transobturator Tape
TVT	– Tension-Free Vaginal Tape
TUR	– Transurethral Resection
TURBT	– Transurethral Resection of Bladder Tumour
TURP	– Transurethral Resection of the Prostate
TUIP	– Transurethral Incision of the Prostate
UEMS	– Union Européenne des Médecins Spécialistes
UEMO	– European Union of General Practitioners
UN	– United Nations
VAS	– Visual Analogue Scale
WMA	– World Medical Association

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This document was prepared primarily by the Accreditation Committee of the European Board of Urology (EBU), initially under the chairmanship of Dr. Karl German and subsequently under that of Prof. Archil Chkhotua.

The Knowledge section was reviewed by the Examination Committee, chaired by Prof. Serdar Tekgül, while the Certification Process section was reviewed by the Certification Committee, chaired by Mr. Magne Dimmen.

The document was approved by the EBU Executive Board during the presidency of Prof. Jeroen van Moorselaar.

It was subsequently approved by the Board of Urology before being submitted to the UEMS for final approval.



PREAMBLE

The UEMS (Union Européenne des Médecins Spécialistes, European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists across Europe. With 40 member associations, 43 Specialist Sections and European Boards, 17 Multidisciplinary Joint Committees, and 4 Thematic Federations, the UEMS serves as the leading representative body for medical specialists at the European level.

The UEMS is committed to promoting the free movement of medical specialists across Europe while fostering professional consensus on the highest standards of specialist training. Through these activities, it seeks to support excellence in medical education and contribute to the continuous improvement of healthcare quality for the benefit of European citizens and beyond.

UEMS and its Postgraduate Medical Specialist Training Programmes

In 1994, the UEMS adopted its Charter on Postgraduate Training, which provides recommendations for high-quality specialist training at the European level. The Charter established the foundation for a harmonised European approach to postgraduate specialist medical training, particularly through the development and regular updating of Chapter 6 documents, which are specific to individual medical specialties.

Following the introduction of the most recent EU Directive on the Recognition of Professional Qualifications in 2011, the UEMS Specialist Sections and other UEMS bodies continued to develop European Training Requirements (ETRs). These documents reflect contemporary medical practice, current scientific evidence, and the competencies required within the various specialties represented by the UEMS. In 2012, the UEMS Council adopted the document *Template Structure for ETR*.

The Link Between the Quality of Medical Care and Training of Medical Professionals

The UEMS is committed to the principle that the quality of medical care and professional expertise is directly linked to the quality of specialist training, the competencies achieved, and the continuous professional development of medical practitioners. Regardless of where they are trained, doctors should acquire the same core competencies required for safe and effective specialist practice.

The UEMS European Training Requirements (ETRs) are founded on many years of experience gained by the UEMS Specialist Sections, Multidisciplinary Joint Committees (MJC), and European Boards. They have been developed in close collaboration with the relevant European scientific societies and are supported by European medical assessments.

A key objective of the ETRs is to promote and enhance training standards across Europe, thereby supporting the delivery of high-quality, safe specialist care for patients.

Although the practice of medicine is regulated by national legislation within EU Member States, the UEMS considers that professional activity should also be consistent with international treaties, relevant United Nations human rights declarations, and the World Medical Association's International Code of Medical Ethics.

UEMS and European Legislation Facilitating the Mobility of Medical Professionals

Since its establishment in 1962, the UEMS Council and its Specialist Sections have regularly provided expert advice to the European Commission. Their contributions helped shape the framework underpinning the Doctors' Directives of 1975, which introduced the mutual recognition of medical qualifications and facilitated the free movement of doctors within the European Union.

The revised EU Directive on the Recognition of Professional Qualifications (2013/55/EU) introduced the concept of a Common Training Framework (CTF), enabling Member States to agree on a common set of minimum knowledge, skills, and competencies required for a given profession. As a third mechanism for professional mobility within the EU, the CTF provides a basis for the automatic recognition of qualifications obtained under approved common training frameworks. The Directive also recognises the role of professional organisations at both European and national levels in proposing common training principles for consideration by the European Commission.

The UEMS supports the development of Common Training Frameworks, as they incorporate key elements of modern medical education, including knowledge, skills, and professionalism. In addition, Directive 2011/24/EU on the application of patients' rights in cross-border healthcare has provided a further incentive for the harmonisation of medical training and competencies across EU and EEA countries, helping to ensure comparable standards of healthcare for an increasingly mobile European population.

The UEMS European Training Requirements (ETRs) aim to define both the core and optional elements of specialist training within each medical specialty. These documents are regularly reviewed and updated by the relevant UEMS Specialist Sections and European Boards to reflect scientific advances and developments in clinical practice.

The three-part structure of the ETRs reflects the commitment of the UEMS to providing a coherent and practical framework for specialist training. These documents serve not only medical specialists but also national and European policymakers seeking a better understanding of postgraduate specialist medical education.

To promote harmonisation and support the development of specialty-specific training standards, the UEMS recommends the CanMEDS competency framework.

CanMEDS defines a comprehensive set of professional roles that are applicable across both medical and surgical specialties. The UEMS has adopted an abbreviated version of this framework for use within its training requirements.

Importance of Making a Distinction Between Knowledge and Competency in ETR Documents

Competency-based education focuses not on the duration of clinical rotations but on the trainee's progression in acquiring the required competencies. A clear distinction between competencies and knowledge within an ETR helps define both how training should be delivered and how achievement should be assessed.

The UEMS considers the appropriate use of multiple assessment methods, including workplace-based assessments, to be an essential component of high-quality postgraduate training and of maintaining high standards of specialist medical practice.

To further enhance assessment practices, the use of Entrustable Professional Activities (EPAs) is recommended within the ETRs of all specialties. EPAs provide a practical framework for assessing a trainee's readiness to undertake professional responsibilities independently.

To support common and harmonised standards in specialist training and practice across Europe, several UEMS Specialist Sections and European Boards have long organised European examinations. These assessments are supported and quality-assured by the UEMS Council for European Specialist Medical Assessments (CESMA).

Overlap of Learning Outcomes and Competencies

Each UEMS ETR defines the knowledge base, syllabus, and learning outcomes required for the acquisition of specialty-specific competencies. While some ETRs address the full scope of a specialty, others focus on particular domains of practice that may extend across multiple specialties.

The recognition of overlapping areas of expertise facilitates the development of common learning outcomes where appropriate. Nevertheless, the use of similar competencies or assessment approaches should not be interpreted as implying identical training objectives. Each specialty retains its own defined outcomes and expectations, reflecting its unique scope of practice and professional requirements.

UEMS ETRs and National Curricula

The UEMS strongly encourages National Medical Competent Authorities (NMCAs) to adopt these requirements and believes that this is one of the most effective ways to promote high standards in postgraduate specialist training.

The UEMS recognises and supports the essential role of NMCAs in establishing and maintaining standards of training and patient care within their respective countries, as well as in ensuring that medical specialists practising across Europe meet the required qualification standards.

The UEMS European Training Requirements (ETRs) are developed by medical professionals for medical professionals, which gives them unique practical relevance and credibility. Their purpose is to define the knowledge, competencies, and professional standards that trainees should achieve within EU and EEA countries, while also outlining the requirements for training centres and training environments.

The standards and outcomes described in the UEMS ETRs may be achieved through different approaches, reflecting national traditions, healthcare systems, and structures for specialist training. Adapting the ETRs to local circumstances helps ensure the highest quality of specialist training while maintaining a common European framework. Individual countries may also establish additional requirements to address specific national needs.

Importance of Collaboration with Other Representative European Medical Bodies

The UEMS is committed to working collaboratively with National Medical Associations (NMAs), professional organisations, and scientific societies throughout Europe. In the development of European Training Requirements (ETRs), the UEMS recognises the importance of meaningful cooperation with other European medical representative bodies, including the European Junior Doctors (EJD), the European Union of General Practitioners (UEMO), the Standing Committee of European Doctors (CPME), the Federation of European Salaried Doctors (FEMS), and the European Association of Senior Hospital Doctors (AEMH).

In addition, the UEMS continues to strengthen its collaboration with European specialist societies. Together with its partner organisations, the UEMS has consistently promoted the importance of coordinated postgraduate specialist medical training programmes while recognising the specific needs of individual specialties.

This collaborative approach supports the delivery of high-quality healthcare by well-trained medical specialists and contributes to patient safety, public confidence, and the continuous improvement of healthcare standards across Europe.

Conclusions

The UEMS is proud of the significant efforts that have contributed to the development of the European Training Requirements (ETRs) and welcomes their increasing adoption within national curricula. At the same time, the UEMS recognises the need for continuous review and improvement and remains open to constructive feedback and further development.

The UEMS maintains that the medical profession should continue to play a leading role in defining specialist training requirements and continuing professional development needs. On this basis, it looks forward to continued collaboration with the relevant European Union institutions and national stakeholders in implementing the common principles and requirements set out in this ETR document.

The UEMS is confident that the priorities and standards outlined in the ETRs, including specialty-specific competencies, will continue to inform national strategies, educational programmes, and action plans for postgraduate medical education and specialist training throughout Europe.



ETR UPDATES

The first Urology ETR was presented and approved at the UEMS general assembly in May 2023. There were several suggestions for improvement of the original version from various medical sections. The first revision of the ETR takes into account these suggestions and other general improvements in layout.

The revised ETR was approved at the European Board of Urology meeting in October 2024 and it was then re-submitted to the UEMS ETR committee for comments and approval.

This updating has resulted in a core-curriculum that includes a grading system which classifies topics according to their relative importance. There has also been an upgrade in the recommended process of evaluation of clinical skills and there is also inclusion of the concept of Entrustable Professional Activities (EPAs).

Other suggestions for improvement in the relevant knowledge sections have been incorporated in the relevant sections of knowledge. These have included an improvement in the definition of MDT tumour board, and changing the heading of BPH to be that of benign prostatic hyperplasia.

The section of Paediatric Urology has been cross-referenced with the ETR of Paediatric Surgery and also peer reviewed by two paediatric urologists.

In the section on Prostate Cancer there is now an emphasis in knowledge of the relevant marker tests and in the Bladder Cancer section, there is now inclusion of knowledge of the histology variants for urothelial cancer. There is also inclusion of an emphasis of urological disorders with a genetic aetiology.

In the sections that deal with radiology, there is inclusion of endovascular treatment of the prostate and improved description of the process regarding MRI interpretation.

There is now more emphasis on the basic knowledge of sexual health and education, prevention and control of STIs and partner notification, and knowledge requirement of surgical procedures in transgender people.

There is also an emphasis on knowing when to refer for a dermatology/venereology for a specialist opinion.

There has also been a minor revision to include an emphasis of the importance of “hospital acquired infections”.

The section dealing with neurogenic bladder has been revised to include an emphasis on self-catheterisation and inclusion of knowledge on spinal cord injury.

There is now also included in this revised ETR, a section which refers to Policies regarding the safeguarding of children and adults.

The format of the document has been improved substantially to include a “Table of Contents”, a list of authors and inclusion of a description of the CanMeds roles.

After submission of the document to the UEMS, the ETR Committee reviewed it and issued remarks and recommendations in January 2025. The Accreditation Committee of the EBU subsequently worked on the document, and the suggested changes have been incorporated into the respective chapters.

In particular, a paragraph on the importance of trainees' exposure to research has been added. We have also included a statement in the section "Policies on Safeguarding Children and Vulnerable Adults," explicitly emphasising frailty-aware assessment, shared decision-making, and multidisciplinary management in older or frail patients, where appropriate.

Furthermore, the ETR has been revised to include a dedicated section aligning each CanMEDS role with the core urology knowledge and clinical competency levels defined in the document. This clarifies how clinical, professional, communicative, collaborative, leadership, scholarly, and health advocacy competencies are integrated throughout urology training, in line with other ETRs approved by UEMS.

In addition, we have introduced a dedicated section on EPAs, clarifying their definition, purpose, and relationship to the existing competency levels. A limited number of essential EPAs for urology training has been proposed, reflecting core professional activities that integrate clinical competence, professional behaviour, and supervisory trust. These EPAs are aligned with the CanMEDS framework and form an integral part of competence-based assessment. We believe this addition strengthens the ETR while preserving its structure and feasibility across different national training systems.

Finally, the preamble of the document has been fully updated and replaced with the current official UEMS ETR template preamble (UEMS 2022/30), in accordance with UEMS requirements.

After these substantial changes and updates, the EBU believes that this final version is of higher quality than previous versions and meets all UEMS requirements.



POLICIES ON SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

In urology, vulnerability frequently includes older or frail patients. Trainees should therefore be able to apply a frailty-aware approach (multimorbidity, polypharmacy, functional and cognitive status, anaesthetic risk) and integrate life expectancy and patient goals into shared decision-making. Collaboration with relevant teams (e.g. geriatrics, anaesthesia, rehabilitation and palliative care) should be sought when appropriate.

A vulnerable patient might be an adult (aged 18 years or older) or a child (aged under 18 years). The vulnerable patient might be suffering from dementia or other psychiatric disorders or might be suffering from complex physical disorders. The vulnerable patient might be in an adverse financial situation or might have poor social circumstances and might have suffered abuse or neglect. A urological admission could heighten these vulnerabilities.

The healthcare professional is expected to represent the best interests of the patient and, therefore, in these circumstances, it may become necessary to introduce a collaborative working relationship with the patient and their carers if this aim is to be achieved. The patient-care pathway and the delivery of services will need to be adapted to take into account these vulnerabilities. Patient dignity and the delivery of patient-focused care in a safe clinical environment should always be the primary objectives of the doctor.

It is particularly important that trainees are familiar with the departmental policies for obtaining consent for procedures on vulnerable adults or children.



01



TRAINING REQUIREMENTS FOR TRAINEES

- **Introduction (General aspects of training)**
- **Content of training and learning outcome**
- **Theoretical knowledge (Sections 1-10)**
- **Practical and clinical skills**
- **Technical skills**

Introduction (General Aspects of Training)

It is EBU's mission to stimulate continuous improvement in standards of urological education, training and professional development in Europe.

It acts as a coordinating and monitoring body for training in urology within the EU and formulates the standards set out hereafter for training institutions, trainers and trainees within the specialty of urology.

Specialisation as a urologist requires the trainee to acquire theoretical knowledge across all aspects of urology, together with practical and clinical skills. Training should prepare the trainee for the operative and non-operative management of patients, including disease prevention, diagnosis, multidisciplinary decision-making, treatment, and the management of both benign and malignant conditions.

Certification as a urologist is obtained after satisfying all the requirements of a national urology training programme in an EBU member country. The European Board of Urology, through its Examination Committee, offers high-quality examinations that reflect current European standards.

Training in urology should be undertaken in institutions that provide the standard of education expected to be achieved. The EBU sets these standards and is actively involved in the assessment and certification of residency training programmes. The EBU has a Certification Committee responsible for determining standards and ensuring quality assurance when assessing the residency training programme of the institution concerned. During the training period, trainees should be allocated time and opportunities for practical and theoretical study and should have access to relevant national and international literature.

Trainees should have opportunities to participate in ongoing research activities and acquire the skills necessary to critically appraise scientific literature. Training institutions should maintain an environment that supports educational activity, offering appropriate supervision, infrastructure and protected time to enable meaningful involvement in research. Trainees should gain familiarity with scientific methodology, evidence-based practice and the critical appraisal of literature, and should be encouraged to contribute to the academic output of the department where feasible.

The ratio between the number of specialists on the teaching staff and the number of trainees at any given time should be sufficient to allow close personal supervision and adequate exposure to practical clinical work.

1. CONTENT OF TRAINING AND LEARNING OUTCOME

A medical trainee is a doctor who has completed their general professional training as a physician and is in an accredited training programme, to become a recognised medical specialist, variably known in different countries as an intern, fellow or registrar.

'Learning Outcomes' means statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.

1.a. Theoretical Knowledge

This section includes the main domains covered by the specialty which the trainee should know.

The compilation of the EBU Learning Objectives is based on the initial document developed by Prof. A. Esen (Izmir, Türkiye). These objectives have since been supplemented and updated through reference to other established urological curricula and training documents, resulting in a comprehensive framework that defines the knowledge, clinical skills, competencies, and professional behaviours expected of a fully trained urologist from the perspective of the European Board of Urology.

A general outline is presented and is intended to be a guide rather than a fully exhaustive list. Suitable sources of information include urology textbooks, scientific papers, podcasts and other learning formats and guidelines produced by the EAU and other educational urological institutions.

The Learning Objectives include 10 sections.

Section 1: Professionalism expected of a trained urologist

Section 2: Basic science and other general areas

Section 3: Urinary tract infections, sexually transmitted and parasitic diseases

Section 4: Urinary incontinence, functional urology, LUTS and benign prostatic hyperplasia

Section 5: Renal failure and renal transplantation

Section 6: Stone disease

Section 7: Urological malignancies

Section 8: Andrology, infertility, penile and scrotal surgery

Section 9: Paediatric urology

Section 10: Trauma

SECTION 1 PROFESSIONALISM EXPECTED OF A TRAINED UROLOGIST

Good Clinical Care

Patients need good urologists. Patients must be able to trust urologists with their lives and health. To justify that trust, the urologist must show respect for human life and make sure their practice meets the standards expected of them. This places certain obligations and duties upon the urologist that *must* be fulfilled.

The basis for good clinical management is to be able to elicit a good clinical history and to be skilled at performing a good physical examination. This is the basis for the ability to formulate an appropriate diagnostic and therapeutic plan. In turn, good clinical care requires the ability to communicate this clearly with the patient and to be receptive to the fears, expectations and needs of the individual patient and to any cultural beliefs.

Good clinical care requires that the urologist will involve other healthcare professionals in the decision-making process where necessary, recognising that the best care for patients requires consensus on appropriate management in certain cases.

There are also important attitudes that form part of the doctor's professional behaviour which include:

- Respect and compassion towards patients
- Respect towards colleagues and junior staff
- Adherence to the values of honesty, confidentiality and altruism
- Maintenance of competence throughout one's career
- Continuous improvement of care through evaluation of processes and outcomes
- Participation in educational programmes
- Provision of care irrespective of age, gender, race, disability, religion, social or financial status
- Delivery of the highest-quality care in a compassionate and caring manner

The urologist makes the care of their patients their first concern: they are competent, keep their knowledge and skills up-to-date, establish and maintaining good relationships with patients and colleagues, are honest and trustworthy and act with integrity and within the law. The urologist works in partnership with patients and respects their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

It is expected that during their training to become a specialist urologist, the doctor should have acquired the specialist knowledge, along with clinical and operative skills, to enable good clinical practice. In addition, it is expected that the doctor should also have developed and internalised values, behaviours and professional attitudes.

Therefore, the attributes required of a professional extend far beyond clinical competence alone. It is also important that the urologist is a good communicator with fellow healthcare professionals and with patients and their relatives so that the clinical pathway is clearly understood by everyone. It is important that the urologist demonstrates a commitment to lifelong learning and has the skills to evaluate scientific data and to be able to follow a path of “evidence-based” medicine. The urologist must appreciate that they also have a teaching role and are committed to training future generations of professionals.

The urologist also needs to have the administrative, managerial, and leadership skills to be able to manage clinical practice and also to be able to manage research when working in an academic environment. Central and core to all other requirements the urologist is expected to have developed clear moral principles and characteristics: honesty, integrity, compassion, fortitude, trustworthiness, conscientiousness, practical wisdom, and humility. These will shape and govern their behaviour in their medical practice.

The urologist recognises the limits of their own expertise and abilities and therefore practises within the limits of their professional competence. The urologist should also be open to seeking a second opinion or the assistance of others when necessary. The urologist is able to inform patients in such a way that they can understand, appreciate and deliberate upon the diagnosis and therapeutic options available to them and their associated implications. The urologist facilitates patient choice and is willing to adapt or adjust treatment according to the patient's beliefs and preferences. These actions ensure that the patient is able to give fully informed consent for any diagnostic or therapeutic course of action.

CanMEDS Roles: Promoting Higher Standards of Care

CanMEDS is a framework that identifies and describes the abilities physicians should possess to effectively meet the healthcare needs of their patients. Developed by the Royal College of Physicians and Surgeons of Canada, the framework groups these abilities into seven distinct roles.

A competent physician should be able to integrate the competencies associated with all seven CanMEDS roles. These roles are Medical Expert, Professional, Communicator, Collaborator, Scholar, Leader, and Health Advocate.

Medical Expert

As Medical Experts, physicians integrate all CanMEDS Roles, applying medical knowledge, clinical skills and professional values to deliver high-quality, safe, patient-centred care. They draw upon an evolving body of knowledge, together with their clinical skills and professional judgement, to collect and interpret information, make clinical decisions, and undertake diagnostic and therapeutic interventions. They do so within their scope of practice and with an understanding of the limits of their expertise.

Their decision-making is informed by best practice and research evidence and takes account of the patient's circumstances and preferences, as well as the resources available. Clinical practice should be current, ethical and resource-efficient, and carried out in partnership with patients and their families, other healthcare professionals, and the wider community.

Professional

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high standards of professional conduct, accountability to the profession and society, professional self-regulation, and maintenance of their own health and well-being. Physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, science, and practice of medicine. The Professional role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to lifelong learning and professional development, promotion of the public good, adherence to ethical standards and values such as integrity, honesty, altruism, humility, respect for diversity and transparency regarding potential conflicts of interest.

Communicator

As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care. Physicians enable patient-centred therapeutic communication by exploring the patient's symptoms and by actively listening to the patient's experience of his or her illness.

Physicians explore the patient's perspective, including their fears. Central to a patient-centred approach is shared decision-making which should result in a plan of care that is informed by evidence and guidelines.

It can be appreciated, therefore, that the fundamental purpose of interaction of the doctor with the patient is to establish a good doctor/patient relationship based on good understanding, trust, respect, empathy and confidentiality. It is essential that the urologist has the skills to communicate in a manner that is clearly understood by the patient while also allowing the patient's perspective to be heard. It is also necessary that the urologist has the necessary skills for breaking bad news in a manner that is appropriate for the clinical circumstances and have the ability to act with empathy, honesty, and sensitivity, avoiding undue optimism or pessimism. The urologist, likewise, must be able to communicate with other healthcare professionals with similar care and professionalism.

Collaborator

As Collaborators, physicians work effectively with other healthcare professionals to provide safe, high-quality, patient-centred care. Collaboration requires relationships based on trust, respect, and shared decision-making among a variety of individuals with complementary skills in multiple settings across the continuum of care. It involves sharing knowledge and responsibilities and a willingness to learn together.

Scholar

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship. It is important that the urologist recognises this responsibility of being an educator and as such needs to be able to allocate the necessary time and the appropriate environment for education. This education might involve medical students, trainee doctors (whether urologists or others) as well as other healthcare professionals. As a teacher the doctor needs to maintain honesty, empathy and objectivity during appraisal and assessment. The urologist educator should have acquired the necessary specialist knowledge, skills, and abilities or education and training. The urologist needs to appreciate that there is a professional basis to educational practice as much as there is to medical practice.

The urologist educator should therefore be familiar with current educational practice and keep up-to-date with this through their continuing professional development, in a similar manner as one would be expected to keep up-to-date in respect of their clinical practice. It is important for the doctor to be involved in 'lifelong learning' and promote evidence-based guidelines and practice. Therefore, they should be involved in audit of their clinical practice and promote high standards of clinical care and quality assurance. They should also be involved in medical research in accordance with the responsibilities of their post and follow the highest ethical standards in research.

Finally, the doctors' scholarly abilities allow them to contribute to the application, dissemination, translation and creation of knowledge and practices applicable to health and healthcare.

Leader

As a Leader, the doctor engages with others in order to provide a high-quality healthcare system through the roles of clinician, administrator, scholar or teacher. The leader might function as an individual care provider, as a member of a team and as a participant in healthcare provision locally, regionally, nationally and globally.

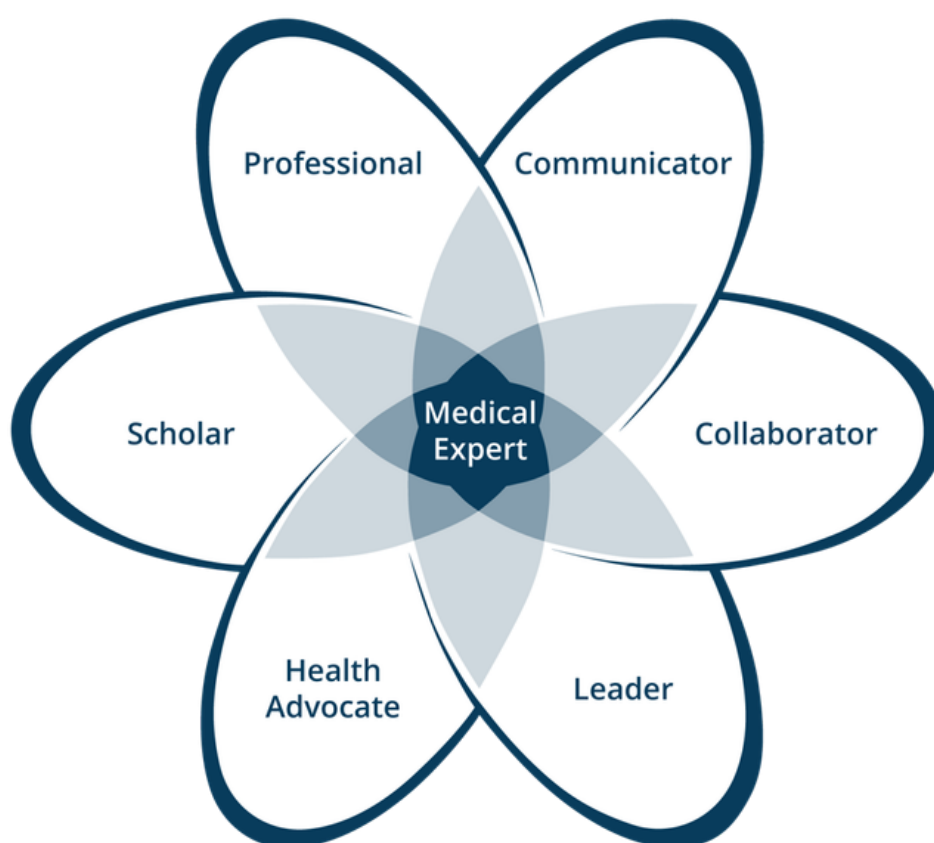
The good urologist when acting as a leader, must ensure that they act in accordance with the principle that the care of the patient is the first concern. Any plans and actions must be flexible and take into account the needs and requirements of others. The urologist manager should involve others in their decision-making.

This involves good communication skills, gaining trust and respecting the roles of others, managing differences of opinion and adopting a 'team-approach'. The urologist manager needs to be able to identify the need for instituting change in clinical practice when appropriate and to facilitate such change where necessary.

Health Advocate

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They are accountable to society and recognise their duty to contribute to efforts to improve the health and well-being of their patients, their communities and the broader populations that they serve. They often need to engage with other healthcare professionals, community agencies, administrators and policy-makers.

The good urologist should understand the factors that influence the incidence and prevalence of certain diseases and should understand the role of screening programmes. They should also strive to promote lifestyle changes, with a view to reducing the incidence of ill-health.



Alignment of CanMEDS Roles with Core Urology Competencies

Medical Expert	Obtaining of core urological knowledge (A1–A4); progressive development of diagnostic, surgical, and endoscopic skills (B Levels 1–5); peri-operative decision-making; recognition and management of complications; understanding personal limitations and appropriate referral to specialised centres.
Communicator	Maintaining a patient-focused communication across all clinical interactions; meticulous completion of informed consent; detailed explanation of procedures, its potential risks and possible alternatives; proficiency in breaking bad news and the implementation of shared decision-making models; accurate and timely clinical documentation; effective communication with MDTs.
Collaborator	Multidisciplinary teamwork in: oncological care, paediatric urology, radiology, anaesthesia, pathology, etc.; appropriate referral pathways and inter-specialty collaboration; shared responsibility for patient care; collaboration across levels of care and specialties.
Leader	Organisation and prioritisation of urological services; supervision of trainees according to competency level; contribution to quality assurance, audit, and patient safety initiatives; responsible use of healthcare resources; facilitation of change in clinical practice.
Health Advocate	Identification of risk factors for urological disease; promotion of screening and prevention strategies; counselling on lifestyle modification; advocacy for vulnerable patient groups; contribution to population health where relevant.
Scholar	Lifelong learning; application of evidence-based medicine; participation in clinical audit and research; teaching of medical students, trainees, and allied health professionals; contribution to guideline development and dissemination of knowledge.
Professional	Ethical practice; accountability; respect for patient autonomy, confidentiality, and diversity; adherence to legal and professional standards; maintenance of personal health and psychological well-being to ensure a sustainable career in medicine; recognition of limits of competence.

Sections 2-10 are knowledge-based sections. The grading reflects the relative importance of each topic and provides guidance on the depth of knowledge expected of the trainee.

Grade Classification (grades 1-3)

GRADE 1 (Basic)	The trainee demonstrates a basic understanding of this area.
GRADE 2 (Intermediate)	The trainee demonstrates a partial mastery of the knowledge and skills required in this area.
GRADE 3 (Advanced)	The trainee demonstrates full mastery of the knowledge and skills required in this area.



SECTION 2 BASIC SCIENCES AND OTHER GENERAL AREAS

KNOWLEDGE, SKILLS, COMPETENCES	GRADE
To know the basic techniques currently used in medical laboratories, including microbiological investigations, and to be aware of the limitations of point-of-care and near-patient testing devices used for common laboratory tests.	1
To know the aetiology, pathophysiology and pathogenesis of disease and infection, together with the basic principles of microbiology.	1
To know about nuclear medicine, radiology and radiation protection.	1
To know the hazards associated with urological procedures (diagnostic and therapeutic), and the measures for their prevention (or protection), that may affect physicians and other medical personnel.	1
To know about palliative medicine, emergency medicine, transfusion medicine and psychosomatic medicine.	2
To know about the genetic aetiology of congenital anomalies and urological disease and the related genetic tests involved.	2
To know about pharmacotherapy, including drug interactions, substance misuse and analgesic medications.	2
To know how to take a clinical history from a patient and how to do a full physical examination and to know the basic principles of telemedicine.	3
To demonstrate effective communication skills with colleagues, patients and relatives.	3
To understand the role of multidisciplinary team working in establishing and refining a differential diagnosis.	3
To practise appropriate documentation of clinical information, effective time management, and patient care that incorporates informed consent.	3
To know about medical and scientific ethics and about medico-legal issues.	3
To know the principles of disease prevention and the role of rehabilitation.	3
To understand the structure of the national healthcare system and the associated economic considerations.	3

Normal development of genitourinary tract (Embryology)	
To know the embryological development of the kidney, bladder, ureter, genital and reproductive systems, and the female and male external genitalia.	1
To know about the migration of the gonads to their normal anatomic locations.	1
Anatomy of the retroperitoneum, adrenal glands, kidneys and ureters, lower urinary system and the genital organs	
To know the anatomy of the retroperitoneum and its contents.	1
To know the anatomy, blood supply and innervation of the adrenal glands.	1
To know the macroscopic and microscopic anatomy of the kidneys.	1
To know anatomy, blood supply, lymphatic drainage and innervation of the kidneys. To know the normal anatomy of ureters (and their anatomical variations) and to know the blood supply, innervation and lymphatic drainage.	1
To know the anatomy of the female and male bony pelvis and the adjacent organs.	1
To know the soft tissues in the pelvis, their blood supply and innervation.	1
To know the anatomy of the rectum, bladder and prostate, together with their blood supply and innervation.	1
To know the anatomy of the male and female urethra, the vas deferens, seminal vesicles, spermatic cord, including their blood supply and innervation.	1
To know the anatomy of the penis, scrotum and testes, including their blood supply and innervation.	1
To know the anatomy of abdominal aorta, the inferior vena cava, the lymphatics and the nervous structures of the retroperitoneum.	2
Renal physiology – pathophysiology	
To know the structure of the nephron and to understand the basic renal physiology.	1
To know the structure and function of the afferent and efferent renal arterioles and the glomerulus.	1

To know the structure and function of the renal tubules within the nephron.	1
To know the physiology and the pharmacology of the renal pelvis and ureters and the pathophysiology of urinary system obstruction.	1
To know the renin-angiotensin-aldosterone system and the associated disorders and their treatment.	1
To know how to calculate creatinine clearance.	2
Fluid electrolyte balance	
To know how to diagnose and treat hypervolaemia and hypovolaemia, hypernatraemia and hyponatraemia, hyperkalaemia and hypokalaemia, hypercalcaemia and hypocalcaemia, and hypermagnesaemia and hypomagnesaemia.	2
To know the disorders of acid-base balance and their appropriate treatment.	2
Imaging of the urinary tract	
To know the physics of ultrasound.	1
To know the indications for urinary tract ultrasound studies.	1
To know the physics of computed tomography (CT) (including the dynamic and multiphasic protocols) and to know the properties of image reconstruction of the CT machine.	1
To know the physics of magnetic resonance imaging (MRI) and to know its dynamic and multiphasic investigative properties.	1
To know the different indications, complications and contraindications of contrast media.	2
To know the current indications, contraindications and complications of conventional imaging techniques (to include intravenous urogram (IVU), direct urinary system radiography (DUSG), retrograde and antegrade pyelography, loopography, urethrography and cystography/voiding cystourethrography).	3
To know the indications for nuclear medicine investigations (DMSA, DTPA, PET, MAG-3, PET-CT).	3
To know the normal anatomical structures and the pathological processes of the body as seen by CT.	3

To know the indications for MRI investigation and its contraindications and complications.	3
To know the key elements present within an MR imaging report and be able to describe the varied appearances of the body's anatomic structures in normal and pathologic situations.	3
To be able to prevent and to treat an allergic reaction to contrast media.	3
Urinary tract obstruction	
To know the normal and pathological appearance of the renal pelvis in urinary obstruction on ultrasound and understand the use and interpretation of scintigraphy in urinary obstruction.	2
To know the outcome of different methods of surgery (endoscopic, laparoscopic or open) for urinary obstruction.	2
To know the clinical significance of a retrocaval ureter.	2
To know how to diagnose urinary tract obstruction and which imaging modalities are used.	3
To know the pathophysiological effects this can have on the kidney	3
To know the aetiology, clinical presentation and differential diagnosis of retroperitoneal fibrosis and what imaging methods are used to make the diagnosis.	3
To know the medical and surgical therapy options for retroperitoneal fibrosis.	3
To know the aetiology, diagnosis and therapy of a ureteral stricture depending on the site of the stricture.	3
Anaesthesia and premedication in urological surgery	
To know the indications for and use of different types of premedication.	2
To know about the pre-operative preparation of a patient for surgery, including physical examination, organisation of appropriate investigations and referral for specialist consultation when necessary.	3
To know how to manage post-operative pain.	3
To know the indications for general anaesthesia and local/regional anaesthesia.	3

To know how to administer local anaesthesia at different anatomical sites (penile block, inguinal block, spermatic cord nerve block, periprostatic nerve block and skin infiltration anaesthesia).	3
To know about the various concomitant anticoagulant medications currently used by patients undergoing urological surgery and the pre-operative precautions that are necessary.	3
Urological surgical equipment and principles of sterilisation/disinfection	
To know the principles of sterilisation or high-level disinfection to ensure the safe use of equipment.	2
To know how to define the terms sterilisation, disinfection, asepsis and antisepsis.	2
To know the different sterilisation techniques used in operating theatres, patient wards and other clinical areas.	2
To know the hospital equipment commonly used for different urological operations.	3
Incision techniques, suturing techniques and wound care	
To know about different suture materials and which type of suture should be used in specific tissue types.	2
To know the relevant local anatomy encountered when performing a midline incision, anterior subcostal incision, lumbotomy incision, paramedian incision, Gibson (flank) incision, Pfannenstiel incision, subinguinal incision, scrotal incision and perineal incision.	3
To know about appropriate wound care and about the dressings that are required.	3
Drainage of urinary system and catheterisation	
To know the indications and complications for ureteric stenting and the different types of ureteric stents available.	3
To know the technique, indications and complications of nephrostomy.	3
To know the technique and complications of urethral catheterisation.	3
To know the indications for permanent and temporary urinary catheters and be able to describe the technique of self-catheterisation.	3
To know the technique, indications, potential complications and contraindications of suprapubic catheterisation.	3

Principles of endoscopic surgery	
To know the endoscopic procedures for lower and upper urinary tract conditions.	3
To know how to position a patient for cystoscopy.	3
To know the normal and pathological structures which are encountered in the urethra, urinary bladder and upper tract during cystourethroscopy and ureterorenoscopy.	3
To know the correct methods of specimen collection during cystoscopy and ureterorenoscopy.	3
To know the optimal placement of endoscopy equipment and imaging units in the operating theatre during endoscopic surgery.	3
Robotic and laparoscopic surgery	
To know the history of robotic and laparoscopic surgery and the currently available robotic platforms.	3
To know how to position the patient correctly on the operating table and which port configurations are required for robotic and laparoscopic surgery.	3
To know specific complications of robotic and laparoscopic surgery how to manage them.	3
To know the points requiring particular attention for the assistant surgeon.	3
To know which surgical instruments are used during robotic and laparoscopic surgery.	3
Physiologic changes in laparoscopic and robotic surgery and patient preparation	
To know the pre-operative evaluation and preparation for patients undergoing laparoscopic and robotic surgery.	3
To know the entry techniques and port placements required in laparoscopic and robotic surgery.	3
To know the instruments and equipment used during these procedures (hand instruments, power sources, haemostasis methods, stapler and clips).	3
To know the normal anatomy of the intraperitoneal and retroperitoneal organs.	3
To know the diagnosis and treatment of certain complications that may develop due to pneumoperitoneum and pneumoretroperitoneum.	3

To know how to recognise complications and the treatment options for injuries to vessels, visceral organs and intestines.	3
To know the anaesthetic complications specific to laparoscopic and robotic surgery.	3
To know how to describe the techniques of intracorporeal or extracorporeal knot-tying.	3
To know the points requiring particular attention when exiting the abdomen and the principles of post-operative care for patients undergoing laparoscopic and robotic surgery.	3
Molecular genetics and cancer biology	
To know the normal cell cycle and related basic mechanisms.	1
To know DNA structure and replication, the process of protein synthesis and their relationship to disease, and to include genetic disorders in the differential diagnosis and to assess these using appropriate tests.	1
To know the processes involved in DNA, RNA and protein synthesis.	1
To know the mechanisms of DNA damage and repair.	1
To know about DNA mutations and be able to explain the relationship between errors in DNA replication, transcription and translation and the development of urological diseases.	1
To know the essentials of gene therapy and pharmacogenomics and their role in urology.	1
To know the benefit of cell culture from a urological perspective.	1
To know the genetic disorders associated with an increased risk of urological malignancy, kidney tumours and adrenal tumours, and understand that referral to clinical genetics should be part of clinical practice.	1
Basic principles of immunology in urology	
To know the genetic, molecular, biological and immunological methods used in the treatment of urological disease.	1
To know the relationship between proto-oncogenes, oncogenes, tumour suppressor genes, DNA repair genes and the development of urological cancers.	1

To have basic knowledge about the genetic variants classification (pathogenic variants, benign variants, variants of unknown significance)	1
To know the hereditary aspects of certain urological cancers and the mechanisms responsible.	1
To know about the laboratory methods currently used for molecular genetic investigations.	1
To know the principles of heredity using basic genetic concepts, including the concepts of proto- oncogenes and oncogenes, and their roles in the development of urological cancers.	2
To know the relationship between immune system dysfunction and the development of urological diseases.	2
Evaluation of health services, informed consent and medico-legal issues	
To know the basic goals of an ideal health service, the importance of clear rules regarding patient access, and the importance of supervision of public healthcare services.	3
To know how to justify the cost and quality of these services.	3
To know the difference between preventive and therapeutic health services.	3
To know what information should be included in a patient's hospital record.	3
To know the principles of informed consent and the importance of the medico-legal aspects of clinical care.	3

SECTION 3 URINARY TRACT INFECTIONS, SEXUALLY TRANSMITTED AND PARASITIC DISEASES

To know the aetiology, pathophysiology, incidence/prevalence, clinical findings and symptoms of acute and chronic pyelonephritis, xanthogranulomatous pyelonephritis, renal abscess/carbuncle and pyonephrosis.	2
To know the epidemiology, histopathology, classification, clinical findings, laboratory findings, imaging methods, treatment methods for prostatitis and chronic pelvic pain syndrome, orchitis and epididymitis.	2
To know how to classify, diagnose and differentiate between complicated and uncomplicated urinary tract infections.	3
To know the pathogenesis, the clinical manifestations and the laboratory investigations and imaging techniques required for the evaluation of urinary tract infections.	3
To know the principles of antimicrobial therapy and antimicrobial prophylaxis for selected urological procedures, and the appropriate use of antibiotics.	3
To know the management of recurrent urinary tract infections and the indications for surgical and/or medical intervention, including possible complications.	3
To know how to diagnose and treat bacteraemia, sepsis and septic shock.	3
To know the clinical presentation, laboratory diagnosis, radiological findings and treatment of other infections such as Fournier's gangrene and periurethral abscess.	3
To know the appropriate management of bacteriuria during pregnancy, in older adults and in patients with spinal cord injuries.	3
To know the causes and incidence of hospital-acquired (nosocomial) infections and the important principles of hand hygiene, personal protective equipment, safe use and disposal of sharps, aseptic non-touch technique, and effective waste management.	3
Sexually transmitted diseases	
To know the aetiology, epidemiology and management of fungal infections.	2
To have a basic general knowledge of sexual health, sexual education and psychosexual problems. To know about the prevention and control of sexually transmitted diseases, including partner notification, and to know when referral to a specialist venereologist is indicated.	3

To know the aetiology, epidemiology, pathogenesis, pathology, clinical features, and the laboratory and imaging tests required for the diagnosis of gonococcal urethritis and non- gonococcal urethritis, genital syphilis, chlamydia, lymphogranuloma venereum, chancroid, genital herpes, condyloma acuminatum (HPV), HIV-AIDS, and genitourinary tuberculosis.	3
To know the complications of these conditions and their treatment and follow-up protocols.	3
To know about the culture media, serum immunological studies and routine laboratory investigations required for the diagnosis of fungal infections.	3
Parasitic infestations	
To know the epidemiology, clinical presentation and treatment of parasitic infestations such as bilharzia and renal echinococcosis.	3



SECTION 4 URINARY INCONTINENCE, FUNCTIONAL UROLOGY, LUTS AND BENIGN PROSTATIC HYPERPLASIA

To be able to take a good history, establish a differential diagnosis using appropriate clinical examination and investigations (including urodynamic evaluation when appropriate), and know the therapeutic options for management.	3
The anatomy of the urinary system and the physiology of micturition	
To know the anatomy, development and function of the renal pelvis and ureter.	1
To know the normal nervous system control of ureteric function and urine transport, and how disease can affect this control.	1
To know the physiology and mechanical properties of the urothelium and smooth muscle of the bladder.	1
To know the overall neural control and pharmacology of the lower urinary tract.	1
To be able to classify lower urinary tract dysfunction and know the respective pathophysiological mechanisms.	1
To know the physiology of micturition and lower urinary tract symptoms.	1
To know how to diagnose neurogenic lower urinary tract disorders and understand their natural history, including complications, and management strategies.	2
Lower urinary tract symptoms (LUTS)	
To know the definition of storage, voiding and post-micturition symptoms according to ICS terminology.	3
To be able to describe the algorithm for evaluating lower urinary tract symptoms (questionnaires, bladder diary, urine tests, ultrasound).	3
To know the indications for special investigations (urodynamics, endoscopy, neurological tests).	3
Urinary incontinence	
To know the different types of urinary incontinence and the differential diagnoses (e.g. 'pseudo' incontinence, ureteric incontinence, fistulae etc.).	3

To be able to explain complicated incontinence, in which first-line or second-line management cannot be initiated until other conditions have been fully investigated (such as pelvic organ prolapse, post-void residual volume, pain or haematuria).	3
To be able to discuss non-pharmacological management options, such as pelvic floor rehabilitation with other healthcare professionals, including PRM physicians, within a multidisciplinary setting.	3
Neurogenic bladder	
To know the incidence, classification, diagnosis and treatment of neurourological disorders.	3
To know the principles of urodynamic evaluation of the neurogenic bladder.	3
To know about common problems following spinal cord injury and their therapeutic interventions, and to know the indications and complications of intermittent catheterisation and of indwelling/suprapubic catheterisation through interdisciplinary collaboration with other healthcare professionals involved in patient rehabilitation.	3
To know the indications, complications of different surgical procedures, including sphincterotomy, augmentation cystoplasty, urinary diversion, sacral neuromodulation, artificial sphincters and botulinum toxin (Botox) treatment.	3
Urodynamics	
To know how to define various urodynamic terms according to ICS guidelines, be familiar with standard urodynamic equipment, and explain how it works.	3
To know the classification of urodynamic investigations according to ICS terminology.	3
To know the indications and contraindications for urodynamic testing and be able to classify micturition disorders according to interpretation of the findings.	3
To know the indications for video urodynamics, explain how it is performed, and be able to interpret the findings.	3
To know the potential side effects and complications of urodynamic testing, including the life-threatening complication of autonomic dysreflexia and its management.	3
Pelvic organ prolapse	
To know the anatomy of the female pelvic organs and the anatomical compartments.	2

To know the epidemiology, pathophysiology and classification of pelvic organ prolapse.	2
To know the effect of pelvic organ prolapse on continence and be able to describe the urogynaecological evaluation.	2
To know about rehabilitation techniques and collaborate with other members of the healthcare team, including PRM physicians.	2
Conservative (non-surgical/non-medical) treatment of incontinence	
To know about the mechanical vaginal and urethral devices that can be used in the management of urinary incontinence.	2
To define the need for conservative management options and collaborate with other healthcare professionals regarding appropriate rehabilitation interventions, when necessary, in the management of urinary incontinence.	3
To know the conservative management options for urinary incontinence, including behavioural therapy and lifestyle modification, pelvic floor muscle exercises, urge suppression training, biofeedback, pelvic floor electrical stimulation and bladder retraining.	3
Pharmacological approach to storage and voiding disorders of the lower urinary system	
To know the pharmacological treatment options for disorders of bladder filling/storage and voiding.	3
Urge incontinence and overactive bladder (OAB)	
To know the aetiology, pathogenesis, incidence and clinical symptoms of OAB, its economic and psychological impact, and the differential diagnosis.	3
To know how to define overactive bladder and urge urinary incontinence according to ICS criteria and be able to describe the symptom complex.	3
To know the classification and pathophysiology of neurogenic and non-neurogenic lower urinary tract dysfunction and how to evaluate and differentiate between them.	3
To know about management options, including first-line pharmacotherapy, second-line pharmacotherapy, neuromodulation, botulinum toxin treatment and other surgical therapies.	3
To be familiar with OAB questionnaires and their interpretation.	3

Nocturia and nocturnal polyuria	
To know the different causes of nocturnal frequency and the possible collaboration with other specialities (cardiology, endocrinology, sleep medicine etc.).	3
To be able to diagnose nocturnal polyuria, and be familiar with the use of the nocturnal polyuria index (NPI).	3
Painful bladder syndrome (Interstitial cystitis) and related conditions	
To know the aetiology and epidemiology of painful bladder syndrome and the diagnostic criteria and differential diagnosis of chronic pelvic pain syndromes.	2
To be familiar with symptom indices and scoring systems (e.g. the VAS pain scale) and the cystoscopic diagnostic criteria for interstitial cystitis, including Hunner lesions.	3
To know about medical and surgical therapeutic options, including intravesical treatments, and the longer-term management strategy.	3
Stress type urinary incontinence in women	
To know the epidemiology, aetiology and classification of stress urinary incontinence and how to undertake clinical and urodynamic evaluations.	3
To know how to perform a neurological evaluation of a patient.	3
To know the medical, surgical and conservative treatment options and their respective indications, side effects and contraindications.	3
To know the indications, contraindications, complications and techniques of open/laparoscopic suspension procedures and periurethral injection therapy; the use of artificial urinary sphincters and slings; anterior and posterior prolapse repair; mesh implantation (including potential mesh-related complications); vaginal fixation procedures; TOT/TVT; and retropubic sling procedures.	3
Urinary incontinence in men	
To know the classification, pathophysiology and aetiology of male urinary incontinence and the investigation algorithm, including indications for urodynamic studies.	3
To know the conservative, pharmacological and surgical management options, including artificial urinary sphincters and sling operations, and be able to discuss long-term outcomes and complications.	3

Incontinence in geriatric patients	
To know the effect of ageing on urinary continence, the causes of transient incontinence in older adults, and the pharmacology of commonly prescribed medications that may affect continence.	3
To know the differential diagnosis of both lower urinary tract-related and non-lower urinary tract-related (functional) causes and know the indications and interpretation of urodynamic studies.	3
To know the different treatment options for urinary incontinence.	3
Urinary system fistulae and diverticula	
To know the normal anatomy of the female urethra and the internal and external sphincters in women.	3
To know about female urethral pathologies and female genitourinary system fistulae and be able to discuss therapeutic options.	3
To know the clinical findings on physical examination of a rigid urethra, urethral hypermobility, healthy mucosa, mucosal prolapse, urethral caruncle and urethral tumour.	3
To know the management of urethrovaginal fistulae.	3
To know about physical examination, the triple-pad test and micturition patterns in women with fistulae, and be able to discuss the value of urethroscopy, cystourethrography and vaginal examination.	3
To know how to diagnose intestino-vesical fistulae and discuss their management.	3
To know the surgical reconstructive management of urethral duplication, urethral diverticulum and bladder diverticulum.	3
Benign prostatic hyperplasia	
To know the development, cell biology, endocrine control of the prostate.	1
To be able to explain prostate secretions.	1
To know the aetiology, pathophysiology, the epidemiology and natural history of benign prostatic hyperplasia.	1
To be familiar with the terms of bladder outflow obstruction (BOO), benign prostatic enlargement (BPE) and benign prostatic hyperplasia (BPH).	3

To know how to assess and treat a patient presenting with lower urinary tract symptoms.	3
To know about symptom score questionnaires, frequency-volume charts and bladder diaries.	3
To know how to perform a digital rectal examination of the prostate.	3
To know the diagnostic evaluation of LUTS with ultrasound, uroflowmetry and the indications for formal urodynamic assessment.	3
To know the value of urinalysis and PSA in the work-up of male patients with LUTS.	3
To know the medical treatment options for LUTS/BPH, their major side effects, and the evaluation of treatment efficacy and safety.	3
To know the non-surgical treatment options (ablative therapies).	3
To know the mechanisms of acute and chronic urinary retention and be able to describe their management and potential complications.	3
Surgical therapies in BPH	
To know the different methods of performing a suprapubic prostatectomy.	3
To know the indications for transurethral resection of the prostate (TURP) and be familiar with the different techniques and their potential side effects.	3
To know the complications of TURP, including the management of TUR syndrome.	3
To know other treatment options for BPH, including electrovaporesection (EVR), transurethral incision of the prostate (TUIP), aquablation therapy, the UroLift® procedure, prostatic urethral sling and prostatic artery embolisation.	3
To know the different laser technologies used in prostate surgery and be able to discuss their indications, mechanisms of action and complications (KTP, diode, thulium and HoLEP lasers).	3

SECTION 5

RENAL FAILURE AND RENAL TRANSPLANTATION

Aetiology, pathogenesis of renal failure and clinical approach to renal failure	
To know the causes of pre-renal, post-renal, and intrarenal renal failure, and be able to define oliguria and the stages of oliguric renal failure.	3
To know the classification of acute renal failure according to its causes and be able to describe appropriate investigations.	3
To know the signs and symptoms of acute renal failure and be able to state the follow-up and treatment principles for a patient with post-renal acute renal failure (conservative management and indications for dialysis).	3
To know the indications for dialysis in acute renal failure.	3
To know the aetiology and pathogenesis of chronic renal failure and be able to describe appropriate investigations.	3
To know the signs and symptoms of chronic renal failure.	3
To be able to evaluate the pre-operative risk of chronic renal failure and know about renal protective strategies.	3
To know the indications for dialysis in a patient with chronic renal failure.	3
Renal transplantation	
To know the general principles of therapeutic immunosuppression.	2
To know the potential urological problems emerging during long-term follow-up of donors and recipients.	2
To know the role of the urologist in renal transplantation.	3
To know the general principles of transplantation (including its indications and contraindications), the criteria for recipients, and the ethical issues involved.	3
To be able to describe the problems and solutions that might be encountered in donors and recipients during the transplantation work-up.	3
To know the surgical technique for living-donor and cadaveric-donor transplantation and organ retrieval.	3

To know the principles for organ preservation.	3
To know the general management principles of peri-operative and early post-operative care for donors and recipients (including thromboprophylaxis, antibiotic prophylaxis and urine output monitoring).	3
To know how to recognise and treat specific complications such as haemorrhage, arterial thrombosis, venous thrombosis, transplant renal artery stenosis, arterio-venous fistulae and pseudoaneurysms following renal biopsy, lymphocoele, urinary leak, ureteric stenosis, haematuria, vesicoureteric reflux, acute pyelonephritis, kidney stones, wound infection, and incisional hernia.	3



SECTION 6 STONE DISEASE

Epidemiology, pathogenesis and metabolic evaluation	
To know the genetic transmission of stone disease, its geographic distribution, and its familial and gender predisposition.	2
To know the chemical composition of the different types of stones and their relative frequencies.	2
To know the pathogenesis and pathophysiology of urolithiasis and to know the calcium metabolism pathways and those of other relevant elements involved in stone formation.	2
To know how diet, water intake, profession, stress and modern lifestyle can have an impact on stone formation.	3
To know the indications for metabolic evaluation in stone disease and be able to advise on appropriate treatment, particularly for recurrent stone formers.	3
Ureteric stones	
To know the indications for, and the technique of, ureterorenoscopy and retrograde intrarenal surgery.	3
To know about the endoscopic equipment and the consumables such as stents, guidewires, and ureteric access sheaths, that are employed.	3
To know the indications, complications, and basic physics of different modalities of endoscopic fragmentation (including laser and ballistic fragmentation) depending on stone size and position.	3
To know the indications, complications, and outcomes of extracorporeal treatment of ureteric stones.	3
Renal stones (PNL, SWL, RIRS)	
To know the assessment, investigation and treatment options for a patient with renal calculi.	3
To know the indications, anatomy, and complications of percutaneous access.	3
To know the indications, contraindications, and complications of percutaneous surgery (PNL) and be familiar with the factors involved in appropriate patient selection, patient position, and anaesthetic considerations.	3

To know the indications, complications, and outcomes for extracorporeal treatment (SWL), and be able to describe the physics of different lithotripter technologies.	3
To know the indications and complications of retrograde intrarenal surgery (RIRS), and the basic physics of laser fragmentation according to stone size and position.	3
Bladder stones (and other sites)	
To know the pathophysiology of stone formation in the bladder and in special situations such as augmented bladders, urinary diversion, and stones in the prostate or urethra.	3
To know the indications and complications of different treatment modalities.	3
Laparoscopic and open surgery for stone disease	
To know the indications and techniques of laparoscopic surgery for stones in different locations.	3
To know the indications and complications of open surgical procedures for stones.	3
To know the anatomy, patient position and types of incisions used in the different surgical approaches.	3
In a clinical setting	
To know how to diagnose and manage urolithiasis in both acute and elective scenarios, and to know the management of patients in emergency situations such as urosepsis and renal failure.	3
To know how to organise appropriate imaging and other investigations, and to know the indications and side effects of commonly used drugs.	3
To know the strategies for the prevention, diagnosis and management of urinary sepsis.	3
To know how to formulate an appropriate therapeutic approach according to the size and position of the stone, while also taking into account patient factors such as comorbidities and patient preferences.	3
To know how to discuss and liaise with other relevant specialities in the context of an MDT meeting, and be able subsequently to discuss these treatment options with the patient in order to obtain informed consent for treatment.	3
To know the follow-up strategies for recurrent stone former and for different types of stone.	3

SECTION 7 UROLOGICAL MALIGNANCIES

Overall learning objectives in urological malignancies

To know the physics underlying radiotherapy and its role in radical and palliative treatment.	1
To know the use of different pharmacological agents at different stages of disease and their contraindications and side effects.	2
To know the indications for relevant radiological and pathological investigations according to the stage of the urological malignancy.	3
To know the genetic disorders associated with an increased risk of urological malignancy.	3
To know the Tumour Node Metastasis (TNM) classification and other relevant classification and staging systems.	3
To know how to formulate an appropriate therapeutic approach according to the stage and extent of disease, while taking into account patient factors such as comorbidities, geriatric considerations and patient preferences.	3
To be able to discuss the indications for surgery, pre-operative and post-operative management, complications and follow-up strategies.	3
To know how to liaise with radiation oncologists, medical oncologists and other relevant specialities within the context of a multidisciplinary tumour board in to discuss indications for genetic studies, clinical trials, radiotherapy, cytotoxic therapies and other treatment options.	3
To be able to discuss findings, treatment options, prognosis and quality-of-life issues with the patient in order to obtain informed consent for treatment.	3
To be able to discuss the importance of lifestyle factors and provide counselling regarding smoking cessation.	3

PROSTATE CANCER

Anatomy, epidemiology, clinical and pathological staging of prostate cancer

To know the physics underlying radiological and nuclear medicine imaging technologies.	1
To know the anatomy and physiology of the prostate and the epidemiology, aetiology and risk factors for prostate cancer.	2

To know the therapeutic options according to life expectancy and comorbidity.	2
To know the role and diagnostic value of the digital rectal examination, PSA and other biomarkers (including those found in blood, urine and tissue), and be able to interpret nomograms used for pathological staging and prognosis (Partin, Kattan, Briganti, etc.).	2
To know the pathological staging and the investigations required for clinical staging.	3
To know the indications and techniques for prostate biopsy and their potential complications.	3
To know the Gleason grading system and be able to describe the zonal anatomy of the prostate.	3
To know the new methods of prostate imaging and biopsies, including multiparametric MRI, fusion-guided biopsy and PET imaging, and when they should be utilised.	3

Classification, therapeutic options and palliation

To know the physics underlying radiotherapy and its role in the management of different stages of prostate cancer.	1
To know the pharmacology of the endocrine, cytotoxic and other agents used in the treatment of prostate cancer.	1
To know the indications and limitations of focal therapies such as cryotherapy and HIFU, and the role of immunotherapy in prostate cancer.	2
To know how to classify prostate cancer and the treatment options for localised, locally advanced, metastatic and castration-resistant disease.	3
To know how to stratify patients into low-, intermediate- and high-risk groups.	3
To be able to identify patients suitable for active surveillance and explain its indications and contraindications.	3
To know the indications and complications of different therapeutic options, including radical prostatectomy (open, laparoscopic and robotic), radical radiotherapy, brachytherapy, and hormonal therapy taking into account comorbidities and patient preferences.	3
To know the role of palliative treatment with hormones, radiotherapy, chemotherapy and novel agents in low-volume and high-volume metastatic hormone-sensitive prostate cancer.	3

To be able to define castration-resistant prostate cancer and discuss treatment options.	3
To know about the value of rehabilitation interventions such as pelvic floor exercises in the pre-operative and post-operative management of prostate cancer.	3
UROTHELIAL CANCER	
Bladder cancer (NMIBC, TaT1 and CIS)	
To know the epidemiology and pathology of different types of bladder cancer, including the histological variants for urothelial carcinoma.	2
To know the pathology of benign bladder tumours and malignant non-urothelial bladder cancers.	2
To know how to classify patients eligible for adjuvant intravesical treatment according to their risk factors and to plan treatment according to risk stratification.	2
To know the aetiological factors associated with different tumour types and explain the importance of lifestyle, occupation and geographical factor.	3
To be able to provide counselling regarding smoking cessation.	3
To know the staging and classification systems and be able to stratify patients into low-, intermediate- and high-risk groups.	3
To know the presenting signs and symptoms, physical examination findings, laboratory investigations and imaging studies required for diagnosis and staging of bladder tumours, and the indications for cystoscopy.	3
To know the treatment of NMIBC according to stage.	3
To know the principles of the TURBT and the newer technologies available for enhanced tumour visualisation during endoscopy.	3
To know the indications and mechanisms of action of intravesical chemotherapy and BCG together with their efficacy, side effects and complications.	3
To know about device-assisted intravesical therapy.	3
To know the treatment strategy for carcinoma in situ.	3
To know the indications for radical cystectomy for NMIBC.	3

Muscle-invasive and metastatic bladder cancer	
To know how to classify muscle-invasive bladder cancer and the imaging modalities used to diagnose metastatic disease.	3
To know the prognostic factors, taking into account comorbidities, anaesthetic risk and geriatric assessment.	3
To know the indications, techniques and the complications of radical cystectomy and pelvic lymph node dissection.	3
To be able to discuss the prognosis and pre-operative patient preparation.	3
To know the indications, techniques and complications of partial cystectomy.	3
To know the indications for concomitant urethrectomy.	3
To know the management of patients with metastatic disease and the follow-up strategies, including palliative care support.	3
To know the indications, efficacy and side effects of radiotherapy and chemotherapy for localised and metastatic bladder cancer, including indications for neoadjuvant and adjuvant chemotherapy.	3
To know the follow-up strategy for patients with bladder cancer.	3
To know the indications for multimodal therapy and bladder-preserving treatment strategies	3
To be able to explain the palliative treatment approaches in patients with metastatic disease.	3
Robotic and laparoscopic bladder surgery	
To know the methods, principles and the complications of minimally invasive surgery (laparoscopic and robotic approaches) for benign and malignant bladder disease.	3
To know how to prepare a patient for laparoscopic and robotic bladder surgery and organise post-operative follow-up.	3
Urinary diversions	
To know the metabolic and neuromechanical complications that may occur following urinary intestinal diversion.	2

To know the different types of urinary diversion following cystectomy and be able to obtain informed consent after discussion with the reconstructive surgeon and multidisciplinary team.	3
To know which intestinal segments may be used for urinary diversion and be able to describe the different techniques of intestinal anastomosis.	3
To know about bowel preparation, including the principles of Enhanced Recovery After Surgery (ERAS).	3
To know the different types of continent cutaneous diversion and orthotopic urinary diversion.	3
To know how to diagnose and manage peri-operative and provide appropriate long-term follow-up for patients with urinary diversion.	3
To be able to discuss and manage quality-of-life issues, including loss of sexual function.	3
Urothelial carcinoma of the upper urinary tract	
To know the epidemiology, aetiology (including risk factors) and pathology of upper urinary tract tumours.	2
To know the staging and classification systems currently in use.	3
To know the presenting symptoms and the imaging and endoscopic modalities required for diagnosis.	3
To know the indications for kidney-sparing surgery and adjuvant topical therapy.	3
To know the role of radical nephroureterectomy and the different lymphadenectomies templates used in localised and high-risk disease.	3
To be able to discuss the peri-operative and post-operative complications with the patient.	3
To know the indications for adjuvant therapy after surgery and treatment options for advanced disease.	3
To know the relevance of comorbidity when selecting appropriate therapy and be able to discuss this within an MDT meeting.	3
To be able to discuss prognosis and appropriate follow-up protocols.	3

Urothelial carcinoma of the lower urinary tract	
To know the aetiology, epidemiology and histopathology (urothelial and non-urothelial) of urethral tumours.	2
To be able to describe the presenting signs, symptoms and the physical examination findings.	3
To know the laboratory and imaging investigations used in the diagnosis and staging of urethral cancer.	3
To be able to discuss choice of appropriate treatment within the context of an MDT meeting.	3
To be able to discuss prognosis and recommend an appropriate follow-up protocol.	3
KIDNEY AND RETROPERITONEAL TUMOURS	
Anatomy, epidemiology, clinical and pathological staging of renal tumours	
To know the genetic disorders associated with renal carcinoma and the appropriate treatment options and follow-up protocols.	2
To know about benign conditions affecting the kidney, the radiological evaluation of renal masses, and the indications for pre-operative biopsy.	3
To know the Bosniak classification of renal cystic masses.	3
To know the epidemiology, aetiology (including risk factors), histopathology and clinical presentation of renal cell carcinoma.	3
Classification, therapeutic options and palliation of renal tumours	
To know about different classification systems (RENAL, PADUA, etc.), prognostic factors (anatomical, histological, molecular), and prognostic models (IMDC, MSKCC, Leibovich, UISS).	2
To be able to discuss the non-surgical treatment of advanced renal cell carcinoma (RCC) and know the pharmacology of agents used for systemic therapy (including immunological and biological agents).	2
To be able to discuss treatment options and prognosis for localised, locally advanced and metastatic RCC.	3
To be able to discuss treatment options for small renal masses, including active surveillance, taking into account patient preferences and comorbidities.	3

To be familiar with the appropriate follow-up protocols.	3
To know the indications, methods, complications, advantages and disadvantages of robotic and laparoscopic retroperitoneal surgery and transperitoneal kidney surgery.	3
To know the indications, methods (open, laparoscopic and robotic), complications, advantages and disadvantages of partial nephrectomy.	3
To know the criteria for cytoreductive, deferred nephrectomy and metastasectomy.	3
To know the relevance of the extent of disease when selecting appropriate therapy and be able to discuss this within the context of an MDT meeting.	3
To be able to discuss palliative treatment options, including radiotherapy and angiological interventions.	3
To know the indications, treatment options, complications, outcomes and follow-up of ablative therapies for renal tumours.	3
RETROPERITONEAL TUMOURS	
To know the epidemiology and pathology of retroperitoneal tumours.	1
To know that there is a wide spectrum of benign and malignant retroperitoneal tumours and their clinical manifestations.	1
To be able to discuss the primary diagnostic investigations that are needed for these tumours.	2

ADRENAL GLAND TUMOURS	
Anatomy, epidemiology, clinical and pathological staging	
To know the epidemiology and aetiology (including genetic disorders) of adrenal tumours.	2
To know how to classify benign and malignant diseases of the adrenal gland and be able to make the differential diagnosis between functional and non-functional tumours of the adrenal cortex.	2
To know the signs and symptoms of the different adrenal cortical tumours.	2
To know the laboratory and radiological work-up of these tumours.	2

Classification, therapeutic options and palliation	
To know the surgical anatomy of the adrenal gland, patient selection and the indications for surgery.	2
To know the prognosis of non-surgical treatments such as systemic therapy and radiotherapy in advanced disease.	2
To know the pre-operative preparation, intra-operative monitoring, post-operative follow-up and complications of adrenal surgery.	3
To be able to describe the different approaches for adrenalectomy (open, laparoscopic and robotic).	3
To be able to discuss the diagnosis and treatment options with other medical specialities within the context of an MDT meeting.	3
TESTICULAR CANCER	
Anatomy, epidemiology, clinical and pathological staging of testicular masses	
To know the epidemiology, aetiology (including risk factors) and pathogenesis of testicular cancer.	2
To be able to discuss the clinical presentation, physical exam and differential diagnoses of scrotal masses.	3
To know the different histopathological subtypes of testicular tumours.	3
To know the imaging required to stage the extent of disease.	3
To know which tumour-specific markers are used in the diagnosis and follow-up of testicular tumours.	3
To be able to describe the principles of radical inguinal orchiectomy.	3
Be able to discuss further management and prognosis according to tumour stage and histological type.	
Classification, therapeutic options and palliation	
To be able to discuss the diagnosis and treatment options with other medical specialities within the context of a MDT meeting.	2
To know the indications for chemotherapy, the chemotherapy protocols, follow-up, and the short- and long-term side effects of chemotherapeutic agents.	2

To know the indications and complications of retroperitoneal lymph node dissection (RPLND).	3
To know about quality-of-life issues, the effect of treatment on sexual function and fertility, and be able to discuss sperm banking and cryopreservation with appropriate patients.	3
To be familiar with prognosis and post-treatment follow-up protocols.	3
PENILE CANCER	
Anatomy, epidemiology, clinical and pathological staging	
To know the epidemiology and aetiology (including risk factors) and pathogenesis of penile cancer.	2
To know the clinical presentation, physical examination, diagnostic procedures, imaging studies and differential diagnoses.	3
Classification, therapeutic options and palliation	
To know the indications for radiotherapy, chemotherapy, the follow-up requirements, and the side effects of chemotherapeutic agents.	2
To know the classification and treatment options, including organ-preserving treatments, the indications for inguinal lymph node dissection, and reconstructive techniques following penile surgery.	3
To be able to discuss the diagnosis and the treatment options with other medical specialities within the context of an MDT meeting.	3
To be familiar with the extent and relevance of comorbidities and patient preferences when formulating a treatment plan and obtaining informed consent.	3
To be able to discuss prognosis and quality-of-life issues following penile cancer treatment.	3

SECTION 8 ANDROLOGY, INFERTILITY, PENILE AND SCROTAL DISEASES/CONDITIONS

Male reproductive physiology and infertility	
To know the normal physiology of the hypothalamo-hypophyseal-gonadal axis and the hormonal status that is essential for normal spermatogenesis.	1
To be aware of the level at which, and the extent to which, a disorder will affect this process, as well as the process of epididymal sperm maturation.	1
To know the genetic and epigenetic disorders that may be discovered in the infertile man and to know that many urogenital congenital anomalies are part of syndromes for which genetic testing and genetic risk counselling are indicated; therefore, referral to clinical genetics should be part of good clinical practice.	1
To be able to differentiate between the normal spermatogenic process and the types of spermatogenic arrest occurring in the seminiferous tubules of men with non-obstructive azoospermia. Thus, to be able to distinguish, by histological examination within a population of males with non-obstructive azoospermia, the following subpopulations: a) Hypospermatogenesis b) Early maturation arrest (arrest at the primary spermatocyte stage) c) Late maturation arrest (arrest at the spermatid stage) d) Sertoli cell-only syndrome	1
To know which structures are involved in the process of sperm transport and to know about the transport mechanisms.	1
In cases of obstructive azoospermia, to be able to define the level of obstruction within the male reproductive tract.	1
To know the epidemiology, aetiology, and risk factors of male infertility.	2
To be able to explain to the infertile man, the risk of transferring his genetic disorder to the offspring if pregnancies are achieved using assisted reproductive technology.	2
To be able to explain the laboratory analyses used in infertility assessment (hormonal tests, spermiogram, genetic tests, and biochemical assays of markers of the secretory function of the male accessory genital glands used to evaluate the patency of the male reproductive tract, such as the semen alpha-glucosidase assay and the semen fructose assay).	2
To know how to distinguish the histological structure of the testis, germ cells, Leydig cells, and Sertoli cells, and to know the functions and dysfunctions of these structures.	2

To know the normal spermatogenic process and the level of arrest in cases on non-obstructive azoospermia.	2
To know the hormones responsible for spermatogenesis, their normal levels, secretion rhythms, and timing.	2
To be able to differentiate between obstructive azoospermia and non-obstructive azoospermia (with reference to the results of the clinical examination, transrectal ultrasonography, genetic testing, biochemical markers of the secretory function of the male accessory genital glands, or testicular histology).	2
To know the principles of assisted reproductive technologies and the diagnostic indications and therapeutic role (for sperm retrieval) of testicular biopsy.	2
To know the genetic risks (numerical or structural chromosomal abnormalities) and epigenetic risks (e.g. Beckwith-Wiedemann syndrome) associated with assisted reproductive technology in the resulting offspring.	2
To know the indications, techniques, and complications of vasography, vasovasostomy, transurethral resection of ejaculatory duct (TURED), electro ejaculation, and other sperm retrieval techniques.	2
To know the surgical procedures performed in transgender individuals and their complications.	3
To be aware of the role of gonadotrophins, anti-oxidants, micronutrient supplements, selective oestrogen receptor modulators, and aromatase inhibitors in the management of male infertility (EAU recommendations).	3
To know how to assess a man with male factor infertility.	3
To know the hormonal investigations required when investigating an infertile man.	3
To be competent at performing a physical examination of prostate, testis, vas deferens, and penis, and be able to evaluate the secondary sex characteristics.	3
To be able to advise the male partner to undergo specific genetic testing for obstructive azoospermia (genetic alterations of the CFTR gene) or non-obstructive azoospermia (karyotyping and Y-chromosome microdeletion analysis, or according to current guidelines).	3
To know the indications for and diagnostic accuracy of non-magnified TESE and micro-TESE procedures.	3
To know the aetiology, epidemiology, underlying pathophysiological mechanisms, clinical examination findings, and staging of a varicocele.	3

To know that a varicocoele may have an impact on: a) Spermatogenesis b) Epididymal sperm maturation process c) Overall male reproductive potential	3
To know the indications for treatment of a varicocoele and the different surgical approaches to varicocoelectomy (inguinal, subinguinal, Palomo, and embolisation).	3
To know how to assess and counsel a man requesting a vasectomy or a vasectomy reversal.	3
To be able to inform the male partner of an infertile couple about the impact of each of the above surgical procedures on the post-operative pregnancy rate.	3
To be aware of which lifestyle changes might improve semen quality.	3
To be able to advise on sperm cryopreservation in men with oncological disease and in men with progressive testicular damage.	3
To know how to obtain viable spermatozoa from men with retrograde ejaculation and be able to recommend assisted reproductive technology in this scenario.	3
Erectile dysfunction	
To know the physiology of erection and the causes of erectile dysfunction.	2
To know that commercially available PDE5 inhibitors differ in their chemical affinity for their substrate (PDE5), which affects their speed of onset.	2
To know that different PDE5 inhibitors may inhibit other PDEs (including PDE6 and PDE11), which helps to explain differences in their side-effect profiles.	2
To know how to assess and manage a man with erectile dysfunction.	3
To know how to take the medical and sexual history of a patient with erectile dysfunction and be able to describe the important aspects of the physical examination.	3
To know which laboratory investigations are indicated in the assessment of ED.	3
To know how to plan treatment based on the cause of erectile dysfunction while also taking into account the patient's expectations.	3

To be able to recommend lifestyle modifications, offer appropriate pharmacological treatment, and refer for psychosexual counselling when appropriate.	3
To know the indications for and choice of androgen replacement therapy to improve libido and erectile function in cases of androgen deficiency (depending on the desire of the patient to father a child).	3
To know the indications, contraindications, drug interactions, side effects, and efficacy of agents such as PDE5 inhibitors.	3
To know about the use of the vacuum devices, intracavernosal injections, and intraurethral treatments.	3
To know the indications, techniques, and complications of different penile prostheses.	3
Premature ejaculation	
To know the anatomy and pathophysiology of normal ejaculation, and to know how to diagnose and classify premature ejaculation.	2
To know how to interpret the IELT form and be able to explain the treatment options for premature ejaculation.	2
Priapism and Peyronie's Disease	
To know the epidemiology and pathophysiology of priapism, and to know the molecular basis of ischaemic and intermittent priapism.	2
To know the history, epidemiology, aetiology, risk factors, and pathophysiology of Peyronie's disease, and to know the medical, minimally invasive and surgical therapeutic options of Peyronie's disease management.	2
To know how to take a history, perform a physical examination, and diagnose a patient with priapism.	3
To know the medical and surgical therapeutic options in the management of priapism.	3
Androgen insufficiency in ageing man	
To know the changes occurring in the endocrine system with ageing and be able to explain their consequences.	2
To know about the problems affecting the urogenital system which are specific to the ageing man and to know about the systemic consequences.	2
To know how to define an "ageing man" and to know the reasons and theories underlying the increase in the elderly population.	3

To know how to take a history, perform a physical examination, and identify the laboratory investigations indicated in the assessment of the ageing man, and to know which specialties are involved in a multidisciplinary approach.

3

Scrotal disease/conditions and circumcision

To know the surgical procedures that are indicated for orchitis and chronic scrotal pain.

2

To know the advantages, timing, indications and contraindications of circumcision, vasectomy, epididymal surgery, hydrocoele, testicular surgery, vasography, and varicocoele ligation.

3

To know the clinical presentation, physical examination findings, and diagnostic tests required for the diagnosis of testicular torsion, and to know the management algorithm.

3



SECTION 9 PAEDIATRIC UROLOGY
Evaluation of paediatric urology patients and peri-operative approach

To know the general preparation principles for anaesthesia, the pre-operative and post-operative preparation.	2
To know the principles of local and regional anaesthesia, including drugs used for loco-regional anaesthesia, their maximum dosages and potential complications.	2
To be able to take a history from a child (where possible) and also from the parents or carers.	3
To know how to perform a physical examination in the presence of parents or carers.	3
To know the genetic factors relevant to paediatric urological diseases. To be able to recognise when genetic testing and counselling are indicated, as these may influence diagnosis, management, family screening and long-term follow-up.	3
To be able to interpret basic laboratory tests commonly used in the investigation of paediatric patients.	3
To be able to describe the indications for different imaging evaluation methods and interpret their findings.	3
To know the indications and method of non-invasive and invasive urodynamic studies in children and be able to interpret the result and classify different micturition disorders.	3
To know the principles of antimicrobial prophylaxis (according to local hospital guidelines), thromboembolism prophylaxis, skin preparation, measurement of intra-operative blood loss, appropriate intra-operative fluid therapy, post-operative fluid therapy and post-operative analgesia.	3

Perinatal urology

To know the diagnostic features of foetal vesicoureteral junction obstruction, posterior urethral valves, pelvi-ureteric junction obstruction, ureterovesical junction obstruction, foetal cystic renal diseases, the bladder exstrophy-epispadias complex and cloacal malformations.	1
To know the surgical treatment (indications, techniques and complications) and outcomes of the exstrophy-epispadias complex.	1
To know the diagnostic evaluation and management of renal agenesis, renal ectopia and multicystic dysplastic kidney.	1

To know how to diagnose newborns with congenital adrenal hyperplasia and Prune Belly syndrome.	1
To know how to assess and investigate a newborn with a disorder of sex development and where referral should be made in the absence of a specialised multidisciplinary team.	1
To know the embryology and anatomy of common congenital anomalies, including undescended testes, renal duplication systems, posterior urethral valves, pelvi-ureteric junction obstruction, spina bifida and disorders of sex development.	2
Hypospadias	
To know the epidemiology, aetiology and pathophysiology of hypospadias.	1
To know the indications and the limitations for adjuvant hormonal therapy in hypospadias.	2
To be able to discuss the diagnostic evaluation and to know the different types of reconstructive procedures and their potential complications.	3
Nocturnal enuresis (bed-wetting)	
To be familiar with the epidemiology, aetiology and pathophysiology of nocturnal enuresis, including its diagnostic evaluation and management.	2
Scrotal diseases (undescended testis, child hydrocele, acute scrotum)	
To be able to examine boys with a possible undescended testis.	2
To know the age distribution, incidence and different aetiologies of neonatal, pubertal and adolescent testicular torsion, as well as their appropriate management.	2
To be able to differentiate clinically between a retractile testis, a true undescended testis and a non-palpable testis.	3
To know the guidelines about the timing of surgery and any additional treatment that may be required.	3
To know the potential impact of undescended testis on fertility, paternity and malignancy risk.	3
To know the epidemiology, aetiology and pathophysiology of a patent processus vaginalis and be able to differentiate between childhood hernias and hydrocoeles.	3

To know the differential diagnosis of the acute scrotum in childhood and the appropriate investigations and management.	3
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Infection and inflammation of the paediatric urinary tract

To know the epidemiology, aetiology and pathophysiology of urinary tract infections (UTI) in children and be familiar with classification systems based on site, episode and severity.	2
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To be able to assess a child with a UTI, including physical examination and laboratory and radiological investigation.	2
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To know local hospital guidelines for the treatment of urinary tract infections, based on current antimicrobial resistance patterns, and be able to discuss the principles of acute oral and parenteral antibiotic therapy, as well as short-term and long-term antibiotic prophylaxis.	2
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To know current guidelines for the investigation and prevention of recurrent UTI and the potential sequelae of recurrent infection.	3
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Upper urinary tract anomalies

To be able to discuss the epidemiology, aetiology and the pathophysiology of pelvi-ureteric junction obstruction (PUJ), ureterovesical junction (UVJ) obstruction, obstructive megaureter, refluxing megaureter, non-obstructive non-refluxing megaureter, ectopic ureter, duplicated collecting systems and ureterocele.

3

To be able to discuss the diagnostic evaluation, clinical manifestations and consequences of these conditions, together with the indications, imaging methods and outcomes of different surgical interventions.

3

Vesicoureteral reflux (VUR)

To be able to discuss the epidemiology, aetiology and pathophysiology of VUR and the available diagnostic evaluation methods.

3

To know the classification of VUR according to voiding cystourethrography and current guidelines regarding the indications, advantages and disadvantages of the surgical and non-surgical treatment approaches.

3

Neurogenic bladder dysfunction and urinary tract reconstruction in children

To know the normal development and function of the lower urinary tract.

1

To be able to discuss the epidemiology, diagnosis, classification, imaging modalities, laboratory investigations and urodynamic testing in children with congenital or acquired neurospinal or other central nervous system disorders.

1

To be able to discuss the principles of treatment, early management strategies and the indications for medical or surgical therapy.	2
To know the long-term outcomes (including quality of life, sexual function and fertility) of the different non-surgical, minimally invasive and surgical treatment options, according to current guidelines recommendations.	2
Management of paediatric stone disease	
To know the causes of paediatric stone disease, as well as the diagnostic and imaging investigations.	3
To know current guidelines regarding medical and surgical management.	3
To know the possibilities and limitations of SWL, ureterorenoscopy, laser treatment, (micro-) percutaneous nephrolithotomy and, open, laparoscopic and robotic surgery.	3
To know the management of bladder stones in paediatric patients.	3
Paediatric urological oncology	
To know the epidemiology, clinical features, the diagnostic evaluation and current guideline recommendations for renal, adrenal, bladder, prostatic, penile, testicular and paratesticular tumours.	2
To know the staging investigations, imaging requirements and overall evaluation required for these conditions.	2
Paediatric genitourinary trauma and child abuse	
To know the causes, clinical features and specific pathophysiology of paediatric genitourinary trauma (renal, bladder, urethral and scrotal), as well as the diagnostic evaluation, treatment options and long-term follow-up according to current guideline recommendations.	2
To be able to recognise the signs and symptoms of possible sexual abuse and to discuss its management and follow-up protocol (in accordance with the hospital guidelines and recommendations).	3

SECTION 10 TRAUMA

Genitourinary trauma involves injury to the kidneys, ureters, bladder, prostate, posterior urethra, anterior urethra, penis, scrotum and testicles, and is often associated with other injuries in the polytrauma patient.

To know how to assess and manage patients presenting with trauma and involve multidisciplinary teams when necessary.

3

Genital and lower urinary system traumas

To know how to examine, classify and diagnose genital trauma (in both male and female patients), describe the likelihood of associated urethral and bladder injuries, and be familiar with the multidisciplinary approach to patient management.

3

To know how to evaluate a patient with a pelvic fracture.

3

Bladder

To know the mechanisms of bladder injury, classify injuries as intraperitoneal or extraperitoneal rupture, and be aware of the possibility of associated injuries.

3

To know which imaging investigations are required to establish the diagnosis.

3

To know the treatment algorithms for the conservative and surgical management of intraperitoneal or extraperitoneal rupture, including the potential complications.

3

Urethra

To be able to discuss the potential for associated injuries, particularly to the pelvis and bladder.

2

To know the anatomical differences between the anterior and posterior urethra and the differences in their mechanisms of injury

3

To know the classification of anterior and posterior urethral injuries.

3

To know the detailed anatomy of the urethra and surrounding structures, and the investigation algorithm, including the indications for retrograde urethrography and the role of cystourethroscopy.

3

To know the treatment of anterior urethral injury (contusion, urethral laceration) and the role of suprapubic urinary diversion.

3

To know the treatment options for posterior urethral injury in the male patient according to injury type and grade (primary anastomosis, realignment, suprapubic diversion or delayed repair).

3

To know how to manage urethral injuries in female patients.	3
<i>Penis</i>	
To know the cause and clinical presentation of penile trauma and penile fracture, and the potential for associated urethral injury.	3
To know the principles of management for blunt, fracture-related and penetrating penile injuries, and the potential need of microsurgery repair.	3
<i>Testicle</i>	
To know the diagnosis, investigation and management of haematocoele, testicular rupture and penetrating testicular trauma.	3
Upper urinary system traumas	
<i>Kidney</i>	
To know the classification of renal injuries and be able to discuss the common causes of blunt and penetrating renal trauma.	3
To know the clinical presentation, diagnostic evaluation and indications for radiological investigations.	3
To know the management of renal trauma according to injury grade.	3
To be able to discuss the management of a patient in shock.	3
To know the indications for emergency intervention and the available surgical options.	3
To know which patient may be managed conservatively and the long-term complications of renal trauma, such as hypertension and Page kidney.	3
<i>Ureter</i>	
To know the common causes of ureteric injury, including iatrogenic injury (e.g. pelvic surgery and ureteroscopy), and how to establish the diagnosis.	3
To know the treatment algorithms for immediate and delayed recognition of ureteric injury, and the reconstructive techniques used according to the degree and location of injury.	3
To know when urinary diversion is indicated.	3

1.b. Practical and Clinical Skills

The EBU proposes a list of 14 core-surgical procedures which are deemed to be a minimum requirement of competency of the trainee at the completion of the training programme.

Although these procedures are listed as mandatory, it is accepted that different national associations might have different national regulations and practices which might affect the clinical exposure of its trainees to some of these procedures.

Even if the trainee does not have hands-on experience with certain procedures, it is nevertheless, expected that the trainee is familiar with the procedures in full detail and is in a position to describe all the necessary steps of the procedure, the pre-operative preparation and the post-operative care.

The trainee must also be able to discuss the indications and the post-operative complications that might ensue.

Knowledge of other procedures (that are not included in the core-14 procedures) is also expected, however, it is accepted that one is not expected to have as much detailed knowledge on these other procedures as one needs to have for the 14 core procedures.

These procedures include :

1. Circumcision
2. Cystoscopy
3. ESWL
4. Inguinal orchidectomy
5. Nephrectomy (partial/total)
6. Percutaneous suprapubic cystostomy
7. Percutaneous nephrostomy
8. Retrograde pyelography / ureteric stenting
9. Scrotal surgery
10. TRUS and prostate biopsy
11. TUR- bladder tumour
12. TUR prostate
13. Ureteroscopy and ureterorenoscopy
14. Urodynamic (pressure/flow) studies

1.c. Levels of Competence Attained

The curriculum should cover the full spectrum of urology and include the knowledge, experience, clinical skills, attitudes, and professional behaviours required for independent specialist practice.

Trainees should keep a portfolio of their competency outcomes and at the end of training, should be clinically independent.

Management of Common Clinical Scenarios

A trained urologist should be able to assess and manage patients presenting with common urological conditions in the outpatient setting.

These include the management of:

- Patients presenting with loin pain, including appropriate investigation and referral according to clinical findings.
- Patients presenting with lower urinary tract symptoms (LUTS).
- Patients with haematuria.
- Patients with urinary tract infections, including sexually transmitted diseases (STDs), and the management of severe urosepsis.
- Patients with benign and malignant lesions of the genital skin.
- Patients with scrotal swellings.
- Patients with urinary incontinence.
- Patients with urological malignancies.
- Patients presenting with infertility, erectile dysfunction, ejaculatory disorders, penile deformity, priapism, or penile fracture.
- Patients with common urological conditions of childhood.
- Patients with acute or chronic renal failure, including the principles of dialysis and transplantation.
- Patients with multiple traumatic injuries, including the principles of resuscitation and emergency management.

Skills Assessment of the Urological Procedures

Trainees must demonstrate competence in each of the 14 core procedures.

An adequate procedural volume is essential in surgical training to support the development and maintenance of operative competence.

Surgical proficiency relies on repeated, supervised exposure to a range of procedures that reinforce technical skill, clinical judgment, and team coordination. Insufficient procedural volume can lead to skill decay and variability in patient outcomes.

It is recommended that trainees be assessed by two supervisors for each procedure and be judged competent before undertaking independent practice. Given the breadth of urology, establishing a fixed number of procedures as evidence of competence is open to debate. Although some specialties specify minimum procedural numbers (for example, endocrine surgery recommends minimum experience in adrenal surgery), and such thresholds may provide useful guidance, the EBU does not currently prescribe fixed procedural numbers. Instead, the emphasis is placed on demonstrated competence.

Procedures performed by the trainee will become progressively more complex. As training progresses, procedures undertaken by trainees should increase in complexity. Trainees will initially observe procedures, subsequently perform them under supervision, and ultimately undertake them independently when competence has been demonstrated.

Trainees should keep a portfolio of their competency outcomes and at the end of training should be clinically independent.

Levels of Competencies

A. Knowledge

- LEVEL 1** Has awareness of the subject.
- LEVEL 2** Understands the basic concepts.
- LEVEL 3** Possesses a broad understanding of the subject.
- LEVEL 4** Possesses detailed and comprehensive knowledge of the subject.

B. Clinical Skills

LEVEL 1 Observation and Assistance

The trainee has observed the procedure and acts as an assistant. Progression is from complete novice to competent assistant.

By the end of Level 1, the trainee:

- a. Has sufficient knowledge of the procedural steps through direct observation.
- b. Demonstrates the ability to handle the equipment relevant to the procedure safely and appropriately.
- c. Can perform selected parts of the procedure with reasonable fluency.

LEVEL 2 Performance Under Direct Supervision

The trainee can perform the procedure with assistance and under direct supervision. Progression is from performing parts of the procedure under direct supervision to completing the entire procedure with decreasing levels of direct supervision, while the trainer remains immediately available.

By the end of Level 2, the trainee:

- a.** Understands all procedural steps and the rationale underlying them.
- b.** Can carry out a straightforward procedure fluently from start to finish.
- c.** Recognises personal limitations and knows when to seek advice or assistance from the supervisor.

LEVEL 3 Performance Under Indirect Supervision

The trainee can perform the entire procedure but may occasionally require assistance. Progression is from undertaking the procedure under direct supervision to performing it independently with the trainer available but not in direct contact.

By the end of level 3 the trainee:

- a.** Can adapt to common variations in the procedure without direct input from the trainer.
- b.** Recognises and correctly assesses common problems encountered during the procedure.
- c.** Can manage most common problems independently.
- d.** Recognises when additional assistance required.
- e.** Requires advice rather than direct intervention by the trainer.

LEVEL 4 Independent Performance Including Management of Complications

The trainee is competent to perform the procedure independently and manage the majority of associated problems and complications. Occasional advice or assistance may still be required in complex situations.

LEVEL 5 Entrusted Independent Practice

The trainee can be entrusted to perform the procedure independently, without supervision, assistance, or the need for advice.

Entrustable Professional Activity (EPA)

At Level 5, competence may be recognised as an Entrustable Professional Activity (EPA). An EPA is defined as "a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been demonstrated."

An EPA indicates not only that a trainee is competent to perform a particular task or procedure, but also that they can be trusted to carry it out independently and responsibly in clinical practice. In this sense, an EPA extends beyond the traditional concept of independent performance (Level 4 competence). The defining element is entrustment, namely the confidence of supervisors that the trainee can perform the activity safely and effectively without direct supervision.

The trainee is therefore not only capable of undertaking specific procedures or professional activities independently but can also be entrusted by their trainers to perform them appropriately and safely.

EPAs integrate multiple CanMEDS Roles, including Medical Expert, Communicator, Collaborator, Leader, Scholar, Health Advocate, and Professional. While procedural competence (Levels 1-5) is a prerequisite, entrustment decisions also take account of broader competencies such as communication, professionalism, teamwork, clinical judgement, and patient safety.

Thus, EPAs provide a holistic assessment of readiness for independent clinical practice. Entrustment through an EPA corresponds to Level 5 competence. At the end of Level 5, the trainee:

- a) Can manage both straightforward and complex cases to the standard expected of an independently practising consultant urologist, without requiring routine supervision.
- b) Is able to supervise, teach, and support the training of junior colleagues and trainees.

Achievement of EPAs is documented in the trainee's logbook and forms an integral component of competence-based assessment. Successful completion of all Essential EPAs is expected by the end of specialty training.

C. Technical Skills

- LEVEL 1** Has observed the procedure and can act as an assistant
- LEVEL 2** Can perform the procedure with assistance and under direct supervision.
- LEVEL 3** Can perform the entire procedure but may require occasional assistance or guidance.
- LEVEL 4** Can perform the entire procedure but may require occasional assistance or guidance.
- LEVEL 5** Can be entrusted to perform the procedure independently, without supervision, assistance, or the need for advice (Entrustable Professional Activity, EPA).

Essential EPAs for Completion of Urology Training

Essential EPA	Scope of Entrustment
EPA 1: Independent management of common urological emergencies	Assessment, decision-making, surgical/non-surgical management, recognition of complications, and appropriate referral when needed.
EPA 2: Independent performance of core urological procedures	Performing core procedures independently, including peri-operative planning, intra-operative decision-making, and post-operative care.
EPA 3: Comprehensive peri-operative care of urological patients	Pre-operative assessment, informed consent, risk stratification, post-operative management, and handling of complications.
EPA 4: Multidisciplinary management of urological patients	Participation in MDT meetings, formulation of treatment plans, communication with patients and teams, coordination of care.
EPA 5: Professional communication and shared decision-making	Independent patient communication including consent, breaking bad news, and coordination with healthcare professionals.
EPA 6: Safe clinical practice and quality assurance	Adherence to patient safety principles, participation in audit, recognition of limits, and maintenance of professional standards.

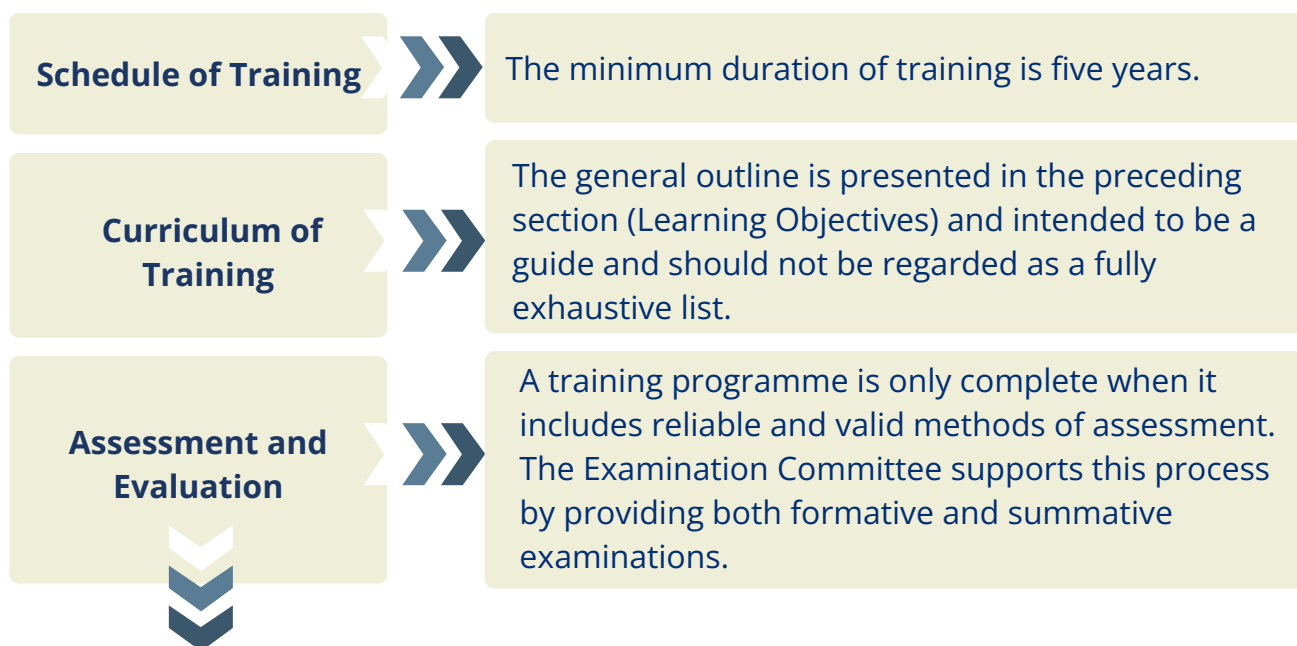


EBU Assessment Form

The assessment form demonstrates the key elements required to assess competence and is recommended for the evaluation of procedural skills. Trainees are also required to maintain a logbook documenting their surgical experience throughout training. The logbook should record both the number and type of procedures performed during the training programme.

	1	2	3
Preoperative preparations	Has not undertaken the relevant preoperative workup (Patient identification, consent, X-ray, technical equipment, antibiotic treatment, etc).	Has partially undertaken the relevant preoperative workup.	Has undertaken all the relevant preoperative workup.
Respect for the tissue	Rough or careless tissue handling or damage.	Mainly careful tissue handling but with occasional inappropriate damage.	Careful handling of the tissue with minimal damage.
Timing and movements	Many unnecessary movements during surgery.	Effective timing, but some unnecessary movements during surgery.	Good timing, effective movements and no unnecessary, time consuming movements.
Handling instruments and technical equipment	Clumsy or slow use of instruments.	Uses instruments appropriately most of the time.	Appropriate and efficient use of instruments.
Knowledge of the instruments	Unfamiliar with the relevant instruments with inappropriate use.	Familiar with most of the instruments and mostly knows how to use them.	Familiar with all of the instruments and their use.
Progression during the procedure	Unfamiliar with the steps of the procedure with regular and frequent pauses.	Reasonably familiar with the steps of the procedure with occasional pauses.	Familiar with the steps of the procedure with smooth progression through the operation.
How to work with the assistant	Works poorly with the assistant.	Uses the assistant inconsistently.	Works well with the assistant.
Knowledge of the procedure	Little or no knowledge of the procedure.	Knows most of the important phases of the procedure.	Good knowledge of all elements of the procedure.

2. ORGANISATION OF TRAINING



Formative: In-Service Assessment

The In-Service Assessment is an online test covering all areas of urology. Following the test, the multiple-choice questions (MCQs), together with detailed validation comments, are made available to candidates, making it a valuable learning tool.

Summative: FEBU examinations

Certification as a urologist is obtained after successful completion of all training requirements within a recognised national urology training programme.

The FEBU examinations consist of a written component (Part 1) and an oral component (Part 2). Participation is subject to eligibility.

Part 1 Written Exam	Part 2 Oral Exam
Part 1 Written Exam: This is a remotely proctored, web-based examination designed to assess whether the candidate has achieved the level of knowledge required by the EBU Examination Committee.	Part 2 Oral Exam: This is an in-person exam based on pre-recorded clinical cases. The aim is to assess the candidate's ability to evaluate and manage common clinical scenarios encountered in everyday urological practice.

Successful candidates are awarded the FEBU title (Fellow of the European Board of Urology). This title is recognised as a mark of quality, an added qualification, and a valuable asset to a curriculum vitae and professional portfolio. It does not confer any legal rights and does not constitute a license to practise urology.

Eligibility Criteria

Final-year resident



Must be trained as part of a national urology training programme. The training must be completed before the end of October of the following year.

Certified urologist



Holds a national specialist diploma in urology.

Revalidation

To maintain the quality standards associated with the FEBU title, the EBU introduced a revalidation process in 2025. Revalidation is based on the principles of Continuing Medical Education (CME) and active engagement in the programme of Lifelong Learning.

Holders of the FEBU diploma awarded in 2025 or later are subject to this revalidation process.

Governance

To promote fairness, transparency, and objectivity, the EBU has established formal procedures through which candidates may

1. Appeal an examination result
2. Submit a complaint, or
3. Claim exceptional circumstances.



02



TRAINING REQUIREMENTS FOR TRAINERS

- Process of recognition as a trainer
- Quality management for trainers

1. PROCESS FOR RECOGNITION AS A TRAINER

1.a. Requested Qualification and Experience

Recognition of professional qualifications across the EU, including the recognition of competence acquired through different training pathways and systems, is governed by Directive 2005/36/EC.

The EBU recommends that trainers should be fully certified urologists with substantial experience in the area in which they provide training.

It is also desirable that trainers have undertaken formal training in medical education

1.b. Core Competencies for Trainers

Although it is not essential for every trainer to hold a formal teaching qualification, it is desirable that all trainers possess and demonstrate the core competencies required for effective training and supervision.

A trainer should be :

- Familiar with all aspects of the curriculum and its application within their national training system;
- Experienced in teaching, supervision, and the support of trainees;
- Skilled in identifying the learning needs of trainees and guiding them in achieving their educational and clinical objectives;
- Able to recognise trainees whose professional behaviour is unsatisfactory and initiate appropriate supportive and remedial measures;
- Actively involved in educational activities, including teaching at local, national, or international level;
- Engaged in continuing professional development and regularly attend relevant national and international scientific meetings.



2. QUALITY MANAGEMENT FOR TRAINERS

Quality management for trainers remains a core responsibility of the relevant national specialty boards.

The training Programme Director should be a certified specialist with at least five years of practice following specialist certification and should have completed an accredited "Training the Trainer" (or equivalent) course. If this requirement has not yet been fulfilled, the director should enrol in such training and complete it within 12 months of appointment. Trainers and Programme Directors are also expected to engage in continuing professional development in medical education and to be familiar with the content and assessment methods of this ETR.

It is desirable that Trainers and Programme Directors have agreed job descriptions with their employers that allow sufficient time each week to support trainees and, in the case of Programme Directors, to work with trainers.

It is recommended that a trainer supervises no more than two trainees at any one time. The number of trainees should determine the amount of time allocated each week to trainee support.

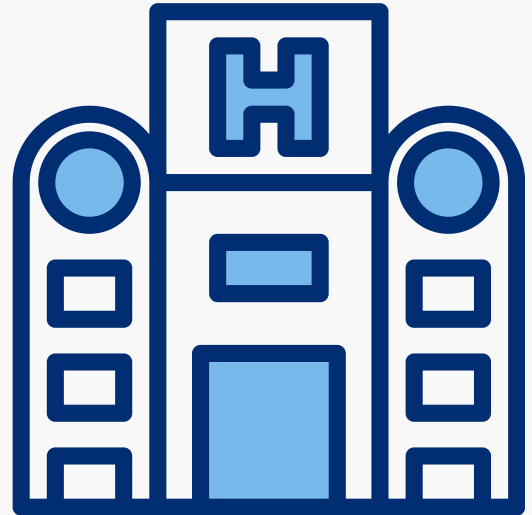
Trainers should collaborate with trainees, the Programme Director, and their institution to ensure the optimal delivery of training. Feedback from trainees should be used to support continuous improvement.

The educational performance of Trainers and Programme Directors should be appraised, typically on an annual basis, within the department or institution, according to local circumstances. Departments and institutions should provide appropriate educational support to Trainers and Programme Directors.

It is important that a formal mechanism exists for trainees to provide feedback on the quality of the training delivered. In addition, a process should be in place to facilitate internal reflection and quality improvement among trainers in collaboration with the Programme Director.



03



TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

- **Certification of Urology Residency
Training Institutions**
- **Quality management within Training
Institutions**

1. CERTIFICATION OF UROLOGY RESIDENCY TRAINING INSTITUTIONS

EBU certification enables national training centres to benchmark their residency programmes against European standards. Through a comprehensive evaluation of staffing, clinical activity, facilities, educational resources, and opportunities for research and career development, training centres receive structured recommendations for continuous improvement.

Conducted in accordance with the UEMS Charter on Training of Medical Specialists, the certification serves as a recognised mark of quality in urological training.

1.a. Application Process

The training institution submits an online application, including evidence of national accreditation of its residency training programme, together with information on clinical activity, case volume, and available facilities.

The application must also provide information on the organisation and activity of the Department of Urology, including details of the teaching staff, educational facilities, and clinical activities. In addition, information is required on research opportunities, institutional publications, and the EBU logbooks of all trainees covering their training period within the institution.

The application is reviewed by the Certification Committee. If the submission meets the required standards, the Committee appoints two of its members, the assessors, to conduct the evaluation.

1.b. Site Visit

The site visit enables a comprehensive assessment of the residency training programme. This includes a review of the educational programme, the training staff, the available facilities, and the implementation and internal evaluation of the training programme.

During the site visit, the assessors tour the Department of Urology and meet with relevant clinical staff, including radiologists and general surgeons. Formal interviews are conducted with the Programme Director and members of the teaching staff, while individual interviews with trainees provide valuable feedback on their training experience.

Following the visit, the assessors prepare a report based on the EBU assessment criteria and scoring system. This report is reviewed and discussed by the Certification Committee. If the training institution meets the required standards, it is awarded the EBU Certificate which is valid for three or five years, depending on the level of compliance demonstrated during the assessment.

All EBU-certified training centres are listed on the official EBU website.

One year before the certification period expires, the institution receives an invitation to apply for a further term. Recertification follows the same assessment process. If the institution does not apply for renewal, its certification will expire.

Educational Programme

It is essential that a designated Programme Director is responsible for overseeing the residency training programme. The training institution should provide a structured training programme that is introduced at the start of residency. The programme should cover the full scope of urology training and provide trainees with appropriate rotations to ensure exposure to the major urological subspecialties.

Trainees should maintain an accurate record of their clinical and surgical experience in their personal logbooks. The institution should support multidisciplinary collaboration through regular meetings involving specialties such as pathology, radiology, and oncology. In addition, regular morbidity and mortality meetings, journal clubs, basic science sessions, and educational conferences should be conducted. The training programme should ensure that the learning objectives are delivered and that appropriate assessment mechanisms are in place to monitor achievement.

Faculty of Trainers

The institution should have an adequate number of trainers with expertise across the various urological subspecialties. In addition to clinical excellence, faculty members should contribute scientific, educational, and administrative expertise to support residency training.

A trainer-to-resident ratio of 1:1 or 1:2 is considered optimal. Ratios below this level may indicate insufficient faculty capacity to provide training of the required quality.

Desirable Facilities for Quality Training

The quality of training is closely linked to the institution's clinical activity and available resources. The institution should have sufficient inpatient capacity, outpatient activity, diagnostic services, and surgical facilities to support comprehensive training.

Operating theatres should provide adequate case volume and be appropriately equipped to support both clinical practice and surgical training. Access to modern diagnostic and therapeutic technologies should be available to ensure broad clinical exposure for trainees.

Opportunities for Research and Development

The institution should foster a culture that values education, professional development, and continuous improvement. Trainees should be recognised as integral members of the clinical team and benefit from effective two-way communication, mentoring, and constructive feedback.

The institution should foster a culture that values education, professional development, and continuous improvement. Residents should be recognised as integral members of the clinical team and benefit from effective two-way communication, mentoring, and constructive feedback.

2. QUALITY MANAGEMENT WITHIN TRAINING INSTITUTIONS

2.a. Accreditation

Training institutions in urology should ensure that their residency training programmes are officially recognised and accredited by the national authority responsible for specialist training. This authority is also responsible for the quality assurance of the training programme, the trainers, and the training institution.

2.b. External Auditing - the Site Visit

A site visit provides an opportunity for the independent audit of the training institution. This may be undertaken by the relevant national regulatory authority or by the EBU at the European level. The audit should confirm that trainees receive regular documented evaluations, at least annually, and that their training progresses in accordance with an agreed individual training plan.

2.c. Clinical Governance

The national authority is responsible for the recognition and certification of medical specialists. The standards for the recognition and accreditation of training institutions are determined by the national authorities in accordance with national regulations and relevant EU legislation. EBU certification of a residency training programme is recognised as a European mark of quality.

Clinical governance arrangements should ensure that trainees receive appropriate supervision in both the operating theatre and outpatient clinic, together with step-by-step training in surgical skills across an adequate number of procedures. It is therefore important that the range of procedures performed within the institution reflects the breadth of contemporary urological practice.

The evaluation of trainees' logbooks can also be used to determine whether final-year residents have performed an adequate number of procedures as the primary surgeon under appropriate supervision.

2.d. Manpower Planning

Workforce planning within the training institution should be structured to ensure that staffing levels are sufficient to support effective supervision, education, and clinical training opportunities for trainees.

2.e. Regular Review of Training Institutions

Responsibility for the accreditation of residency training programmes rests with the national authorities. The training programme should be transparent and available for external review and scrutiny. Where individual training institutions are unable to provide the full breadth of required training, they should formally arrange and coordinate training opportunities with affiliated institutions to ensure comprehensive exposure to all major areas of urological practice.

It is recommended that both training institutions and their residency training programmes undergo regular review by the national authority, typically every five years, to support ongoing quality assurance and continuous improvement.



Appendices

Appendix 1 UEMS Policy on Green and Sustainable Medical Practice

The UEMS, through its Task Force on Green and Sustainable Medical Practice, has developed recommendations aimed at promoting environmentally sustainable healthcare systems and medical training. These principles are intended to support medical specialists in reducing the environmental impact of clinical practice while maintaining high standards of patient care.

Available at: <https://www.uems.eu/documents>

Appendix 2 UEMS Policy on Equality, Diversity and Inclusivity

The UEMS Task Force on Equality, Diversity and Inclusivity has produced guidance to promote equitable, diverse, and inclusive environments within postgraduate medical training and clinical practice. These principles support fair access to training, non-discrimination, and respect for diversity among both patients and healthcare professionals.

Available at: <https://www.uems.eu/documents>

Appendix 3 Training Objectives for UEMS Specialists in the Care of Adolescents and Young Adults (Version September 2022)

This UEMS document defines core training objectives for medical specialists involved in the care of adolescents and young adults (AYAs). It addresses key competencies including communication, ethical considerations, and the specific healthcare needs of this patient population, with particular emphasis on transitional care.

Available at: <https://www.uems.eu/documents>

Appendix 4 Training Requirements for Certification of Added Qualification in Transitional Care of Adolescents and Young Adults (AYAs), including Entrustable Professional Activities (EPAs) (UEMS, October 2025)

This document outlines the European standards for postgraduate training and certification in transitional care for adolescents and young adults. It includes competency-based frameworks and Entrustable Professional Activities (EPAs) relevant to the safe and effective management of patient transitioning between paediatric and adult healthcare systems.

Available at:

<https://drive.google.com/file/d/1hvti8WPsqn0mgRD1Y04mKpYrEcYG7W5F/view>

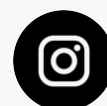


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