ACCREDITATION COMMITTEE

Accreditation Committee Report

Chair: Archil Chkhotua

Friday 10 October 2026 ·

Conference Centre of the Norwegian Medical Association, Oslo (Norway)

Evaluation of CME events

Subspecialty certification

ETR Urology

1

Evaluation of CME events

1.1 · Survey outcomes

1.2 · Criteria requirements — Andrology

1.3 · Pilot subspecialty curriculum in Andrology

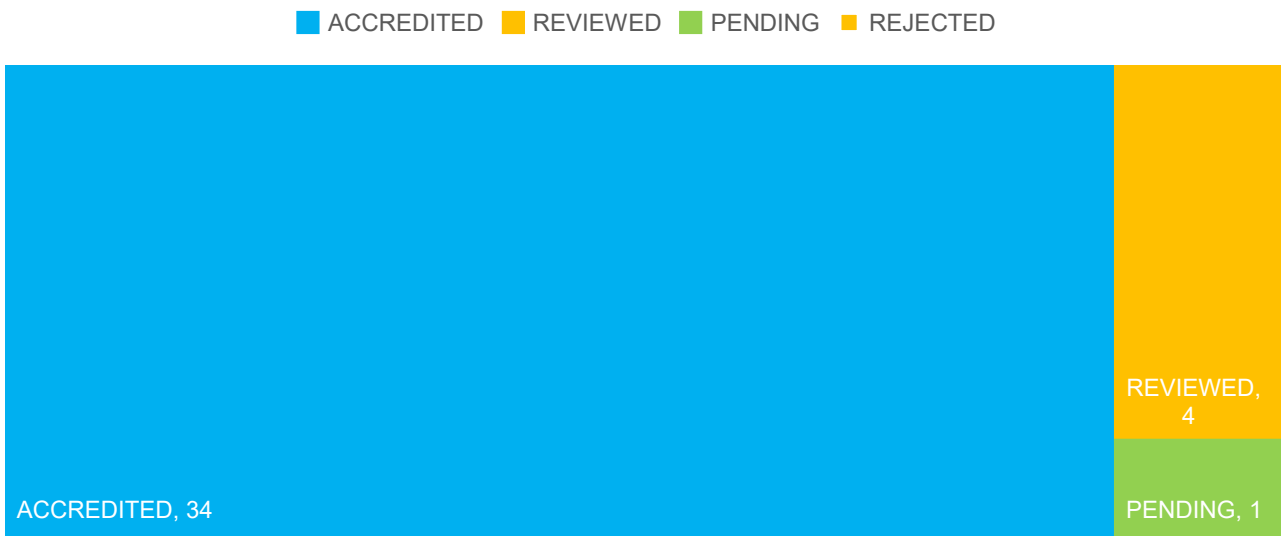
european board of urology

EU-ACME
- EBU ACC
10 October 2026

european board of urology

EBU ACC EVALUATION

From the total of 384 CME activities, **38** were sent to the EBU ACC members for evaluation.



EU ACME

european board of urology

Evaluations completed in 2026

Committee member	Country	2026
Prof. J. Švihra	Slovakia	1
Dr. P. Vaganovs	Latvia	1
Dr. P. Krombach	Luxembourg	3
Prof. E. Fragkiadis	Greece	3
Prof. Dr. A. Chkhotua	Georgia	4
Dr. J. Sciberras	Malta	5
Dr. T. Quack	Germany	6
Dr. A. Khelaia	Georgia	7
TOTAL		**30**

Process and expectations

Shared responsibility. Evaluating CME events is a core duty of every committee member — all members should participate equally.

Rotational assignment. Evaluations are assigned equally on rotation by the EU-ACME office.

One-week deadline. Reviewers who cannot meet it should inform the EU-ACME office.

Reassignment. Reviews not completed on time are reassigned to another reviewer.

Repeated failure to complete assigned reviews leads to exclusion from the evaluation process.

> Participation varies widely (1–7 evaluations). A more even distribution should be aimed for in 2027.

Recognising guideline work

Expert validation of translated clinical guidelines

5 CPD credits per chapter

Clinical review of translated guideline content for scientific accuracy, terminology and educational value — beyond linguistic proofreading.

Benchmark: EAU Guideline Panel members receive 10 CPD credits per guideline meeting.

Author of a clinical guideline chapter (new activity type)

10 CPD credits per chapter

Guideline chapters require literature review, evidence appraisal, consensus building, drafting and ongoing updates — effort exceeding a standard publication.

Currently recognised only as generic authorship at 5 credits.

Why it matters: both activities carry significant educational value, align with recognised activities such as peer review and editorial work, and support the dissemination of evidence-based medicine. The proposals give guideline authors and expert validators recognition proportionate to their contribution.

New activity type — mentorship

The EU-ACME office proposes recognising structured mentoring — both as mentor and as mentee — within the CME/CPD credit system. Two allocation options are on the table.

Activity type	Option 1 — annual allocation
Mentor — structured guidance and professional development of a healthcare professional or trainee	10 CPD credits per year per mentee (active, documented relationship)
Mentee — active participation in a mentoring programme with goal setting, reflection and feedback	5 CPD credits per year (active, documented participation)

> **EU-ACME office recommendation:** the annual allocation model — **10 credits for the mentor, 5 for the mentee** — is simpler to administer and aligns with the value placed on other professional development activities in the CME/CPD framework.

Rationale: mentoring requires preparation, regular engagement, reflection and transfer of knowledge; it builds leadership and professional excellence. The mentee's time commitment and educational contribution are generally lower than the mentor's — reflected in the lower allocation.

2

Sub-specialty certification

2.1 · Survey outcomes

2.2 · Criteria requirements — Andrology

2.3 · Pilot subspecialty curriculum in Andrology

Survey on subspecialty certification — who responded

38
complete responses (Sept 2026)

25
countries represented

71%
university / academic centres

89%
over 10 years in independent practice

Respondent profile

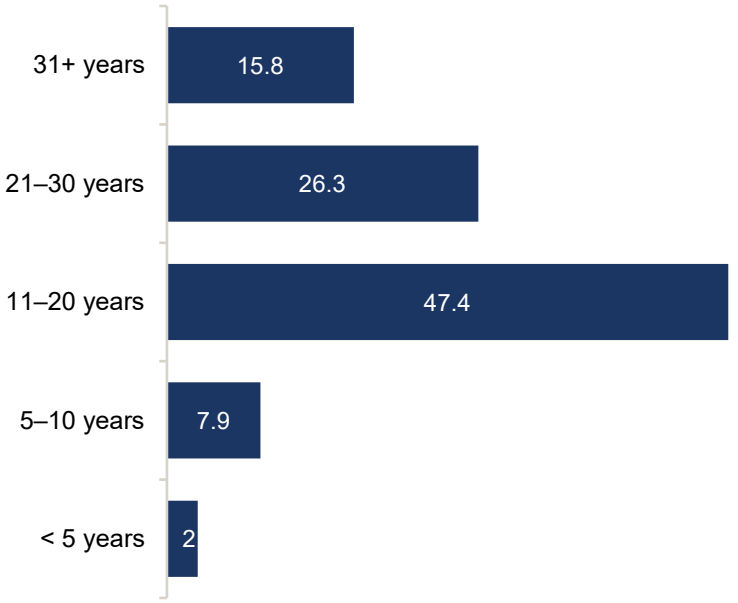
Main role: 55% subspecialty-focused urologists, 29% general urologists (**Q4** Your main role: general vs. subspecialty focused)

Setting: predominantly university hospitals and academic centres (71%), with public, private and mixed practice also represented

Experience: a senior respondent group ≈ 90% with >10 years of practical experience

Coverage: responses from all European regions, including EBU member countries from the Baltic to the Caucasus

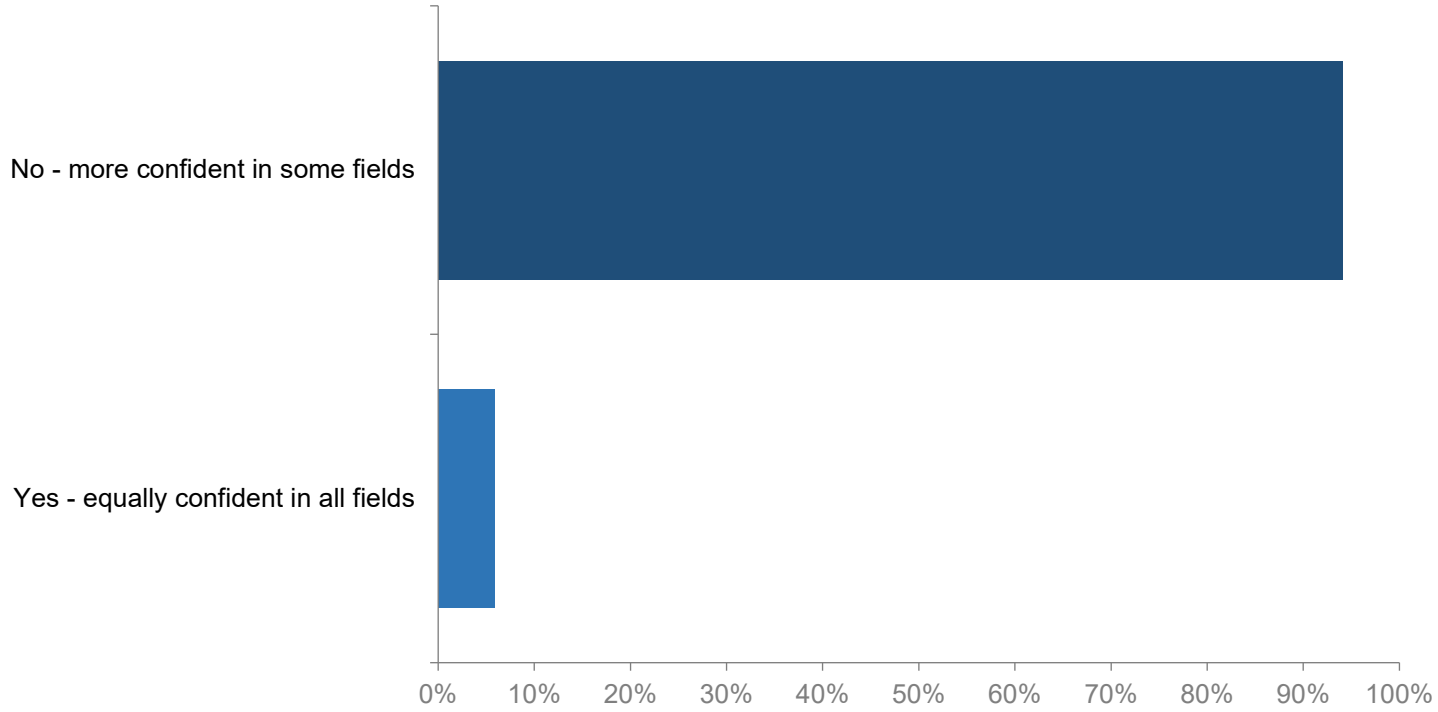
Years in independent practice



european board of urology

Respondents are subspecialty urologists!

Q11: Do you consider yourself equally confident across all fields of urology? (n=34)

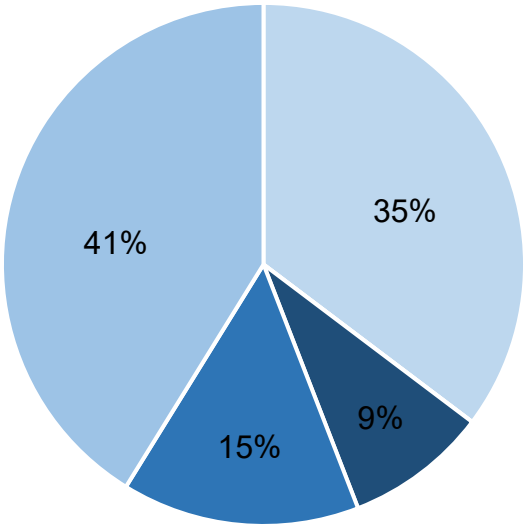


95% think they are NOT equally competent in all subspecialties of Urology!

european board of urology

Respondents obtain a subspecialty certificate

Q9 Do you personally hold a subspecialty document?

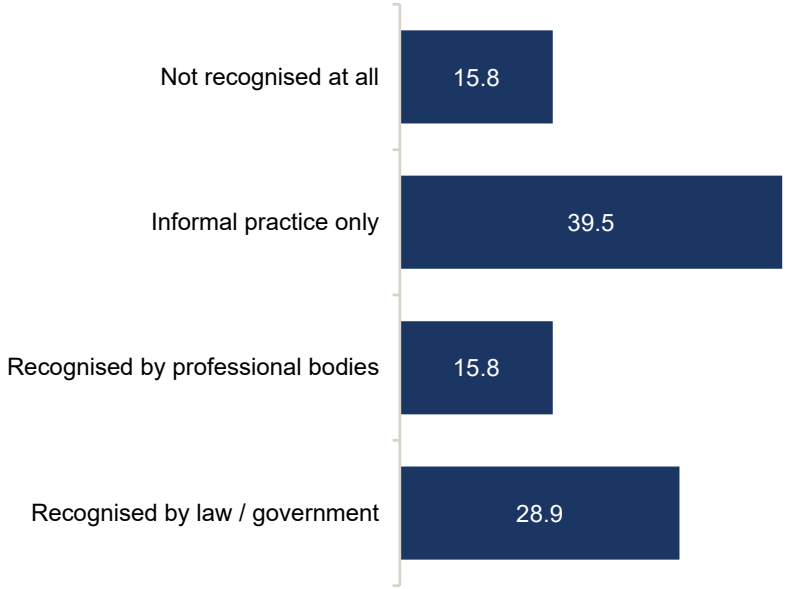


86% of respondents either do have subspecialty document or are obtaining it.

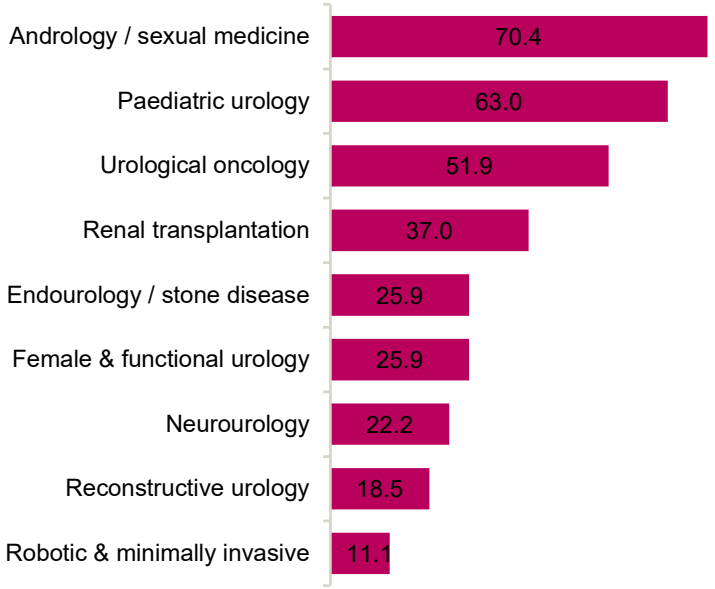
Only 14% of respondents isn't doesn't want to have subspecialty certificate in Urology!

A landscape of subspecialty recognition

Are subspecialties formally recognised in your country? (n=38)



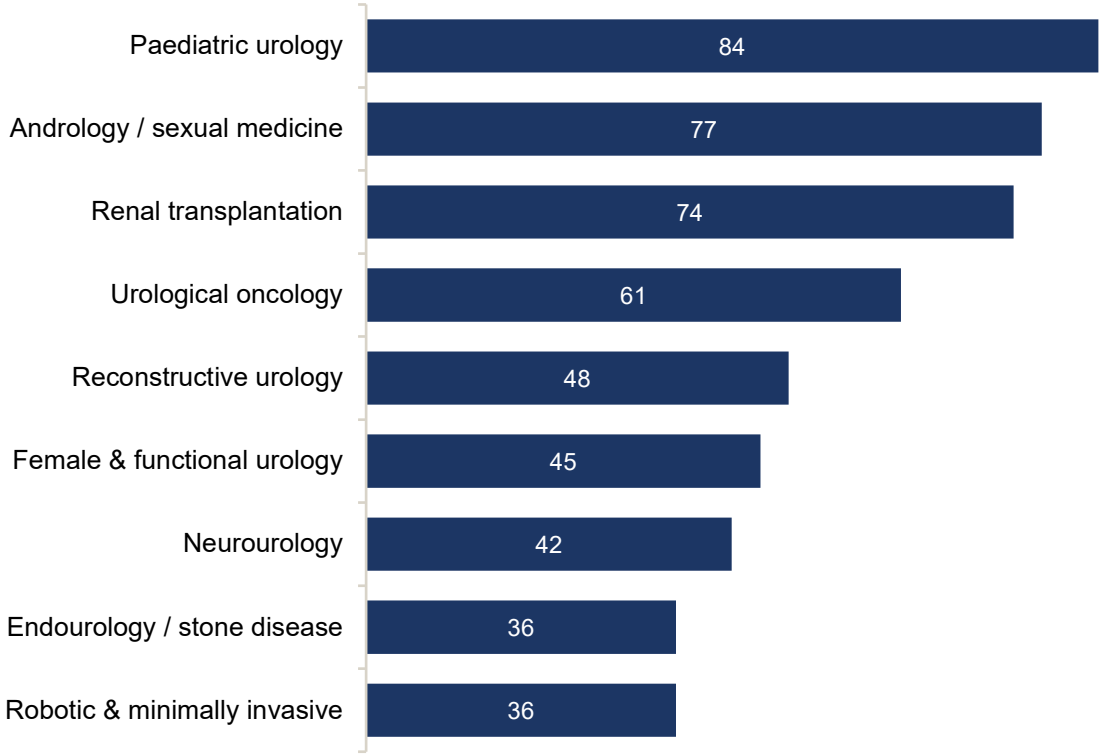
Subspecialties existing or recognised (n=27)



Official recognition — In 85% of cases subspecialty is formally or informally recognized!
In only 15% of countries Urology is a unique specialty without formal or informal recognition.
The most recognized subspecialties in Europe are: Andrology, Pediatric Urology and Urological Oncology.

A landscape of subspecialty recognition

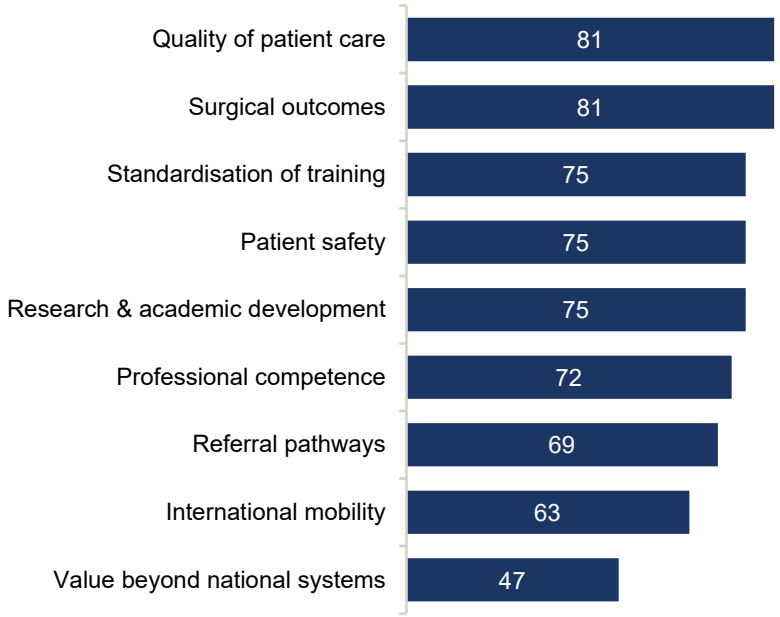
Which areas currently justify formal recognition as urological subspecialties? (n=31)



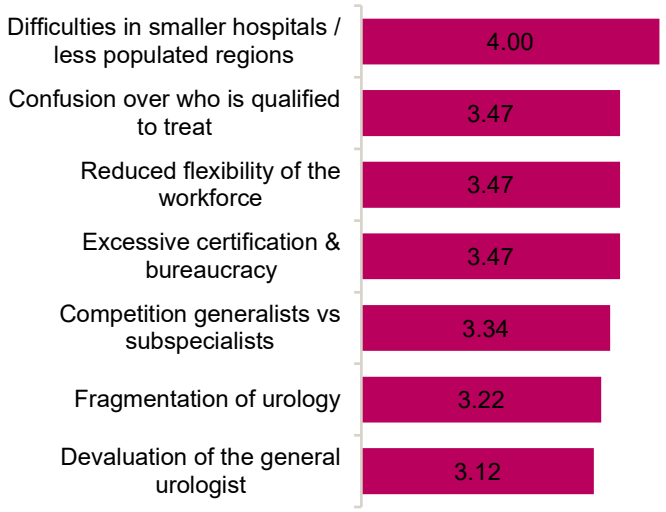
european board of urology

Formal Recognition of Subspecialties

Expected added value of European standards



Main concerns



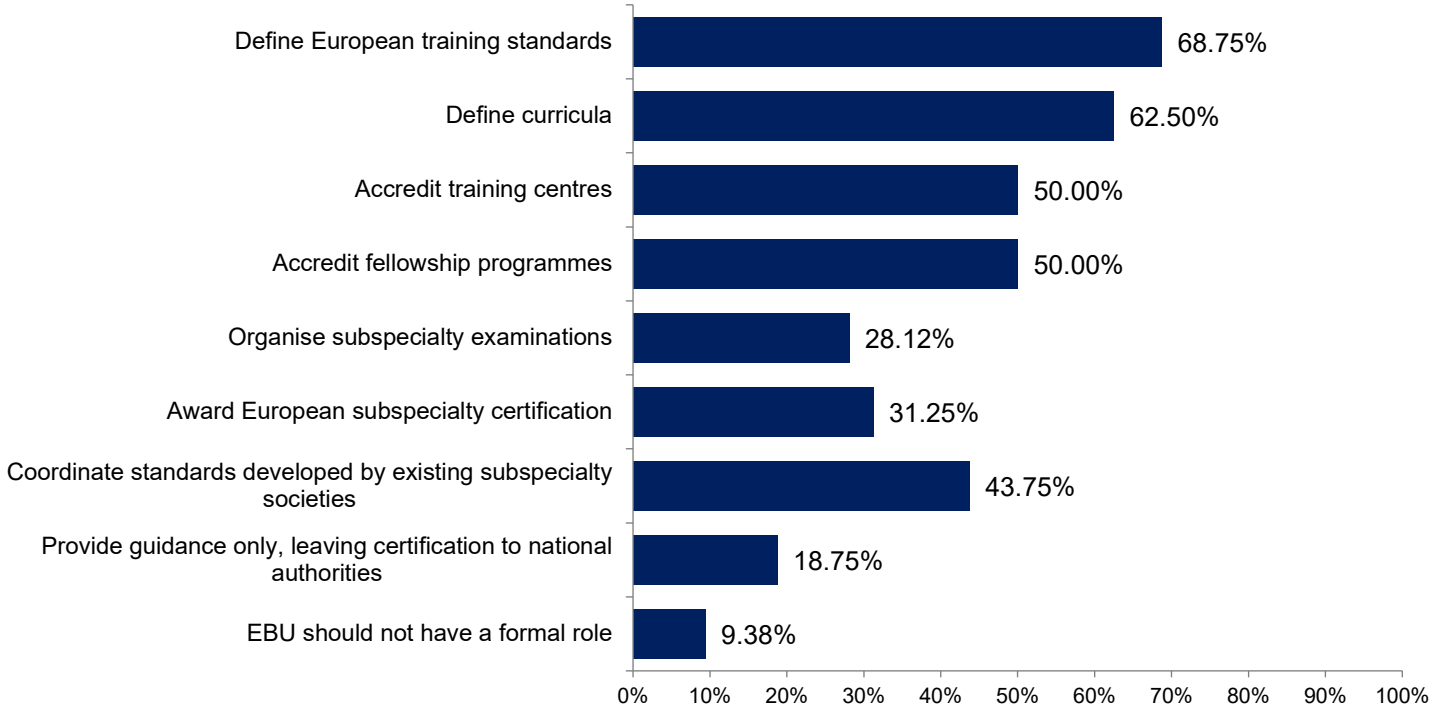
90.6% consider formal recognition of subspecialties at least moderately important; **43.8%** call it very important or essential!

Only **3%** think it's not important

72% want general urology to remain the foundation of specialty, with subspecialisation built upon it.

EBU role in SC — clear mandate

Q22: What role, if any, should the European Board of Urology have in subspecialisation? (#32)



The Board mandates EBU on defining training standards (ETR), **creation of curricula** and continuation of centre accreditation program.

EBU — EAU collaboration

82% - Support offering the EBU accredited-centre database for EAU subspecialty training programmes

64.5% - Certifying urologists who have successfully completed training at these accredited centres



CERTIFICATION of EUROPEAN UROLOGICAL SCHOLARSHIP PROGRAMME (EUSP)
HOST CENTRE

PROCEDURE
Institutions seeking recognition as a Certified EUSP Host Centre shall undergo the following certification process:

1. **Submission of an online application** demonstrating compliance with the requirements and certification criteria established by EUSP.
2. **Payment of the applicable administration fee** as determined by EUSP.
3. **Independent online evaluation by two members of the EU-ACME Committee**, assessing the application against the EUSP certification criteria.
4. **Certification decision by EBU** based on the evaluation outcome.
5. **Award of the title "Certified EUSP Host Centre"** to centres that successfully demonstrate compliance with all applicable requirements.
6. **Granting of certification for a period of five (5) years**, subject to continued compliance with this document.
7. **Publication of the Certified EUSP Host Centre** on the EUSP and EBU websites.

Preferred overall model (n=32):

56% — core FEBU certification plus formal certification for a limited number of selected subspecialties

62.5% believe greater formalisation would strengthen urology in Europe; only 12.5% expect it to weaken the specialty

european board of urology

Survey conclusions for the Committee

1. **SC Recognition.** In 85% of European countries subspecialty is formally or informally recognized. 86% of EBU members either already hold, or plan to obtain SC.

2. **Support is broad but bounded.** The preferred model is core FEBU certification plus formal certification for a limited subspecialties.

3. **Andrology ranks high.** Andrology (70%), Pediatric Urology, and Urological Oncology are the most recognized subspecialties in Europe. Pediatric Urology, Andrology (77%), and Transplantation justify formal recognition as urological subspecialties most

4. **Certification without a written exam is acceptable.** Structured subspecialty training plus documented clinical experience is the preferred basis; the EBU's mandate centres on standards, curricula and centre accreditation.

5. The Board members mandate the EBU to issue the SC (62.5%), define European training standards (69%) and curricula (63%) in subspecialties.

"The EAU defines, the EBU assesses and certifies" — the principle that frames every step above.

Andrology pilot curriculum — a phased approach

Step 1 — Letter of intent

Short, informative letter to the EAU suggesting the division of responsibilities for the Andrology pilot curriculum creation

Step 2 — Provisional governance

Clear pilot rules: who designs the curriculum, who sets assessment standards, who issues the final credential

Step 3 — Full MoU

Once the model is validated, a Memorandum of Understanding formalises "EAU defines, EBU assesses and certifies" across subspecialties

Building the pilot curriculum

Joint working group: the EAU Andrology Section and the EBU Accreditation Committee jointly draft an Andrology subspecialty curriculum as an addendum to the ETR — a proof of concept for the collaboration model.

Training infrastructure: the EBU offers its accredited-centre database as the resource for EAU subspecialty training programmes — 81% of survey respondents support this.

The operating principle

EAU — defines the curriculum and delivers structured training

EBU — accredits the centres, assesses competence independently, certifies expertise

EU-ACME already proves this division of responsibilities works in practice.

european board of urology

3

ETR Endoresement

3.1 · European Training Requirements (ETR) in Urology — version 2026

Status, endorsement strategy and the national endorsement campaign

european board of urology

Endorsement strategy — four proposals

1 · National endorsement campaign

Ask every EBU member associations to recognise the ETR as a reference standard — not a replacement for national curricula. This distinction is crucial for political acceptance.

2 · EAU alignment

Define the natural “allies” — ESU, YAU and ESRU — before seeking formal EAU endorsement: bilateral meetings, then a joint EAU–EBU position statement on harmonised training, the ETR–Guidelines relationship, EPAs and training-centre requirements.

3 · Integration with EBU programmes

One coherent system: FEBU examination mapped to ETR competencies; ICA modules aligned with ETR domains; accredited centres demonstrating curriculum alignment and EPA implementation; subspecialty curricula referencing the ETR baseline.

4 · Dissemination and visibility

Joint EBU–EAU congress session "Future of Urology Training in Europe"; a publication in the EBU newsletter and European Urology Today; and an annual Accreditation Committee report on endorsements, aligned centres, EPA rates and resident awareness.

"The EAU Guidelines define what urologists should know; the ETR defines how Europe should train urologists to know and do it ."

european board of urology

National endorsement campaign

Element	Description
Communication	Official EBU letter to each national association president, with a one-page summary of the ETR's benefits — materials are ready
National delegate	Each member society nominates an ETR delegate — local presentation, liaison with training centres, reporting of implementation barriers
Local adaptation	Associations map their national curriculum against the ETR, identifying gaps and overlaps rather than replacing existing structures
Reporting	Annual collection of endorsement status, training-centre alignment and implementation barriers

The request

"Recognise the ETR as a reference standard for specialist urology training" — not "replace your national curriculum".

Endorsement affirms training excellence and opens the full spectrum of EBU programmes — FEBU, ICA and accredited-centre certification — to the country's trainees and trainers.

Committee monitoring — annual report

· Number of national endorsements

· Training centres aligned with the ETR

· EPA implementation rates

· Resident awareness and engagement

Published in the EBU newsletter and European Urology Today.

european board of urology

Thank you