



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

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Training Requirements for the Subspecialty Paediatric Urology under both Urology and Paediatric Surgery

European Standards of Postgraduate Medical Specialist Training

Preamble

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 34 national associations and operating through 39 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

It is the UEMS' conviction that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Therefore, the UEMS committed itself to contribute to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines. No matter where doctors are trained, they should have at least the same core competencies.

In 1994, the UEMS adopted its Charter on Post Graduate Training aiming at providing the recommendations at the European level for good medical training. Made up of six chapters, this Charter set the basis for the European approach in the field of Post Graduate Training. With five chapters being common to all specialties, this Charter provided a sixth chapter, known as "Chapter 6", that each Specialist Section was to complete according to the specific needs of their discipline.

More than 20 years after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In doing so, the UEMS Specialist Sections and European Boards did not aimed to supersede the National Authorities' competence in defining the content



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of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

At the European level, the legal mechanism ensuring the free movement of doctors through the recognition of their qualifications was established back in the 1970s by the European Union. Sectorial Directives were adopted and one Directive addressed specifically the issue of medical Training at the European level. However, in 2005, the European Commission proposed to the European Parliament and Council to have a unique legal framework for the recognition of the Professional Qualifications to facilitate and improve the mobility of all workers throughout Europe. This Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”. While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with International treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

This document derives from the previous Chapter 6 of the Training Charter and provides definitions of specialist competencies and procedures as well as how to document and assess them. For the sake of transparency and coherence, it has been renamed as “Training Requirements for the Specialty of X”. This document aims to provide the basic Training Requirements for each specialty and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of this documents reflects the UEMS approach to have a coherent pragmatic document not only for medical specialists but also for decision-makers at the National and European level interested in knowing more about medical specialist training.

This document supports the role of UEMS in setting Standards in the field of PGT, ref to Charter on PGT. It was approved by the UEMS Specialist Section and the European Board of Urology and Paediatric Surgery at the UEMS Council meeting in Paris, 18th



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October 2013. Since October 2013, the Multidisciplinary Joint Committee (MJC) of Paediatric Urology (PU) with its training requirements for the subspecialty Paediatric Urology is recognized by the UEMS as the European standard of postgraduate medical specialist training. This Document is designed to harmonise training programmes in Paediatric Urology between different European countries.



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Introduction

In February 2002, a committee of delegates from the “European Board of Urology” (EBU), the “European Board of Paediatric Surgery” (EBPS), the “European Society for Paediatric Urology” (ESPU) and the “Union Européenne des Médecins Spécialistes” (UEMS) met in Leuven (Belgium) as an initiative of the ESPU to form an European Board of Paediatric Urology which was called the “Joint Committee of Paediatric Urology” (JCPU).

The goal of this Committee was to set a high standard of care for children with problems of the urinary and genital tract by setting standards for clinical caretakers of these children. It was not the goal to create a new medical specialty. In the UEMS countries Paediatric Urology is a recognised subspecialty in 4 UEMS countries (the Czech Republic, Poland Slovakia and Turkey). However, an increasing number of centres for Paediatric Urology and officially recognized departments have qualified paediatric urology training programmes. It was therefore the first goal for this committee to attempt to set guidelines who would be able to carry a title of added qualification in Paediatric Urology (Fellow of the European Academy of Paediatric Urology (FEAPU)). The current situation in the countries where the UEMS guidelines apply is that specialists trained in either Urology or Paediatric surgery care for children with Paediatric Urology problems. It was therefore also stated that the care of children should take place in a special Paediatric Unit of the hospital according to the charter of the rights of the child.

Similar to the European Board of Paediatric Surgery it was decided that a transition period for caretakers who currently are practising as Paediatric Urologists in the UEMS affiliated countries should enable them to be recognized as such. The transition period for the possibility of being a Fellow of the European Academy of Paediatric Urology without passing the exam ended in 2007. Since October 2013, the Multidisciplinary Joint Committee (MJC) of Paediatric Urology with its training requirements for the subspecialty Paediatric Urology is recognized by the UEMS as the European standard of postgraduate medical specialist training. In October 2017, the UEMS officially recognized the European Board of Paediatric Urology (EBPU) within the UEMS as a regulatory body of the MJC of Paediatric Urology (MCJ-PU).



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Definition of the subspecialty

Paediatric Urology is the subspecialty of both Urology and Paediatric Surgery concerned with clinical recognition, prevention, treatment (surgical and non-surgical), and the rehabilitation of congenital and acquired diseases, malformations and functional problems of the genitourinary system. Paediatric Urology as paediatric surgery encompasses the surgical care of the growing individual: premature infant, new-born, child and adolescent. Patients over 18 years old with special needs and/or rare diseases where paediatric surgical expertise is required could/should be treated in strict cooperation with paediatric urologists. The transition to adult specialists should be guaranteed (e.g. urologist, endocrinologist, surgeon etc.). It also encompasses the promotion of good genitourinary system health.

General aspects of Training in Paediatric Urology

Paediatric Urology Training is a subspecialty training which is done at Fellowship level for Urologists or Paediatric surgeons. The Multidisciplinary Joint Committee of Paediatric Urology (MJC-PU) is the monitoring authority for recognition of quality, accreditation and certification with its regulatory body, EBPU as an equivalent of the EBU and EBPS. The EBPU is responsible for defining regulations concerning required training, conducting site-visits to training programmes, and certifying examinations. The executive Board of the EBPU consisting of two representatives from the EBU, EBPS and the ESPU is responsible for the execution of these tasks.

The European Academy of Paediatric Urology (EAPU) has an advisory role to the EBPU. The EBPU and the EAPU will also supervise in a systematic way the training of Paediatric Urologists in order to assure quality. Paediatric Urology training should be performed in a Training Programme recognized by EBPU. The training programme can be established at a Paediatric Urology, a Urology, or a Paediatric Surgery department.

The selection procedure of a trainee should be transparent and application should only be open to the candidates who are certified as Urologists or Paediatric Surgeons by a Competent National Authority. The length of training is at least two years with both years being spent in recognized training programmes. For rare diseases it is recommended to arrange exchange/rotation between the centres. It is the responsibility of the programme director to expose the fellow to the full spectrum of paediatric urology. If the training has been performed in a non-EBPU-certified training centre, the training period should be 48 months.

The executive Board can provide further recommendation and details of the training programme (syllabus). This is published on the EBPU website:



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<https://www.espu.org/ebpu-mjc-pu-eapu>.



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I. Training Requirements for Trainees

1. Content of training

a. Theoretical knowledge

The trainee is a surgical specialist who has certification in Urology or in Paediatric Surgery from a National Competent Authority. To build up her or his experience, the trainee should be involved in the treatment (including diagnosis, management and follow up care) of sufficient number of in-patients and out-patients. As well to perform a sufficient number of surgical and other practical procedures of sufficient diversity. He/she also must be willing to take part in the education of residents of the institution. She / he should participate in research activities and produce a scientific output during her / his training e.g. a paper or a presentation.

The trainee should have sufficient linguistic ability to communicate with patients and colleagues and to study international literature. The trainee should keep a personal logbook according to the recommendations of the UEMS/ EBPU. The logbook is available on the EBPU-webpage: (<https://www.espu.org/ebpu-mjc-pu-eapu>). At the end of the training a final report and evaluation should be sent to the EBPU. A copy of the surgical logbook should also be sent together with a review of the program to the EBPU. The logbook should contain detailed data about the trainee's clinical and operative experience and academic performance.

b. Practical skills

The candidate has to take active part (as a supervised surgeon, performing the surgery or assisting surgery to residents) in a sufficient number of paediatric urology operative procedures equally divided during the training period covering the entire field of paediatric urology as specified below. At the end of her/his training period, the candidate should be able to perform most of the surgeries without supervision. The performance of the candidate is more important than the number of procedures (concept of Entrustable Professional Activities). The surgical procedures should be divided among:

- surgical procedures on the kidney and the upper urinary tract
- surgical procedures on the lower urinary tract
- surgical procedures on the external genitalia
- endoscopic surgical procedures (including laparoscopy and or robotic surgery)



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Also, the candidate has to take active part in a larger number of diagnostic procedures and minor procedures like diagnostic endoscopy, ultrasound and urodynamic studies.

c. Professionalism

The fellow should affirm her/his loyalty to the profession which she/he is about to enter (Paediatric Urology). She/He should be mindful always of her/his great responsibility to preserve the health and the life of her / his patients , to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honour and fidelity, to perform faithfully her/his professional duties, to employ only those recognized methods of treatment consistent with good judgment and with her/his skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

She/He should be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon her/him - self or her/his profession.

She/He should endeavour to work in accord with her/his colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

She/He should act with respect and esteem upon all those who have taught her/him the art.

She/He should carry out clinically relevant research, take care of her/his non-technical skills, as clinical reasoning, appraisal of research evidence, appropriate patient assessment, record keeping, time management, patient safety, infection control, communication, teaching and training, managerial aspects, teamwork, leadership, quality improvement as well as aspects of probity and ethics.

2. Organisation of training

a. Assessment and evaluation

To be considered for certification as a Fellow of the European Academy of Paediatric Urology the trainees who finish her/his training in an accredited centre (4 years in a non-accredited paediatric urology centre) will present her / his logbook and the evaluation from the programme director to the executive Board of the EBPU.

Those trainees who are considered to have had sufficient training will be able to take the EBPU quality assessment for oral and written certification.



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A written qualification exam consisting of MCQ as well as an oral exam (so-called clinical scenarios) must be passed to achieve the title of an FEAPU. Only fellows of UEMS countries can achieve title of a Fellow of the European Academy of Paediatric Urology (FEAPU). All requirements are mentioned on the web page (<https://www.espu.org/ebpu-mjc-pu-eapu>).

b. Schedule of training

Minimum duration of training is 24 months fellowship in an accredited Paediatric Urology training centre (4 years in a non-accredited paediatric urology centre). It is strongly recommended to prolong the training in case of a part time occupation/temporary absence to fulfil the 24 months of the training length. The trainee can apply for a fellowship in Paediatric Urology when becoming a surgical specialist who has certification in Urology or in Paediatric Surgery from a Competent National Authority.

II. Training Requirements for Trainers

1. Process for recognition as trainer

a. Requested qualification and experience

The programme director should have been practicing in Paediatric Urology for at least 5 years after specialist accreditation in either Urology or Paediatric Surgery. The head of the programme of paediatric urology must have a special interest in education and training in all aspects of paediatric urology. She / he must be willing to devote time to supervise trainees in outpatient clinics, surgery and research activity. She / he must give evidence to the EBPU of current and continuing scientific work. The head of the paediatric urology programme should be a Fellow of the European Academy of Paediatric Urology, certified by the EBPU.

b. Core competencies

The programme director should have a substantial knowledge and practical experience in covering the field of Paediatric Urology as defined in the syllabus (<https://www.espu.org/ebpu-mjc-pu-eapu>). Leadership and Teaching experience should be documented.



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2. Quality management for trainers

The programme director is responsible for a training programme that includes the educational goals and the details of the educational components attributed. The programme should be readily available for review. The programme director is responsible for monitoring the quality of training and should make a regular evaluation of a trainee's overall performance which is yearly reported in trainee's logbooks.



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III. Training Requirements for Training Institutions

1. Process for recognition as training centre

a. Requirement on clinical activities

The programme that can train paediatric urology fellows will be accredited by the executive board of the EBPU.

The training programme must be within the countries, where the UEMS regulations apply.

Paediatric Urology Training programmes must apply directly to the executive Board of the EBPU for certification. Applications should include detailed information concerning the institution(s), medical and academic facilities and the training programme including a written training programme for the whole fellowship period.

Accreditation is based on the number of admissions to the training programme including day care, outpatient and inpatient care; number and diversity of all practical and surgical procedures; appropriate access to other relevant specialties; staff members, fellows under training and record of scientific publications.

Paediatric Urology training should take place in an institution or a group of institutions, which are of sufficient size to offer the trainee a full range of medical and academic facilities concerning paediatric urology.

To be considered for accreditation, the institution must submit a statistical overview of the number of outpatient paediatric urological visits and the paediatric urology surgical procedures that have been performed during the 2 previous years.

b. Requirement on equipment, accommodation

The institution should have access to radiographic, ultrasonographic, CT-scan, MRI, nuclear medicine and urodynamic equipment.

The institution should have a 24-hour operating theatre and adequate operating theatre equipment for paediatric urology cases.

The training programme should be associated with the following departments which are also departments with a training programme and or available expertise.

- Paediatrics including nephrology, oncology, endocrinology, neurology,



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psychology and neonatal care divisions.

- Intensive care / neonatology
- Radiology with expertise in children.
- Nuclear medicine.
- Anaesthesiology with special responsibility for paediatric anaesthesia.
- Paediatric Surgery and Urology
- Physiotherapy and rehabilitation
- Foetal medicine
- Urotherapy
- Simulation centre accessible.
- (Orthopaedics with special responsibility for paediatric cases.)
- (Neurosurgery with special responsibility for paediatric cases.)

Library services should include access facilities to national / international journals and reference books for clinical investigation and education

2. Quality Management within Training institutions

There should be a written training programme structured for each trainee in accordance with EBPU recommendations. The programme must give graded and progressive responsibility to the trainee. The programme should include educational components that are all related to certain goals.

The written training program should provide each trainee with:

- Experience and clinical competence in a variety of paediatric urology cases including inpatient and outpatient care.
- Experience in surgical aspects in a variety of paediatric urology cases
- Exposure to neonatal units and paediatric intensive care
- Familiarity with all contemporary imaging modalities
- Implementation and evaluation of urodynamic studies in children
- Experience in multidisciplinary management of nephrology cases
- Experience in multidisciplinary management of myelodysplasia cases.
- Experience in multidisciplinary management of problems related to sexual differentiation
- Exposure to foetal medicine
- Exposure to paediatric renal transplantation

The training programme should also support participation in clinical and experimental



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research. Active participation in local or international paediatric urology meetings (particularly with presentations) should be encouraged. The programme should be planned to maintain an ongoing scholarly activity including:

- Weekly clinical discussions and rounds
- Regular programme of teaching
- Regular journal clubs
- Regular clinical and experimental research conferences
- Discussions of morbidity and mortality.

Experience in clinical and operative aspects of paediatric urology and scholarly activity of the trainee should be recorded in a logbook

Manpower planning

There should be a minimum number of 2 faculty members with documented qualifications to instruct and supervise adequately all paediatric urology trainees in the programme. All members of the faculty should be able to devote sufficient time to meet the teaching needs of the programme. The head and the teachers should be practicing in Paediatric Urology in its full extent and should be involved with paediatric urology more than 80% of their full- time clinical responsibility. The director of the paediatric urology programme must also be able to expose the trainee to paediatric urology for at least 80% of her/his clinical experience during regular hours.

There should be a written statement about the assignments and responsibilities of each member of the faculty. There should be regular staff meetings held by the faculty to review the programme goals, objectives and performance.

The EBPU would not restrict the numbers of fellows to be educated in a specific training centre. If a training centre is certified, the responsibility of the quality of the future fellows (and paediatric urologists) lies in the hands of the programme director. However, it is generally not advisable to educate more than one fellow at the time. One trainee is considered as optimal for the accredited centres. Recertification as a training centre after a 5-year period depends partly on satisfactory log books from trainees having been through the training programme.

Regular report & external auditing

Applications for recognition as a training centre are reviewed by the executive Board



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of the EBPU and if accepted, site- visits will be performed. Review of the visitors report to the executive Board of the EBPU is mandated to give accreditation. Each accredited programme must document academic and medical activities. Accreditation is valid for 5 years. In order to maintain accreditation, the training programme must reapply every 5 years to the executive Board of the EBPU. If there is some doubt about the performance of the training programme, or the training programme has substantial problems, which are on the way to be resolved, or there is a completely new programme starting, the certification can be given for a period of 2 years only. Afterwards a re-evaluation and/or a re-visit is taking place and accreditation can be given for 5 years. A certification for 2 years due to some doubts in the training programme can be given only once.

Also, accreditation of the training programme is related to the particular centre and the programme director. Any change must be reported and approved by the executive Board. The new candidate for the programme director should send a motivation letter, her/his detailed CV and an up-to-date training programme. It is up to the executive Board to approve the changes based on the report from the programme director or to plan a site visit within 2 years. Certification for 2 years can be done only once. If the training programme proves not to fulfill all requirements a new application process must be started.

Transparency of training programmes

Each accredited programme as well as their current and past fellows is available at the EBPU webpage provided the formal agreement from has be obtained.

Structure for coordination of training

A yearly programme director meeting with participation of all programme directors of accredited centres, as well as the president and/or secretary and/or the appointed member of the EBPU and chairman of the EPU educational committee is held during the annual congress of the European Society for Paediatric Urology. The organization is under the responsibility of the executive Board of the EBPU. The agenda includes structure and coordination of postgraduate training in Paediatric Urology.