

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

European Standards  
of Postgraduate Medical Specialist Training

## CONTENT

<b>Preamble</b>	<b>p. 3</b>
<b>Chapter 1 General aspects of Paediatric Urology</b>	<b>p. 5</b>
Introduction	p. 5
Definition of the subspeciality	p. 5
National Authority	p. 6
<b>Chapter 2 General aspects of Training in Paediatric Urology</b>	<b>p. 6</b>
<b>Chapter 3 Training requirements for trainee</b>	<b>p. 7</b>
1. Content of the training	p. 7
a. Theoretical knowledge	p. 7
b. Practical skills	p. 8
c. Competency	p. 10
2. Organization of the training	p. 12
a. Assessment and evaluation	p. 12
b. Schedule of the training	p. 13
<b>Chapter 4 Training requirements for the trainers</b>	<b>p. 13</b>
1. Process for recognition as a trainer	p. 13
a. Requested qualification and experience	p. 13
b. Core competencies	p. 13
2. Quality management for trainers	p. 13
<b>Chapter 5 Training requirements for training institutionp.</b>	<b>p. 14</b>
1. Process for recognition as a training centre	p. 14
a. Requirements on clinical activities	p. 14
b. Requirements on equipment, accommodation	p. 14
2. Quality management within training institution	p. 15
Manpower planning	p. 16
Regular report and external audit	p. 16
Transparency of the programmes	p. 17
Structure of coordination of training	p. 17

## **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. The UEMS therefore 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 aim to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement this and to 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 these 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 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.

# Chapter 1 General aspects of Paediatric Urology

## **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, not to create a new medical specialty. In the meantime, in 4 UEMS countries, Paediatric Urology has become a recognised subspecialty (the Czech Republic, Poland, Slovakia and Turkey). However, an increasing number of centres for Paediatric Urology and officially recognized departments have paediatric urology training programmes. It was therefore the main aim for this committee to attempt to set guidelines about 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 were 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). Due to a limited number of recognized training programs at the beginning of the XXI century, the MJC-PU decided to enable the practicing paediatric urologists outside the accredited centres to apply for the exam (minimum period of practicing full time paediatric urology was 4 years). The executive board of the EBPU has decided that this option is not longer needed and the last call for such candidates will be in 2021 taking the exam in 2022.

## **Definition of the subspecialty**

Paediatric Urology is the subspecialty of both Urology and Paediatric Surgery dealing with recognition, prevention, treatment (surgical and non-surgical), and rehabilitation of congenital and acquired diseases, malformations and functional problems of the genitourinary system. Paediatric Urology, like paediatric surgery,

encompasses the surgical care of the growing individual: premature infant, newborn, 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.

### **National Authority**

Paediatric urology is recognized by the National Authority in only few UEMS member states (The Czech Republic, Poland, Slovakia, and Turkey). The criteria that must be fulfilled to be recognized as a paediatric urologist varies from country to country, especially in terms the obligatory theoretical and practical courses during the training, the content of the log-book (number of required diagnostic and therapeutic procedures) as well as the scientific activities of the fellow. The process of accreditation of the training programmes/centres, the trainers and also evaluation and assessment of the trainee are under national jurisdictions. Those processes also vary significantly from country to country.

In the other countries no official training programmes exist but the high standard of the health care is guaranteed by the medical professionals. Among those who provide paediatric urology service, there is an agreement that the current FEAPU title certifies adequate knowledge in this field. Keeping in mind that many congenital anomalies meet the criteria of rare diseases, there is also a need for establishing a common frame for the training programs that ensure adequate quality.

## **Chapter 2 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 EAPU 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 or by the Competent National Authorities. Professionals who wish to take the exam to be rewarded with the FEAPU title must fulfil the minimum criteria defined by the EBPU and pass the application procedure. The proof of accreditation by the Competent National Authority must be provided. The national process of accreditation should be transparent and regularly monitored. The executive board

of the EBPU can ask for additional documents to check if the particular centre meets the criteria for the accredited centres. 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. 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. The safety of the child and its care-givers must be ensured during the whole training period.

## **Chapter 3 Training Requirements for Trainees**

### **1. Content of training**

The role of the MJC-PU, and EBPU in particular, is to ensure the best quality of the training and certification process. Minimal requirements are defined by the EBPU and should be followed by those who want to get the FEAPU title.

#### **a. Theoretical knowledge**

The trainee is a surgical specialist who has certification in Urology or in Paediatric Surgery from the National Authority. To build up her or his experience, the trainee should be involved in the management (including diagnosis, treatment and follow up care) of a significant number of in-patients and out-patients. He/she also must be willing to take part in the educational activities within the institution. She/he should participate in research activities and produce a scientific output during her/his training e.g. a scientific paper or a presentation. Theoretical knowledge covers the whole spectrum of paediatric urology including embryology, normal development of a child, natural history of the prenatal and postnatal findings, surgical and non-surgical management of the child as well as daily care of children with congenital anomalies and acquired diseases of the urogenital system. The trainee must be aware of the consequences of the urological diseases as well as the invasive treatment modalities to the kidney function. The trainee must be also familiar with the long-term outcome of the surgical and non-surgical treatment as well as with the management of late complications in order to help in the transition adolescent-adult. Special attention must be put to recognition and management of child abuse through the paediatric urology training.

The main domains of the theoretical knowledge are as following:

- Embryology of the urogenital system
- Principles of the diagnostic tools
- Perioperative management (principles of anaesthesia and pain management)
- Congenital and acquired diseases of the kidney
- Congenital and acquired anomalies of the urinary tract
- Congenital and acquired anomalies of the gonads and genitalia
- Congenital and acquired anomalies of the adrenal glands

- Functional problems of the lower urinary tract
- Paediatric emergencies of the urogenital tract
- Infections of the urogenital system
- Urolithiasis
- Paediatric uro-oncology

The trainee should have sufficient linguistic ability to communicate with patients and colleagues and to study international literature.

#### **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. There is tendency to centralize rare anomalies and less common procedures which means that the trainee cannot reach proficiency in all areas in one centre. Therefore, the fellow should participate in the exchange programs to for the adequate exposure. Additionally, a program of “practical-educational simulation”, whenever possible, is recommended in order to reach more easily the basic levels of practical skills.

The EBPU strongly recommends that the minimal numbers are reached at the end of the training. The minimal requirements are shown in table 1.



Table 1. Calculation of the minimal requirements

		AO	S	IS	Minimal number	How to count
	<b>OPEN CASES</b>					
1	Open renal and upper tract (pyeloplasty/nephrectomy/surgery for duplication)				30	AO+S+IS
2	Open reimplantation of ureter to the bladder (any technique)/ureteric diversions/vesicostomy				25	AO+S+IS
3	Open orchidopexy /hydrocele/varicocele				40	S+IS
4	Penile surgery (circumcision, surgery for penile anomalies)				40	S+IS
5	Distal hypospadias repair (including revisions)				25	S+IS
6	Proximal hypospadias repair one-stage/two-stage				15	AO+S+IS
	<b>ENDOUROLOGY</b>					
7	Diagnostic cystoscopy, ureteropyelography, insertion of ureteral catheter/double-J stent insertion				20	S+IS
8	Injections (endoscopic correction of reflux, botulinum-toxin injection)				25	S+IS
9	Any other intervention done using a cysto-urethroscope (PUV ablation, ureterocele, urethrotomy excluding stone cases)				25	S+IS
10	Endoscopic stone surgery (all endoscopic procedure for stone surgery - PCNL, URS, RIRS, cystolithotripsy etc)				20	AO+S+IS
11	Extracorporeal lithotripsy				10	AO+S+IS
	<b>LAPAROSCOPY/RALS</b>					
12	Renal and upper tract surgery (pyeloplasty/nephrectomy/surgery for duplication)				15	AO+S+IS
13	Lower tract surgery (including ureteric reimplantation, bladder, bladder neck)				5	AO+S+IS
14	Surgery for gonads and diagnostic/minor DSD (orchidopexy, gonadectomy, varicocele, biopsy etc)				20	AO+S+IS
	<b>DIAGNOSTIC AND SMALL INVASIVE PROCEDURES</b>					
15	Invasive urodynamics (cystometry, videourodynamics)				40	AO+S+IS
16	Image guided interventions (kidney biopsy, nephrostomy, percutaneous cystostomy)				15	AO+S+IS
	<b>INDEX CASES IN PAEDIATRIC UROLOGY (centralized or rare cases)</b>					
17	Bladder augmentations (any technique) and continent diversion (including LAP/RALS procedure)				7	AO+S+IS
18	Bladder neck procedures for maintaining continence (including LAP/RALS procedure)				7	AO+S+IS
19	Any primary surgery related to EEC and cloaca				5	AO+S+IS
20	Surgery related to a DSD (excluding diagnostic procedures) and urogenital sinus				5	AO+S+IS
21	Oncological procedures (adrenal, kidney, gonads) including LAP/RALS procedures				12	AO+S+IS
22	Surgery/management for urogenital trauma				12	AO+S+IS
23	Surgery related to renal transplant				5	AO+S+IS
24	Female genitalia: MRS/OHVIRA/vaginal atresia/septum				7	AO+S+IS

AO - Assistant/observer; S - performing the procedure under supervision  
 IS - being able to perform the procedure independently.

The trainee should keep a personal logbook that must be provided to the EBPU during the application procedure for the exam. The EBPU can ask the trainee to provide the details of her/his performance.

### c. Competency

The training program must expose the trainee to procedures of various diversity and complexity. Trainees must demonstrate competence in a number of areas. The degree of competence will be determined by the supervisor and the national guidelines should be followed whenever applicable. The levels of competency can be defined as showed in table 2. Entrusted Professional Activity (EPA) concept should be used for this purpose.

Table 2a. Levels of competence - definition

Level of competence	Level 1 (novice)	Level 2 (advanced beginner)	Level 3 (Competent)	Level 4 (Proficient)	Level 5 (Expert)
Teacher (level of supervision)	Provider	Direct (proactive) supervision	Indirect (reactive) supervision	No supervision needed	Trainee ready to supervise
Trainee	Insufficient knowledge and skill to perform task (cannot be expected to perform without assistance)	Performs the activity under full supervision (the supervisor decides on the level of supervision)	Does not need direct supervision. The trainee can be trusted to know when to ask for help	May perform an activity independently with backstage (formal supervision)	Has enough knowledge and skills as well as attitude to perform a task
Possible methods of assessment	MCQ, short structured questions	Student record book, OSAT/OSCE	Direct observation	Workplace based assessment/direct observation	Impact evaluations

It is up to the program director how to assess the progress of the training program. The EBPU recommends that the following minimal levels of competency should be achieved:

Table 2b. Levels of competence – requirements for the trainee

		competency description by				
		L1	L2	L3	L4	L5
	<b>OPEN CASES</b>					
1	Open renal and upper tract (pyeloplasty/nephrectomy/surgery for duplication)				X	
2	Open reimplantation of ureter to the bladder (any technique)/ureteric diversions/vesicostomy				X	
3	Open orchidopexy /hydrocele/varicocele					X
4	Penile surgery (circumcision, surgery for penile anomalies)					X
5	Distal hypospadias repair (including revisions)					X
6	Proximal hypospadias repair one-stage/two-stage				X	
	<b>ENDUROLOGY</b>					
7	Diagnostic cystoscopy, ureteropyelography, insertion of ureteral catheter/double-J stent insertion					X
8	Injections (endoscopic correction of reflux, botulinumtoxin injection)					X
9	Any other intervention done using a cysto-urethroscope (PUV ablation, ureterocele, urethrotomy excluding stone cases)					X
10	Endoscopic stone surgery (all endoscopic procedure for stone surgery - PCNL, URS, RIRS, cystolithotripsy etc)			X		
11	Extracorporeal lithotripsy			X		
	<b>LAPAROSCOPY/RALS</b>					
12	Renal and upper tract surgery (pyeloplasty/nephrectomy/surgery for duplication)			X		
13	Lower tract surgery (including ureteric reimplantation, bladder, bladder neck)			X		
14	Surgery for gonads and diagnostic/minor DSD (orchidopexy, gonadectomy, varicocele, biopsy etc)				X	
	<b>DIAGNOSTIC AND SMALL INVASIVE PROCEDURES</b>					
15	Invasive urodynamics (cystometry, videourodynamics)				X	
16	Image guided interventions (kidney biopsy, nephrostomy, percutaneous cystostomy)			X		
	<b>INDEX CASES IN PEDIATRIC UROLOGY (centralized or rare cases)</b>					
17	Bladder augmentations (any technique) and continent diversion (including LAP/RALS procedure)			X		
18	Bladder neck procedures for maintaining continence (including LAP/RALS procedure)			X		
19	Any primary surgery related to EEC and cloaca			X		
20	Surgery related to a DSD (excluding diagnostic procedures) and urogenital sinus			X		
21	Oncological procedures (adrenal, kidney, gonads) including LAP/RALS procedures				X	
22	Surgery/management for urogenital trauma				X	
23	Surgery related to renal transplant			X		
24	Female genitalia: MRS/OHVIRA/vaginal atresia/septum			X		

The fellow should affirm her/his loyalty to the profession which she/he is about to enter (Paediatric Urology). She/He should always be mindful 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, always keeping in mind 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**

The PD is responsible for the formative assessment during the whole training. Knowledge should be assessed on regular base by means of MCQs or other forms as defined locally in the schedule of the training program. The national requirements should be followed whenever applicable. Practical skills are evaluated based on the personal log-book. For this the levels of competence can be used as defined above (chapter 3. 1c)

To be considered for certification as a Fellow of the European Academy of Paediatric Urology the trainees who have their training in an accredited centre present the required documents (application form with the attachments and the evaluation from the programme director) to the executive Board of the EBPU.

Those trainees who have met the criteria are approved to take the EBPU quality assessment consisting of a written and an oral part. The written qualification exam consists of 100 MCQs and the oral exam is based on structured clinical scenarios. The written exam can be taken at any time during the training. The oral part can be taken at the end of the training as soon as all requirements are fulfilled. Both parts must be passed within a 5 years period. Three attempts can be made for each part within this period.

Only fellows of the UEMS countries can achieve title of a Fellow of the European Academy of Paediatric Urology (FEAPU). The other candidates (who had their training outside the UEMS countries) receive the certificate of passing the exam.

All requirements and practical information are summarized 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. It is strongly recommended to prolong the training in the 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.

It is strongly recommended that a fellow takes part in theoretical and practical courses on paediatric urology. Participation in at least 2 scientific activities, including one international is obligatory. At the end of the training a fellow should provide evidence of at least 20 CME credits.

Recertification of the FEAPU diploma must be done every 5 years. In this period 250 CME credits must be collected with at least 125 out of 250 related to paediatric urology. Application for recertification must be sent to the EBPU and the administrative cost must be covered by the applicant.

## **Chapter 4 Training Requirements for Trainers**

### **1. Process for recognition as trainer**

#### **a. Requested qualification and experience**

The programme director (PD) should have been practicing in Paediatric Urology for at least 5 years after specialist accreditation in either Urology or Paediatric Surgery. The programme director should be a Fellow of the European Academy of Paediatric Urology.

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.

#### **b. Core competencies**

The programme director should have a substantial knowledge and practical experience in the field of Paediatric Urology.

Paediatric Urology is a subspecialty covering a wide spectrum of rare congenital anomalies and uncommon acquired diseases that are centralised in some countries. The PD is responsible for exposing the fellow to the whole spectrum of Paediatric Urology (the internships with the other departments within the own institution as well as the domestic/international exchange programmes should be arranged).

Leadership and Teaching experience should be documented.

### **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 reported yearly in the trainee's logbooks.

## **Chapter 5 Training Requirements for Training Institutions**

### **1. Process for recognition as training centre**

The programme that meet the criteria will be accredited by the executive board of the EBPU.

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

The Programme Director must apply directly to the executive Board of the EBPU for accreditation. Applications should include detailed information concerning the institution(s), medical and academic facilities as well as the written training programme for the whole fellowship period (the application form and the required attachments are available on the website).

#### **a. Requirement on clinical activities**

Application for accreditation will be evaluated on the basis of the number of admissions, including day care, outpatient and inpatient care; number and diversity of all practical and surgical procedures; appropriate access to/cooperation with other relevant specialties; information on the staff members and fellows and record of scientific output.

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. For rare diseases it is strongly recommended to arrange exchange/rotation between the centres.

#### **b. Requirement on equipment, accommodation**

The institution should have access to radiographic, ultrasonographic, CT-scan, MRI, nuclear medicine and urodynamic equipment. If X-ray is being used, certified radiation safety competence must be demonstrated according the local/national recommendations.

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, psychology and neonatal care divisions
- Intensive care / neonatal intensive care
- Radiology with expertise in children
- Interventional radiology
- Nuclear medicine

- Anaesthesiology with special responsibility for paediatric anaesthesia
- Paediatric Surgery and Urology
- Physical and rehabilitation medicine
- Foetal medicine
- Urotherapy
- Simulation centre accessible
- (Orthopaedics with special responsibility for paediatric cases)
- (Neurosurgery with special responsibility for paediatric cases)
- (Reconstructive and aesthetic/cosmetic surgery)

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 and radiation safety
- 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 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 to 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 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. It is recommended to perform a site-visit before the full reaccreditation is prolonged for the second time. An accreditation for 2 years can be also given by the EBPU to the programme. This temporary accreditation will allow the programme to work on to meet survey observations. Reapplication must be sent to the EBPU for the assessment. Afterwards a re-evaluation and/or a re-visit should take place and accreditation can be given for 5 years. An accreditation for 2 years due to some doubts in the training programme can be given only once.

Accreditation of the training programme is also 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 are available at the EBPU webpage provided a formal agreement from the centre and the fellow have 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 ESPU 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.