



EUROPEAN BOARD OF UROLOGY

EUROPEAN UNION OF MEDICAL SPECIALISTS

Union Europeenne des Medecins Specialistes

European Training Requirements for the speciality of Urology

ETR - UROLOGY

European Standards of Postgraduate Medical Specialist Training

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Glossary of Acronyms and Abbreviations

The following glossary provides definitions of abbreviations used throughout this document to ensure its clarity and consistency.

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 (Comité Permanent des Médecins Européens)

CT – Computed Tomography
CTF – Common Training Framework
CanMEDS – Canadian Medical Education Directives for Specialists
DUSG – Direct Urinary System Graphy (*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
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
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

AUTHORS

This document was written primarily by the accreditation committee of the European Board of Urology (EBU) under the Chairmanship for Dr. Karl German and latterly of Prof. Archil Chkhotua.

The “knowledge section” was reviewed by the Examination Committee under the Chairmanship of Prof Serdar Tekgul, and the “Certification process” was reviewed by the Certification Committee under the Chairmanship of Dr Magne Dimmen. The document was approved by the Executive Committee of the EBU whilst Prof. van Moorselaar was serving as President. The document was approved at the General

assembly of the Board of Urology before being submitted to the UEMS for final approval.

Training Requirements for the Specialty of Urology

European Standards of Postgraduate Medical Specialist Training

Version December 2025

Preamble

The UEMS (Union Européenne des Médecins Spécialistes, or European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists at the European level. With its current membership of 40 national associations and operating through 43 Specialist Sections and their European Boards, 17 Multidisciplinary Joint Committees and 4 Thematic Federations the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the professional consensus on the framework for the highest possible level of their training which will pave the way to the improvement of quality of care for the benefit of all European citizens and beyond.

UEMS and its Postgraduate Medical Specialists Training programmes. In 1994, the UEMS adopted its Charter on Postgraduate Training aiming at providing the recommendations at the European level for high quality training. This Charter set the basis for the European approach in the field of harmonisation of Postgraduate Specialist Medical Training, most importantly with the ongoing dissemination of its periodically updated Chapter 6's, specific to each specialty. After the most recent version of the EU Directive on the recognition of Professional Qualifications was introduced in 2011, the UEMS Specialist Sections and other UEMS Bodies have continued working on developing the documents on European Training Requirement(s) (ETRs). They reflect modern medical practice and current scientific findings in each of the specialty fields and particular competencies covered and being represented within the UEMS. In 2012 the UEMS Council adopted the document Template Structure for ETR.

The linkage between the quality of medical care and quality of training of medical professionals. It is the UEMS' conviction that the quality of medical care and expertise are directly linked to the quality of training, achieved competencies and their continuous update and development provided to the medical professionals. No matter where doctors are trained, they should have the same core competencies. The UEMS ETRs reflect many years (or even decades) of experience on the ground of the UEMS Sections/ Multidisciplinary Joint Committees (MJC)s and Boards developing in close collaboration with the relevant European Scientific Societies training requirements coupled with European Medical Assessments. It is one among the clear aims of the UEMS ETRs to raise standards of training to make sure that European patients find high quality standards of safe specialist care. While professional activity is regulated by national laws in EU Member States, it is the UEMS understanding that it has

basically to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

UEMS and European legislation facilitating the mobility of medical professionals. The UEMS Council and its Specialist Sections, first created in 1962, have regularly provided advice and expert opinion to the European Commission. This helped create the framework that informed the drawing up of the Doctors Directives in 1975, which provided for the mutual recognition of medical diplomas and the free movement of doctors throughout the EU. The revised EU Directive on the recognition of Professional Qualifications (2013/55/EU) allows member states to decide on a common set of minimum knowledge, skills and competencies that are needed to pursue a given profession through a Common Training Framework (CTF) which represents the third mechanism that could be used to ensure mobility within the EU. This directive states that “professional qualifications obtained under common training frameworks should automatically be recognised by Member States. Professional organisations which are representative at Union level and, under certain circumstances, national professional organisations or competent authorities should be able to submit suggestions for common training principles to the Commission, in order to allow for an assessment with the national coordinators of the possible consequences of such principles for the national education and training systems, as well as for the national rules governing access to regulated professions”. The UEMS supported CTFs since they encompass the key elements developed in modern educational and training models, i.e. knowledge, skills, professionalism. In addition, the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare introduced a strong incentive for harmonisation of medical training and achieved competencies among EU/EEA Countries through the requirements to assure good and comparable quality of care to increasingly mobile European citizens.

The UEMS ETR documents aim to provide for each specialty the basic training requirements as well as optional elements, 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 for each individual specialty, not only for medical specialists but also for decision-makers at the national and European level interested in knowing more about medical specialist training. To foster harmonisation of the ETR by adopting more specific guidelines, the CanMEDS competency framework is recommended which defines the entire set of roles of the professionals which are common across both medicine and surgery. UEMS has an agreement to use an abbreviated version of the competencies within those roles.

Importance of making a distinction between Knowledge and Competency in ETR documents. Competency-based education is not oriented towards the period of clinical rotations, but towards trainee, and trainee’s progress in the acquisition of competencies. Having a clear distinction within an ETR’s contents between competencies and knowledge helps define both how that training should be delivered and how it should be assessed. The UEMS considers that the appropriate use of different methods of assessment of knowledge and acquired skills, emphasising the workplace-based assessment, is an essential component of quality postgraduate training, focused on high standards of specialist medical practice. To improve the methods of assessment it is also recommended to use the so-called Entrustable

Professional Activities (EPAs) in all specialties ETRs. In order to recognise common and harmonised standards on the quality assurance in specialist training and specialist practice at a European level some UEMS Specialist Sections and Boards also have, for a long time, organised European examinations (supported and appraised by the UEMS CESMA - Council of European Specialist Medical Assessments).

Overlapping of learning outcomes and competencies. Each of the UEMS ETRs defines a syllabus or knowledge base and describes learning outcomes defined for given competencies. Some of these curricula encompass a whole specialty, other focus on areas within or across specialties and define content of the training requirements for specific areas of expertise. By recognising the potential overlapping it creates the opportunity for those writing ETRs to draft overlapping or common goals for learning outcomes. Similar measurement does not necessarily equate to the same targets. Rather, across different specialties the final goal may differ, i.e. there may be clearly defined individual goals for trainees with different expectations.

UEMS ETRs and national curricula. The UEMS strongly encourages the National Medical Competent Authorities (NMCAs) to adopt such requirements and believes that this is the most efficient way of implementation of good standards in postgraduate training. We clearly respect and support the vital role of the NMCAs in setting high standards of training and care in their respective Countries and checking through robust quality control mechanisms the qualifications of medical specialists moving across Europe. The UEMS ETRs are developed by professionals for professionals and this adds unique value to them. UEMS aim is to indicate the knowledge and competencies that should be achieved by trainees in EU/EEA countries and also competencies and organisation of the training centres. The training environment and results described in UEMS ETRs may be achieved in adapted ways, depending on local traditions, organisation of healthcare system and of medical specialist training. Adaptation of UEMS ETRs to local conditions assures the highest quality of specialist training and each state may include additional requirements, depending on local needs.

Importance of collaboration with other representative European medical bodies.

The UEMS always wishes to work with all Colleagues, NMAs, professional and scientific organisations across Europe. In the process of ETRs development, the UEMS recognises the importance of meaningful collaboration with the other European medical representative bodies, the European Junior Doctors (EJD representing doctors in training), the European Union of General Practitioners (UEMO – Union Européenne des Médecins Omnipraticiens), the Standing Committee of European Doctors (CPME - Comité Permanent des Médecins Européens), the Federation of European Salaried Doctors (FEMS) and the European Association of Senior Hospital Doctors (AEMH - Association Européenne des Médecins Hospitaliers). In addition, UEMS continues to develop closer links with the many European specialist societies. UEMS, in collaboration with its fellow European representative bodies, has constantly been highlighting the importance of coordinated postgraduate specialist medical training programmes always accepting the differing needs of different specialties. In this way quality medical care is delivered by highly qualified medical specialists - essential to ensuring consumer confidence and protection all over Europe.

Conclusions. UEMS is very proud for all the hard work that has been done until now in developing the UEMS ETRs as well as that they are increasingly implemented as

national curricula. However, we also recognise the need for constant improvement, and we are always open to further suggestions. The UEMS insists that the medical profession remains the driver in defining its own specialist training and continuous professional development needs. On this basis, we sincerely look forward to working with the key European Union responsible bodies, as well as the national stakeholders in implementing the basic common strategies and requirements outlined with this initiative. We are confident that the priorities detailed in UEMS ETR documents developed for individual specialties (and/or competencies) will become evident in national strategies and programmes, as well as action plans for postgraduate medical education and training.

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 general assembly 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 of knowledge into that which is more important from others. 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 about 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 it therefore, in these circumstances, it will 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.

I. TRAINING REQUIREMENTS FOR TRAINEES

Introduction (General aspects of training)

The EBU promotes the harmonization of urological training programs across Europe. It acts as a coordinating and monitoring body for the training in Urology in the EU and formulates standards, mentioned hereafter, for the training institutions, the trainers and the trainees within the specialty of Urology.

Specialization as a Urologist requires that the trainee acquires the theoretical knowledge in all the different aspects of the field of urology, as well as the practical and clinical skills. It should prepare the trainee for the operative and non-operative management of patients, i.e. disease prevention, diagnosis, multidisciplinary decision making, treatment, and management of both benign and malignant conditions.

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

Training in Urology should be undertaken in training institutions that provide the standard of education that is expected to be achieved. It is the EBU that sets these standards and is actively involved in the assessment and certification of such residency training programmes. The EBU has a Certification committee which functions to determine standards and quality assurance when assessing the Residency training programme of the Institution concerned. During the training period, the trainee should have time and opportunities allocated for practical and theoretical study and also 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 moment should be tailored to provide close personal monitoring of the trainees as well as adequate exposure of the trainees to sufficient practical 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 speciality which the trainee should know. These "learning objectives" may also be accessed from the EBU official website.

The compilation of the EBU Learning Objectives has been derived from a variety of existing documents that deal with the syllabus/curriculum that is expected of a fully trained urologist. It is also very important that the trained urologist exhibits the professional behaviour that is befitting of a specialist doctor.

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 hypertrophy
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 urologists 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 they *must* fulfil. 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 the 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 the sick
- Respect towards colleagues and junior staff
- Abide by the values of honesty, confidentiality and altruism
- Maintain competence throughout one's career
- Improve care by evaluating its processes and outcomes
- Participate in educational programmes

- Provide care irrespective of age, gender, race, disability, religion, social or financial status
- Deliver best quality care in a compassionate and caring way

Good urologists make the care of their patients their first concern: they are competent, keep their knowledge and skills up-to-date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy and act with integrity and within the law. Good urologists work in partnership with patients and respect 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 being expected that during their training to become a specialist Urologist, the doctor would have acquired the specialist knowledge, along with clinical and operative skills, to enable good clinical practice. In addition, it is expected that the doctor would have also developed and habituated values, behaviours and actions which are truly professional. Therefore, the abilities that are required for being a professional go far beyond just being a good clinician. It is also important that the doctor 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 doctor appreciates the commitment for lifelong learning and has the skills to evaluate scientific data and to be able to follow a path of “knowledge-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 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, recognizing that the best care for the patients requires consensus on appropriate management in certain cases.

The good urologist recognizes the limits of their own expertise and abilities and therefore should practice within the limits of their own professional competence. The urologist should also be open to seeking a second opinion or the assistance of others, when necessary. A good urologist will be able to inform patients in such a

way that they can understand, appreciate and deliberate upon the diagnosis and therapeutic options that are available and their associated implications. The good urologist will facilitate patient choice and to be willing to adapt or adjust treatment according to the beliefs and preferences of the patient. These actions will ensure that a patient is truly able to give fully informed consent for any course of action, diagnostic or therapeutic.

CanMEDS roles – to promote better standards of care

CanMEDS is a framework that identifies and describes the abilities physicians should have to effectively meet the health care needs of the people that they treat. Developed by the Royal College of Physicians and Surgeons of Canada and these abilities are grouped thematically under seven different roles. A competent physician should be able to integrate the competencies of all seven CanMEDS roles. These roles for the doctor include the professional, the communicator, collaborator, leader, health advocate, scholar and central to all these roles is that of the doctor as the medical expert.

Medical Expert

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. As Medical Experts, physicians draw upon an evolving body of knowledge, their clinical skills, and their professional values. They collect and interpret information, make clinical decisions, and carry out 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 practices and research evidence, and takes into account the patient's circumstances and preferences as well as the availability of resources. Their clinical practice is up-to-date, ethical and resource-efficient and is conducted in collaboration with patients and their families, other health care professionals, and the community.

Professional

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health. 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 ongoing professional development, promotion of the public good, adherence to ethical standards and values such as integrity, honesty, altruism, humility, respect for diversity and transparency with respect to potential conflicts of interest.

A good 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 his or her 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 but that also allows for listening to the patient's perspective. 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 has 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 health care 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.

The doctor as a 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 that the doctor is involved in 'lifelong learning' and promotes 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.

The doctor as leader

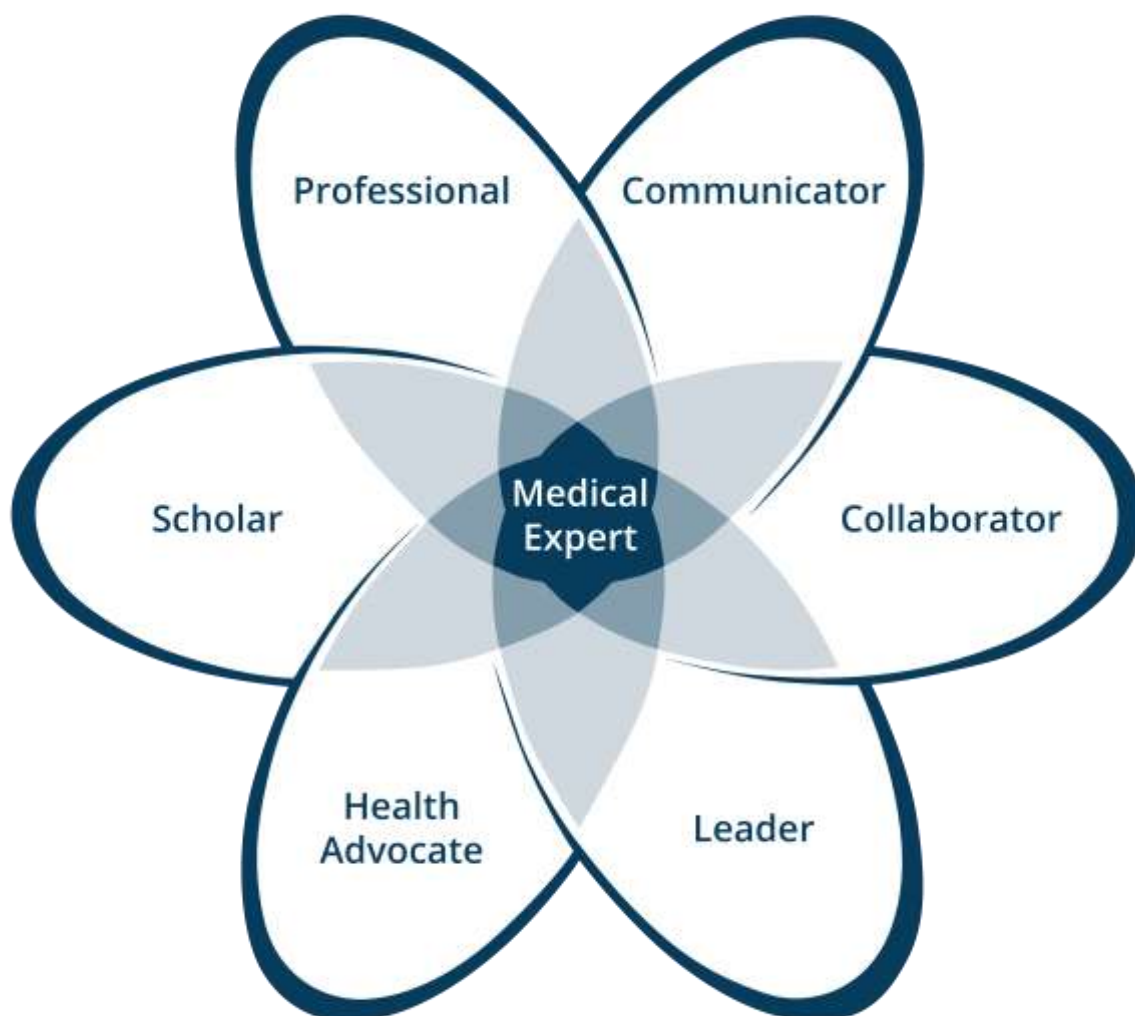
As a leader, the doctor engages with others in order to provide a high-quality healthcare system through the roles of clinician, administrator, scholar or teacher. The leader might function as an individual care provider, as a member of a team and as a participant in health care provision locally, regionally,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

CanMEDS Role	Aligned urology knowledge, skills, and 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 multidisciplinary teams

Collaborator	Multidisciplinary teamwork in: oncological care, pediatric 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.

These are knowledge-based sections and are graded so as to give an indication about the relative importance the trainee should give to that knowledge.

Grade classification (grades 1-3):

Grade 1: The trainee should have knowledge in this area at a basic level. Grade

2: The trainee should have partially mastered (intermediate level) the knowledge in the area.

Grade 3: The trainee should have fully mastered (advanced level) the knowledge in this area.

SECTION 2: BASIC SCIENCES AND OTHER GENERAL AREAS	Grade
To know about the basic techniques that are currently in use in medical laboratories including the tests that are done in the microbiology laboratory and to be aware of the limitations of using Point of care Testing / Near patient testing devices for the most common laboratory tests.	1

To know the aetiology, pathophysiology and pathogenesis of disease, of infection and of microbiology.	1
To know about nuclear medicine, radiology and radiation protection.	1
To know about palliative medicine; emergency medicine; transfusion medicine; 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 pharmaco-therapy including drug interaction, drug abuse and pain medication.	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 have good communication skills with colleagues, patients and relatives.	3
To know the role and extent of multidisciplinary team-working for establishing an extended differential diagnosis.	3
To practice with proper documentation of clinical information, appropriate time management and to practice in a manner that includes informed consent.	3
To know about medical and scientific ethics and about medico-legal issues.	3
To know specific aspects of disease prevention and the need for rehabilitation	3
To know the structure of the national health care system and to know about the economic issues that are involved.	3
<u>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.</u>	1
- Normal development of genitourinary tract (Embryology)	
To know the embryological development of the kidney, bladder and ureter and of the genital and reproductive systems, the female and male external genital systems.	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 of abdominal aorta, the inferior vena cava, the lymphatics and the nervous systems found in the retroperitoneum.	2
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 rectum, bladder and prostate together with their blood supply and innervation.	1
To know the anatomy of male and female urethra, the vas deferens, seminal vesicles, spermatic cord including their blood supply and innervation.	1
To know the anatomy of penis, scrotum and testes including their blood supply and innervation.	1
- 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 afferent- and efferent- renal arterioles and the glomerulus.	1
To know the structure and function of renal tubules within the renal nephron.	1
To know the physiology and the pharmacology of the renal pelvis and ureters and to know the pathophysiology of urinary system obstruction.	1
To know how to calculate the creatinine clearance.	2
To know the renin-angiotensin-aldosterone mechanism and to know the disorders and their treatment.	1
- Fluid electrolyte balance	
To know how to diagnose and treat hyper/hypovolaemia, hyper/hyponatraemia, hyper/hypokalaemia, hyper/hypocalcaemia and hyper/hypomagnesaemia.	2
To know about the disorders of acid-base balance and to know the appropriate treatment.	2
- Imaging of the Urinary Tract	
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 physics of ultrasound.	1
To know the indications for urinary tract ultrasound studies.	1
To know the indications for nuclear medicine investigations (DMSA, DTPA, PET, MAG-3, PET-CT).	3
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 normal anatomic structures and the pathological process of the body as seen by CT.	3
To know the physics of magnetic resonance imaging (MRI) and to know its dynamic and multiphasic investigative properties.	1

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 know the different indications, complications and contraindications of contrast media.	2
To be able to prevent and to treat an allergic reaction to contrast media.	3
- Urinary tract obstruction	
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 normal and pathologic renal pelvis in urinary obstruction using ultrasound and to know about 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 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 clinical significance of a retrocaval ureter.	2
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 about the pre-operative preparation of a patient for surgery including the physical examination, the organising of appropriate investigations and referral for specialist consultation when necessary.	3
To know how to manage postoperative pain.	3
To know the indications for general anaesthesia and local/regional anaesthesia.	3
To know how to do local anaesthesia in 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 that are currently in use in many patient undergoing urological surgery and to know about the pre-operative precautions that are necessary.	3
To know the indications and use of different types of pre-medication.	2
- Urological surgical equipment and principles of sterilization/disinfection	

To know the hospital equipment that is currently commonly in use for different urological operations.	3
To know the principles of sterilisation or high-level disinfection that is necessary to ensure safe use of this equipment.	2
To know how to define the terms: sterilisation, disinfection, asepsis and antisepsis.	2
To know the different sterilisation techniques in use in operating rooms, patient wards and other areas.	2
- Incision techniques, suturing techniques and wound care	
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 incisions, scrotal and perineal incisions.	3
To know about different suturing materials and which type of suture should be used in which type of tissue.	2
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 ureteral stenting and to know the different types of ureteral stents that are available.	3
To know the technique and the indications and complications of nephrostomy.	3
To know the technique and complications of urethral catheterization.	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, the indications, potential complications and contraindications of suprapubic catheterization.	3
- Principles of endoscopic surgery	
To know the endoscopic procedures for lower and upper urinary system 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 method 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 to know the existing robotic platforms.	3
To know how to place the patient correctly on the operating table and know which port configurations are necessary for robotic and laparoscopic surgery.	3
To know specific robotic and laparoscopic surgery complications and to know how to manage them.	3
To know about the points of caution 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 preoperative evaluation and preparation of the patient that is necessary for both laparoscopic and robotic surgery.	3
To know the entry techniques and port placements that are needed in laparoscopic and robotic surgery.	3
To know the instruments and equipment that are used during these procedures (hand tools, 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 might develop due to pneumoperitoneum and pneumoretroperitoneum.	3
To know how to recognize the complications and to know the treatment options for the injuries of vessels, visceral organs and intestines.	3
To know the anaesthetic complications specific to laparoscopic and robotic surgery.	3
To know how to describe the technique of intracorporeal or extracorporeal knot-tying.	3
To know about the points of caution while exiting the abdomen and to know 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 the DNA structure, replication, the process of protein synthesis and their relationship with diseases and to include disorders of genetic origin in the differential diagnosis and to evaluate these by the 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 DNA replication, transcription and translation errors and the development of urologic diseases.	1

To know the essentials of gene therapy, and pharmacogenomics and their place in urology.	1
To know the benefit of cell cultures from a urological perspective.	1
To know the genetic disorders that are associated with an increased risk of urological malignancy / kidney tumours and also adrenal tumours and to know that referral to clinical genetics should be part of the clinical practice.	1
- Basic principles of immunology in urology	
To know the principles of heredity using basic genetic concepts and the concept of proto- oncogene and oncogene and to know their roles in the development of urologic cancers.	2
To know the relationship between malfunctioning of the immune system and the development of urological diseases.	2
To know the genetic, molecular, biologic and immunologic 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 that are responsible.	1
To know about the laboratory methods that are currently used for molecular genetic investigations.	1
- Evaluation of health services, informed consent and medico-legal issues	
To know the basic goals of an ideal health service and the importance of clear rules regarding patient accessibility and the importance of supervision of public health care 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 needs to be in a patient's hospital file.	3
To know the principle of informed consent and to know the importance of the medico-legal perspective of clinical care.	3

SECTION 3: URINARY TRACT INFECTIONS, SEXUALLY TRANSMITTED AND PARASITIC DISEASES

To know how to classify, diagnose and differentiate between complicated and non-complicated urinary infections.	3

To know the pathogenesis, the clinical manifestations and the laboratory investigations and imaging techniques that are required for the investigation of urinary infections.	3
To know the principles of antimicrobial therapy and antimicrobial prophylaxis for certain urological procedures and the appropriate use of antibiotics.	3
To know the management of recurrent urinary infections and the indications for surgical and/or medical intervention and their possible complications.	3
To know how to diagnose and treat bacteraemia, sepsis and septic shock.	3
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 clinical presentation, laboratory diagnosis, radiological findings and treatment of other infections such as Fournier's gangrene and periurethral abscess.	3
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 the appropriate management of bacteriuria during pregnancy, in the elderly and also in spinal cord patients.	3
To know the causes and incidence of hospital acquired (nosocomial) infections and to know 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 have a basic general knowledge of sexual health and education and psychosexual problems. To know about the prevention and control of sexually transmitted diseases including partner notification, and to know when a specialised referral to venereologist is indicated.	3
To know the aetiology, epidemiology, pathogenesis, pathology, clinical features and the laboratory and imaging tests that are required for diagnosis of gonococcal urethritis and non- gonococcal urethritis, genital syphilis, chlamydia, lymphogranuloma venerum, chancroid, genital herpes, condyloma acuminatum (HPV), HIV–AIDS, and genitourinary tuberculosis.	3
To know the complications of these conditions and to know their treatment and follow up protocols.	3
To know the aetiology, epidemiology and management of fungal infections.	2
To know about the culture media, serum immune studies, and the routine laboratory investigations that are required in the diagnosis of fungal infections.	2
- Parasitic infestations	
To know the epidemiology and the 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 and to be able to establish a differential diagnosis by use of appropriate clinical examination and investigations (including urodynamic evaluation when appropriate) and to know the therapeutic options for management.	3
- The anatomy of the urinary system and the physiology of micturition	
To know the anatomy, the development and function the of the renal pelvis and ureter.	1
To know the normal nervous system control of ureteral function and urine transport and to know 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.	1
Be able to classify lower urinary system dysfunction and to know their respective pathophysiologies.	1
To know the physiology of micturition and lower urinary tract symptoms.	1
To know how to diagnose neurogenic lower urinary tract disorders and their natural course including complications and to know their management strategies.	2
- Lower urinary tract symptoms (LUTS)	
To know the definition according to ICS terminology of storage, voiding and post-micturition symptoms.	3
To be able to describe the algorithm for investigation of 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 ('pseudo' incontinence – ureteric incontinence, fistulas etc.).	3
To be able to explain complicated incontinence where first/second-line management cannot be initiated until other conditions are first fully investigated (such as pelvic-organ prolapse, post-void residual, pain, haematuria etc.).	3
To be able to discuss with other health professionals, including PRM physicians, about non-pharmacological management options such as pelvic floor rehabilitation and others in a multidisciplinary setting'	

- Neurogenic bladder	
To know the incidence, classification, diagnosis and therapy of neurourological disorders.	3
To know the urodynamic evaluation of the neurogenic bladder.	3
To know about the common problems after spinal cord injury and their therapeutic interventions and to know the indications and the complications of intermittent catheterisation and of indwelling/suprapubic catheterisation in an interdisciplinary way in collaboration with other health professionals involved in the rehabilitation of these patients.	3
To know the indications, complications of the different surgical procedures (to include sphincterotomy, augmentation cystoplasty, urinary diversion, sacral neuromodulation, artificial sphincters and botox treatment)	3
- Urodynamics	
To know how to define various urodynamic terms according to ICS guidelines and be familiar with standard urodynamic devices and be able to explain how they work.	3
To know the classification of urodynamic investigations according to ICS terminology.	3
To know the indications and contra-indications of urodynamic testing and be able to classify micturition disorders according to the interpretation of the urodynamic findings.	3
To know the indications for video urodynamics, to explain how it is done and be able to interpret the urodynamic findings.	3
To know the potential side-effects and complication 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 the classification of pelvic organ prolapse.	2
To know the effect of pelvic-organ prolapse on continence and be able to describe the uro-gynaecological evaluation.	2
To know about rehabilitation techniques and to collaborate with other members of the Healthcare Team including PRM physicians	2
- Conservative (non-surgical/ non-medical) treatment of incontinence	
To define the need for conservative management options and collaborate with other healthcare professionals for relevant rehabilitation interventions, if needed, in the management of urinary incontinence To know the conservative management options in the management of urinary incontinence: behavioural	3

therapy and lifestyle changes, pelvic floor muscle exercises and urine suppression training, the role of biofeedback, pelvic floor electrical stimulation and bladder re-training.	
To know about the mechanical vaginal and urethral devices that can be used for the management of urinary incontinence.	2
- Pharmacologic approach to storage and voiding disorders of the lower urinary system	
To know the pharmacological therapeutic options for urinary bladder disorders of filling/storage and of voiding.	3
- Urge incontinence and Overactive bladder (OAB)	
To know the aetiology, pathogenesis, incidence and the clinical symptoms of OAB and its economic and psychological impact and be familiar with the differential diagnosis.	3
To know how to define “overactive bladder” and urge incontinence according to ICS criteria and be able to describe the symptom-complex.	3
To know the classification and pathophysiology of neurogenic and nonneurogenic lower urinary tract dysfunction and to know how to evaluate and differentiate between the two.	3
To know about the management by primary pharmacotherapy, secondary pharmacotherapy, neuromodulation, Botox 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, somnology etc.).	3
To be able to diagnose nocturnal polyuria, and to 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 to know the diagnostic criteria and the differential diagnosis in chronic pelvic pain syndromes.	2
To be familiar with symptom index and scale (VAS pain scale) and cystoscopic diagnostic criteria for interstitial cystitis (including Hunner’s ulceration).	3
To know about medical and surgical therapeutic options including intravesical treatments and also the longer-term management strategy.	3
- Stress type urinary incontinence in women	

To know the epidemiology, aetiology and classification of stress urinary incontinence and to know how to undertake the clinical and urodynamic evaluations.	3
To know how to perform a neurological evaluation of a patient.	3
To know the medical, surgical and conservative therapeutic options and their respective indications, side effects and contraindications.	3
To know the indications, contraindications, complications and the technique of open/laparoscopic suspension procedures and periurethral injection, the use of the artificial sphincter, of the sling, anterior/posterior prolapse repair, the use of the mesh (and the possible side-effects of the mesh), vaginal fixation operations, TOT-TVT and retropubic sling operations.	3
- Urinary incontinence in men	
To know the classification, pathophysiology and aetiology of male urinary incontinence and the algorithm for investigation and indications for urodynamic studies.	3
To know the conservative, pharmacological and surgical management options including the use of the artificial urinary sphincter and sling operations and be able to discuss the long-term outcome and complications.	3
- Incontinence in geriatric patients	
To know the effect of age on urinary continence and the causes of transient incontinence in the geriatric patient and to know about the pharmacology of the frequently used drugs in terms of their likelihood to affect continence.	3
To know the differential diagnosis of both lower urinary system and non-lower urinary system (functional) related causes and to know the indications and the interpretation of urodynamic studies.	3
To know the different treatment options for 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 appearance during physical examination of a rigid urethra, urethral hypermobility, appearance of healthy mucosa, mucosal prolapse, caruncle and urethral tumour.	3
To know the management of urethro-vaginal fistulae.	3
To know about the physical examination, triple pad test and micturition pattern in women with fistulae and be able to discuss the value of urethroscopy, cystourethrography and vaginal exam.	3
To know how to diagnose intestino-vesical fistulae and to discuss their management.	3

To know the surgical reconstructive management of urethral duplication, urethral diverticulum and of a bladder diverticulum.	3
- BENIGN PROSTATIC HYPERPLASIA	
To know the development, cell biology, endocrine control of the prostate.	1
Be able to explain prostate secretions.	1
To know the aetiology, pathophysiology, the epidemiology and natural history of benign prostate 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 treatments in LUTS/BPH with their major side-effects and be able to state the evaluation of the efficacy and safety of this treatment.	3
To know the non-surgical therapies (ablative therapies).	3
To know the mechanisms of acute and chronic urinary retention and to describe their management and possible complications.	3
- Surgical therapies in BPH	
To know the different methods of performing a suprapubic prostatectomy.	3
To know the indications for the standard transurethral resection (TUR) and to be familiar with the different types of procedures and their possible sideeffects.	3
To know the complications of TURP including the management of TUR syndrome.	3
To know about other treatments of BPH to include: electrovaporesection (EVR), prostate incision (TUIP), aquablation therapy, the urolift procedure, prostatic urethral sling and endovascular prostate artery embolisation.	3
To know the different types of laser used in prostate surgery and also to be able to discuss the indications for laser surgery, mechanisms of action and complications of the different laser energies (KTP, Diode, Thulium, HoLEP).	3
SECTION 5: RENAL FAILURE AND RENAL TRANSPLANTATION	
- Aetiology, pathogenesis of renal failure and clinical approach to renal failure	

To know the causes of prerenal, postrenal, and intrarenal renal failure and be able to define oliguria and oliguric renal failure stages.	3
To know the classification of acute renal failure according to its causes and 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 of a patient with postrenal acute renal failure (conservative management and the 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 to 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 role of the urologist in renal transplantation.	3
To know the general principles of transplantation (its indications and contraindications), the criteria for recipients and the ethical issues involved.	3
To be able to describe the problems and solutions that one might encounter in donors and recipients in the work-up for the transplantation.	3
To know the surgical technique for live donor and cadaveric donor transplantation and retrieval.	3
To know the principles for organ preservation.	3
To know the general management principles of perioperative and early postoperative care of donors and recipients (including thrombophylaxis, 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 pseudo-aneurysms after renal biopsy, lymphocoele, urinary leak, ureteral stenosis, haematuria, ureteric reflux and acute pyelonephritis, kidney stones, wound infection and incisional hernia.	3
To know the general principles of therapeutic immunosuppression.	2
To know the potential urological problems emerging in the longer term follow up of donors and recipients.	2
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 how diet, water intake, profession, stress and modern lifestyle can have an impact on stone formation.	3

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 calcium metabolism pathways and that of other relevant elements that are involved in stone formation.	2
To know the indications for metabolic evaluation in stone disease and be able to advise appropriate treatment, particularly in recurrent stone formers.	3
- Ureteric stones	
To know the indications 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 for different modalities of endoscopic fragmentation (including laser and ballistic fragmentation) depending on stone size and position.	3
To know the indications, complications and outcome 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 outcome for extracorporeal treatment (SWL) and be able to describe the physics of different lithotripter technologies.	3
To know the indications, complications of retrograde intrarenal surgery (RIRS) and to know the basic physics of laser fragmentation depending on stone size and position.	3
- Bladder stones (and other sites)	
To know the patho-physiology of stone formation in the bladder and also in special situations such as augmented bladders, urinary diversion and 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 for open surgical procedures for stones.	3

To know the anatomy, patient position and types of incisions of the different surgical approaches.	3
- In a clinical setting	
To know how to diagnose and manage urolithiasis in the acute and the elective scenarios and to know the management of the patient 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 the 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 depending on the size and position of the stone and depending also on patient factors such as co-morbidities and patient choices.	3
To know how to discuss and to liaise with other appropriate specialities in the context of an MDT meeting and to be able to discuss these treatment options later with the patient in order to obtain their consent for treatment.	3
To know the follow-up strategies for the recurrent stone former and for different types of stone.	3
SECTION 7: UROLOGICAL MALIGNANCIES	
- Overall learning objectives in urological malignancies	
To know the indications for organising relevant radiological and pathological investigations depending on the stage of the urological malignancy.	3
To know the genetic disorders that are associated with an increased risk of urological malignancy.	3
To know the Tumour Node Metastasis (TNM) and other relevant classification and staging systems.	3
To know how to formulate an appropriate therapeutic approach depending on the stage and extent of the disease and depending also on patient factors such as co-morbidities, geriatric aspects and patient choices.	3
To be able to discuss the indications for surgery, pre-operative and postoperative management, complications and follow-up strategies.	3
To know the use of different pharmacological agents in different stages of the disease and to know the contra-indications and side-effects of these drugs.	2
To know the physics behind radiotherapy treatment and its role in radical and palliative treatments.	1
To know how to liaise with the radiotherapist, medical oncologist other appropriate specialities in the context of a multidisciplinary tumour board in order to discuss indications for genetic studies, clinical trials, radiotherapy, cytotoxic therapies and other alternative therapies.	3
To be able to discuss findings, treatment options, prognosis and quality-of-life issues with the patient in order to obtain their consent for treatment.	3

To be able to discuss the importance of lifestyle factors and to be able to give counselling about smoking cessation.	3
PROSTATE CANCER	
- Anatomy, epidemiology, clinical and pathologic staging of prostate cancer	
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 pathologic staging and the investigations necessary for clinical staging.	3
To know the physics behind the radiological and nuclear medicine imaging technologies.	1
To know the role and diagnostic value of the digital rectal examination, of PSA and other biomarkers (including those found in blood, urine and tissue), and to be able to interpret the use of nomograms for pathologic staging and prognosis (Partin, Kattan, Briganti etc.).	2
To know the indications and techniques for prostate biopsy and the potential complications.	3
To know the Gleason grading system and to be able describe the zonal anatomy of the prostate.	3
To know the new methods of prostate imaging and biopsies including multiparametric MR and fusion biopsy and PET-scan and when they should be implemented.	3
- Classification, therapeutic options and palliation	
To know how to classify and to know the treatment options for prostate carcinoma in terms of whether it is: locally confined, locally advanced, metastatic or hormone refractory disease.	3
To know how to stratify patients into “low, intermediate and high risk” groups.	3
To be able to identify patients that are suitable for active surveillance and to explain its indications and contraindications.	3
To know the indications and complications for different therapeutic options including radical prostatectomy (open, laparoscopic and robotic), radical radiotherapy, brachytherapy, hormonal therapy depending also on patient factors such as co-morbidities and patient choices.	3
To know the physics behind radiotherapy treatment and to know 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 treatment of prostate cancer.	1
To know the indications and limitations of new focal technologies such as cryotherapy and HIFU and the role of immunotherapy for prostate cancer	2

To know the role of palliation with hormones, radiotherapy, chemotherapy and other novel treatments in low and high-volume metastatic hormone-sensitive prostate cancer.	3
To be able to define castration-resistant prostate cancer and to discuss treatment options for this situation.	3
To know about the value of rehabilitation interventions such as pelvic floor exercises in the pre- and post-operative management of prostate cancer	3
UROTHELIAL CANCER	
- Bladder cancer – (NMIBC, TaT1 and CIS)	
To know the epidemiology and pathology of differing types of bladder cancer, including the histological variants for urothelial cancer.	2
To know the pathology of benign bladder tumours and also the pathology of malignant non-urothelial bladder cancers.	2
To know the aetiological factors of different tumours and to explain the importance of lifestyle, professional occupation and geographical region.	3
To be able to give counselling about smoking cessation.	3
To know the staging and classification systems and to be able to do patient stratification into low-, medium- and high-risk groups.	3
To know the presenting signs and symptoms and the physical examination and to know about the laboratory and imaging investigations that are necessary for the diagnosis and staging of bladder tumours and when cystoscopy is indicated.	3
To know the treatment of NMIBC according to stage.	3
To know the principles of the TURBT and to know about the new technologies for better tumour visualisation during endoscopy.	3
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 indications and mechanisms of action of intravesical chemotherapy and BCG and to know 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 to know the imaging modalities used for the diagnosis of metastatic disease.	3
To know the prognostic factors taking into account co-morbidities, anaesthetic risk and geriatric assessment.	3
To know the indications for, the technique and the complications of radical cystectomy and pelvic lymph node dissection.	3

To be able to discuss the prognosis and preoperative preparation of the patient for the surgery.	3
To know the indications, technique 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 followup strategies including palliative care support.	3
To know the indications, efficacy and side effects of radiotherapy and chemotherapy for localized and metastatic bladder cancer. To know the 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 for bladder preserving therapeutic options.	3
To be able to explain the palliative approaches in metastatic patients.	3
- Robotic and laparoscopic bladder surgery	
To know the methods, basic principles and the complications of minimal invasive surgery (laparoscopic and robotic approaches) for benign and malignant bladder diseases.	3
To know how to prepare a patient for laparoscopic and robotic bladder surgery and to organise post operative patient follow up.	3
- Urinary diversions	
To know the different types of urinary diversion after cystectomy and be able to obtain informed consent from the patient for the relevant urinary diversion after liaison with the reconstructive surgeon and after discussion at an MDT meeting.	3
To know which intestinal segments can be used in the selection of urinary diversion and be able to describe different techniques of intestinal anastomosis.	3
To know about bowel preparation including the concept of “enhanced recovery after surgery” (ERAS).	3
To know the different types of continent cutaneous diversion and of orthotopic urinary diversion.	3
To know how to diagnose and manage perioperative complications that might occur and be able to manage the clinical follow up of a patient with a urinary diversion.	3
To know the metabolic and neuromechanical problems likely to occur in urinary intestinal diversion.	2
Be able to discuss and treat quality-of-life aspects such as loss of potency.	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 that are in use.	3

To know the presenting symptoms and the imaging and endoscopic modalities that are necessary 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 types of lymphadenectomies for localized and also for high-risk disease.	3
Be able to discuss the perioperative and post-operative complications with the patient.	3
To know the indications for adjuvant therapy after surgery and the treatment options in more advanced disease.	3
To know the relevance of the extent of co- morbidity in the choice of appropriate therapy and to be able to discuss this in the context of 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 nonurothelial) of urethral tumours.	2
To be able to describe the presenting signs and symptoms and the physical examination.	3
To know the laboratory and imaging investigations that are used in the diagnosis and staging of urethral cancer.	3
To be able to discuss choice of appropriate treatment in the context of an MDT meeting.	3
To be able to discuss prognosis and suggest an appropriate follow-up protocol.	
KIDNEY AND RETROPERITONEAL TUMOURS KIDNEY TUMOURS	
- Anatomy, epidemiology, clinical and pathologic staging of renal tumours	
To know about benign conditions affecting the kidney and to know the radiologic 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
To know the genetic disorders that are associated with renal carcinoma and to know the appropriate treatment options and follow-up protocols.	2
- Classification, therapeutic options and palliation of renal tumours	
To know about different classification systems (RENAL, PADUA etc.) and to know about different prognostic factors (anatomical, histological, molecular) and different prognostic models (IMDC, MSKCC, Leibovich, UISS).	2

To be able to discuss treatment options and prognosis for local, locally advanced and metastatic renal cell carcinoma (RCC).	3
Be able to discuss treatment options in small renal masses, including active surveillance, taking into account patient choices and co-morbidities.	3
Be familiar with the appropriate follow-up protocols.	3
To know the indications, methods, complications, advantages and disadvantages of open (and also robotic or laparoscopic) retroperitoneal kidney surgery and transperitoneal kidney surgery.	3
To know the indications, methods (open, laparoscopic, robotic), complications, advantages and disadvantages of partial nephrectomy.	3
To know the criteria for cytoreductive and deferred nephrectomy and metastasectomy.	3
To know the relevance of the extent of co-morbidity in the choice of appropriate therapy and to be able to discuss this in the context of an MDT meeting.	3
To be able to discuss the nonsurgical treatment of advanced stage RCC and to know the pharmacology of the agents used for systemic therapy (including the immunological and biological agents).	2
To be able to discuss the options of palliative treatment including radiotherapy and angiological interventions.	3
To know the indications, treatment options, complications, outcome of ablative and follow-up of therapy in 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 pathologic staging	
To know the epidemiology and aetiology (genetic disorders) of adrenal tumours.	2
To know how to classify benign and malignant diseases of adrenal gland and be able to make the differential diagnosis of functional and non-functional tumours of 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 preoperative preparation, intraoperative monitoring, postoperative follow up and complications of adrenal surgery.	3
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 in the context of an MDT meeting.	3
To know the prognosis of non-surgical treatments such as systemic therapy and radiotherapy in advanced disease.	2
TESTICULAR CANCER	
- Anatomy, epidemiology, clinical and pathologic staging in clinical 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 histopathologies of testicular tumours.	3
To know the imaging required to stage the extent of the disease.	3
To know which tumour specific markers are used in the diagnosis and follow up of testis 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.	3
- Classification, therapeutic options and palliation	
To be able to discuss the diagnosis and treatment options with other medical specialities in the context of a MDT meeting.	2
To know the indications for chemotherapy, the chemotherapy protocols, the 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 potency and fertility and be able to discuss with the patient the option of semen harvesting and freezing in appropriate situations.	3
To be familiar with prognosis and post therapy follow up protocols.	3
PENILE CANCER	
- Anatomy, epidemiology, clinical and pathologic 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 and differential diagnoses.	3
- Classification, therapeutic options and palliation	
To know the classification and treatment options including organ preserving treatment, the indications for inguinal lymph node dissection and reconstructive methods after penile surgery.	3
To be able to discuss the diagnosis and the treatment options with other medical specialities in the context of an MDT meeting.	3
Be familiar with extent and relevance of co-morbidities and patient choices when formulating a treatment plan and to be able to obtain informed consent.	3
To know the indications for radiotherapy, chemotherapy, the follow-up and the side-effects of chemotherapeutic agents.	2
To be able to discuss prognosis and quality-of-life issues after penile cancer treatment.	3
SECTION 8: ANDROLOGY, INFERTILITY, PENILE AND SCROTAL DISEASES / CONDITIONS	
- Male reproductive physiology and infertility	
To know how to assess a man with male factor infertility.	3
To know the epidemiology, aetiology and risk factors of male infertility.	2
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 at which level and to what extent, a disorder will affect this process and the epididymal sperm maturation process as well.	1
To know the hormonal investigations that are necessary when investigating an infertile male.	3
To know the genetic and epigenetic disorders that may be discovered in the infertile man and to know that many types of urogenital congenital anomalies are part of syndromes that are eligible for genetic testing / genetic risk counselling and so referral to clinical genetics should be part of good clinical practice.	1
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 (hormonal tests, spermogram, genetic tests, biochemical assays of markers of the secretory function of the male accessory genital glands evaluating the patency of the male reproductive tract such as the semen alpha-glucosidase assay and the semen fructose assay).	2

To be competent at performing a physical examination of prostate, testis, vas deferens and penis and to be able to evaluate the secondary sex characteristics.	3
To know how to distinguish the histologic 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 be able to differentiate between the normal spermatogenesis process and the type of spermatogenic arrest in the seminiferous tubuli of men with nonobstructive azoospermia. Thus, to be able distinguish with histological examination, within a population of males with non- obstructive azoospermia: subpopulations of men with:	1
a) hypospermatogenesis;	1
b) early maturation arrest (arrest at the primary spermatocyte stage);	
c) late maturation arrest (arrest at the spermatid stage); and	
d) males with Sertoli cell-only syndrome.	
To know the hormones responsible for spermatogenesis, their normal levels, secretion rhythms and timings.	2
To know which structures are involved in the process of sperm transport and to know about the transport mechanisms.	1
To be able to differentiate between obstructive azoospermia and nonobstructive azoospermia (with reference to the results of the clinical examination, transrectal ultrasonography, results of the genetic tests, results of biochemical markers of the secretory function of male accessory genital glands or the results of testicular histology).	2
In cases of obstructive azoospermia, be able to define the level of obstruction in the male reproductive tract.	1
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 (karyotype and microdeletions in the Y chromosome, or according to current guidelines).	3
To know the principles of assisted reproductive technologies and to know the diagnostic indications and the therapeutic role (for sperm recovery) of testicular biopsy.	2
To know the genetic risks (numerical or structural chromosomal abnormalities) and the epigenetic risks (eg. Beckwith-Wiedeman syndrome) of assisted reproductive technology in the generated offspring.	2
To know the indications, the techniques and the complications of: vasography, vasovasostomy, transurethral resection (TURED) of ejaculatory duct, electroejaculation and other sperm obtainment techniques.	2
To know the indications and diagnostic accuracy of non- magnified TESE and the micro-TESE procedures.	3
To know the aetiology, epidemiology, underlying physiopathologic mechanisms, the clinical examination and staging of a varicocele.	3

To know that a varicocele might have an impact on:	3
a) spermatogenesis;	
b) epididymal sperm maturation process;	
c) the overall male reproductive potential.	
To know the indications for treatment for a varicocele and to know the different operation approaches for varicocelelectomy (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 on the effect of each of the above surgical procedures on the post-operative pregnancy rate.	3
To be aware of which life style changes might improve semen quality.	3
To be able to advise about sperm cryopreservation in men with oncological disease and in men with progressive testicular damage.	3
To know how to obtain live spermatozoa from men with retrograde ejaculation and to be able to recommend assisted reproductive technology in this scenario.	3
To be aware of the role of the gonadotrophins, anti-oxidants, micronutrient supplements, selective oestrogen receptor modulators or aromatase inhibitors in the alleviation of male infertility (EAU recommendations).	2
To know the surgical procedures that are performed and their complications in transgender people.	2
- Erectile dysfunction	
To know how to assess and manage a man with erectile dysfunction.	3
To know the physiology of erection and the causes of erectile dysfunction.	2
To know how to take the medical and sexual history of cases with ED and be able to describe the important aspects of the physical examination.	3
To know which laboratory investigations are indicated in the investigation of ED.	3
To know how to plan the treatment based on the cause of ED and also taking into account the patient's expectations.	3
To be able to recommend changes in lifestyle and also to offer appropriate drug treatment and to refer for psycho-sexual counselling when appropriate.	3
To know the indications and the choice of the method of androgen replacement therapy to improve libido and erectile function in cases of androgen deficiency (depending on the desire of the male partner to father his own child).	3
To know the indications, contra-indications, drug interactions, side-effects and success of agents such as PDE5 inhibitors.	3
To know that there are differences in the chemical affinity with their substrate (PDE5) of different commercially available PDE5 inhibitors and that affects their speed of onset.	2

To know about the potential for inhibition of other PDEs (PDE6 or PDE11, among others) by different PDE5 inhibitors which helps explain differences in the side-effect profiles.	2
To know about the use of the vacuum device, intracavernosal injection and intraurethral treatment.	3
To know the indications, the method and the 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 how to take the history, to perform the physical examination and to diagnose a patient with priapism.	3
To know the medical and surgical therapeutic steps in the management of priapism.	3
To know the history, epidemiology, aetiology, risk factors and pathophysiology of Peyronie's disease and to know the medical, minimally invasive and surgical therapeutic steps of Peyronie's disease management.	2
- Androgen insufficiency in ageing man	
To know how to define an "ageing man" and to know the reasons/theories for the increase in the elderly population.	3
To know the changes occurring in the endocrine system in parallel with ageing and 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 take a history, how to do a physical examination and to know which laboratory investigations are indicated in the investigation of the ageing man and to know about which teams are involved in a multidisciplinary approach.	3
- Scrotal disease / conditions and circumcision	
To know the advantages, timing, indications and contraindications of circumcision, vasectomy, epididymal surgery, hydrocoele, testicular surgery, vasography and varicocoele ligation.	3
To know the surgical procedures for that are indicated for orchitis and chronic scrotal pain.	2

To know the clinical presentation, the physical examination and the diagnostic tests that are needed for the diagnosis of testicular torsion and to know the algorithm of management.	3
SECTION 9: PAEDIATRIC UROLOGY	
- Evaluation of paediatric urology patients and peri-operative approach	
To be able to take a history from a child (if possible) and also from the parents or carers.	3
To know how to do physical examination in the presence of the parents or carers.	3
To know the genetic factors relevant to pediatric urological diseases. To be able to recognize when genetic testing and counselling are indicated, as these can influence diagnosis, management, family screening, and long-term follow-up.	3
Be able to interpret basic laboratory tests commonly used in the investigation of the paediatric patient.	3
To be able to describe the indications for different imaging evaluation methods to be able to interpret these.	3
To know the indications and method of non-invasive and invasive urodynamic studies in children and to be able to interpret the result and classify different micturition disorders.	3
To know the general preparation principles for anaesthesia, the preoperative and postoperative preparation.	2
To know the principles of local and regional anaesthesia, as well as the possible drugs used of loco-regional anaesthesia, their maximal dosage and their potential complications.	2
To know the antimicrobial prophylaxis (hospital specific guidelines), thromboembolism prophylaxis, skin cleansing, how to measure intraoperative blood loss, appropriate intraoperative fluid therapy, the principles of postoperative fluid therapy and postoperative analgesia.	3
- Perinatal urology	
To know the embryology and anatomy of common congenital anomalies including undescended testicle, renal duplication systems, posterior urethral valves, uretero-pelvic junction obstruction, spina bifida and disorders of sexual differentiation.	2
To know the diagnostic characteristics of foetal vesicoureteral junction obstruction, posterior urethral valves, uretero-pelvic junction obstruction and ureterovesical junction obstruction, foetal cystic renal diseases, bladder exstrophy-epispadias complex and cloacal malformations.	1
To know the surgical therapy (indications, methods and complications) and the outcomes for extrophy- epispadias complex.	1

To know the diagnostic and treatment workup in the diagnosis of renal agenesis, renal ectopy and multicystic dysplastic kidney.	1
To know how to diagnose newborns with congenital adrenal hyperplasia and Prune Belly.	1
To know how to assess and investigate immediately a newborn with a disorder of sexual differentiation and to know where to refer to in the event of lack of a specialised team in the hospital.	1

- Hypospadias	
To know the epidemiology, aetiology and pathophysiology of hypospadias.	1
To be able to discuss the diagnostic evaluation and to know the different types of reconstructive procedures and their potential complications.	3
To know the indications and the limitations for adjuvant hormonal therapy in the event of hypospadias.	2
- Nocturnal enuresis (bed -wetting)	
To be familiar with the epidemiology, aetiology and pathophysiology of nocturnal enuresis including the diagnostic evaluation and management of the condition.	2
- Scrotal diseases (undescended testis, child hydrocele, acute scrotum)	
To be able to examine boys with possible undescended testis.	2
To be able to differentiate in a clinical exam between retractile testis, true undescended testis and non-palpable testis.	3
To know the guidelines about timing of surgery and eventual additional treatment.	3
To know the possible impact of undescended testis on fertility, paternity and risk of malignancy.	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 an acute scrotum in childhood and the respective diagnostic tests and management.	3
To know the age and incidence and different aetiologies of neonatal, pubertal and adolescent testicular torsion as well as their correct management.	2
- Infection and inflammation of the paediatric urinary tract	
To know the epidemiology, aetiology and pathophysiology of urinary infections in children and to be familiar with classification systems according to site, episode or severity of symptoms.	2
To be able to assess a child with a UTI including the physical examination and the laboratory and radiologic investigation.	2

To know the hospital guidelines regarding treatment of a urinary tract infection, based upon actual and recent bacterial resistance results and to be able to discuss the principles of acute oral and parenteral antibiotic therapy as well as short-term and long-term antibiotic prophylaxis.	2
To know the actual guidelines for investigation and prevention of recurrent UTI as well as possible sequelae of recurrent UTI.	3
- Upper urinary tract anomalies	
To be able to discuss the epidemiology, aetiology and the pathophysiology of pelvi-ureteric junction (PUJ) also called ureteropelvic junction obstruction (UPJ), ureterovesical junction (UVJ) obstruction, obstructive megaureter, reflexive megaureter, obstructive and reflexive megaureter, non-obstructive and non-refluxive megaureter, ectopic ureter, renal duplication and ureterocoele.	2
To be able to discuss the diagnostic evaluation, clinical symptoms and clinical consequences of these conditions and 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 also to discuss the diagnostic evaluation possibilities.	2
To know the classification of VUR according to voiding cystourethrography and to know the actual guidelines regarding the indication, advantages and disadvantages of the surgical and non-surgical therapeutic approaches for VUR.	3
- Neurogenic bladder dysfunction and urinary tract reconstruction in children	
To know the normal development and function of the lower urinary tract.	1
Be able to discuss the epidemiology, diagnosis, classification, imaging modalities, laboratory tests and urodynamic testing in the event of children with congenital or acquired neurospinal or other central nervous system pathologies.	1
To be able to discuss the therapeutic principles, the early treatment approaches and the indications for medical or surgical therapy.	2
To know the long-term outcomes (in terms of quality of life, sexual life and fertility issues) of the different non-surgical, minimal invasive and surgical treatments (according to the actual guidelines recommendations).	2
- Management of paediatric stone disease	
To know the possible causes of paediatric stone disease, as well as the diagnostic and imaging workup.	3
To know the actual guidelines regarding the use of medical or surgical management.	3

To know the possibilities and limitations of SWL, uretero-rensoscopy, laser treatment, (micro) percutaneous litholapaxy, open, laparoscopic and robotic surgery.	3
To know the management of bladder stones in the paediatric patient.	
- Paediatric urological oncology	
To know the epidemiology, clinical features, the diagnostic and actual guidelines recommendations for renal, adrenal, bladder, prostatic, penile, testicular or paratesticular tumours.	2
To know the staging imaging and evaluation that is required.	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 and long-term follow-up (according to the actual guidelines 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 a polytrauma patient.	
To know how to assess and manage patients presenting with trauma and to involve multidisciplinary teams as necessary.	3
- Genital and lower urinary system traumas	
To know how to examine, classify and diagnose genital organ traumas (in both male and female patients) and to be able to describe the likelihood of associated urethral and urinary bladder injuries and be familiar with the multidisciplinary approach to patient management.	3
To know how to evaluate a patient with pelvis bone fracture.	3
Bladder	
To know the mechanisms of injury to the bladder and to be able to classify into intraperitoneal and extraperitoneal rupture and to be aware of the potential for other associated injuries.	3
To know which imaging investigations are necessary to establish a diagnosis.	3
To know the treatment algorithms for conservative or surgical management of intraperitoneal or extraperitoneal rupture and the potential complications.	3
Urethra	

To know the anatomical difference between the anterior and the posterior urethra, the difference in the mechanism of injury.	3
To know the classification of anterior and posterior urethral injuries.	3
To be able to discuss the potential for other associated injuries particularly to the pelvis and bladder.	2
To know the detailed anatomy of the urethra and nearby structures and to know the algorithm for investigation including the indications for retrograde urethrography and the role of cysto-urethroscopy.	3
To know the treatment of anterior urethral injury (contusion, urethral laceration) and the role of suprapubic 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 the female patient.	3
<i>Penis</i>	
To know the cause and the 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- and penetrating injuries and to be aware for the potential need of microsurgery repair.	3
<i>Testicle</i>	
To know the diagnosis, investigation and management of haematocoele, testicular rupture and penetrating trauma of the testicle.	3
- Upper urinary system traumas	
<i>Kidney</i>	
To know the classification of renal injuries and to be able to discuss the common causes of blunt and penetrating kidney injuries.	3
To know the clinical presentation and the diagnostic evaluation of the patient and the criteria for radiological investigations.	3
To know the management of renal trauma according to stage.	3
To be able to discuss the management of a patient who is in shock.	3
To know the indications for emergency intervention and what the surgical options are.	3
To know which patient scenarios can be managed conservatively and to know the long-term complications of kidney trauma such as hypertension and Page kidney.	3
<i>Ureter</i>	
To know the common causes of ureteric injury including iatrogenic injury (pelvic surgery and ureteroscopy) and to know how to establish a diagnosis.	3

To know the treatment algorithms for immediate and delayed recognition and to know the reconstruction methods depending on the degree and level 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 (including hydrocoele, epididymal cyst)
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 content of the curriculum should cover the whole spectrum of Urology and comprises knowledge, experience, clinical skills and attitudes, as well as, professional behaviour.

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

Management of common clinical scenarios

It is expected that a trained urology specialist would be able to manage certain patients who attend the out-patient clinic with common urological presenting symptoms. These include the management of :

- A patient who presents with loin pain and to know how to investigate and/or refer accordingly depending on the outcome of the investigations.
- A patient presenting with lower urinary tract symptoms (LUTS).
- A patient with haematuria.
- A patient with a urinary tract infection, including sexually transmitted diseases (STDs); including the management of the severely septic patient.
- A patient with benign and malignant lesions of the genital skin.
- Scrotal swellings.
- Urinary incontinence.
- Urological malignancies.
- A patient presenting with infertility, erectile dysfunction and ejaculatory disorders, penile deformity, priapism, penile fracture etc.
- Common urological conditions of childhood.
- A patient with renal failure in the acute and the chronic setting including dialysis and transplantation.
- A patient with multiple injuries in the acute setting including the principles of resuscitation.

Skills assessment of the urological procedures

The trainee needs to be able to demonstrate competence for each of these 14 core procedures. A minimal case load in surgical training is essential to ensure 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 the trainee is assessed by two supervisors/trainers for each of the procedures and deemed to be

competent. As the field is so wide, it is felt that fixing a rigid “number” of procedures that deems competency is debateable, the emphasis being more on quality rather than quantity. Even though some specialities define minimal numbers of procedures needed (e.g. endocrine surgery: 5 adrenal procedures) and that these numbers surely can give guidance, at present, the EBU does not specify a fixed number of procedures but rather emphasises the importance of competency. Procedures performed by the trainee will become progressively more complex. They would initially be “observers”, then later they will be supervised by a senior surgeon, and finally, they shall undertake the procedures “unaided”.

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

Levels of competencies

A. Knowledge

1. knows of
2. knows basic concepts
3. knows generally
4. knows specifically and broadly

Clinical Skills

LEVEL 1 Has observed – the trainee acts as an ‘Assistant’.

From complete novice through to being a competent assistant.

At end of level 1 the trainee:

- a. Has adequate knowledge of the steps through direct observation.
- b. Demonstrates that he/she can handle the apparatus relevant to the procedure appropriately and safely.
- c. Can perform some parts of the procedure with reasonable fluency

LEVEL 2 Can do with assistance - a trainee is able to carry out the procedure ‘Directly Supervised’.

From being able to carry out parts of the procedure under direct supervision, through to being able to complete the whole procedure under lesser degrees of direct supervision (e.g. trainer immediately available).

At the end of level 2 the trainee:

- a. Knows all the steps - and the reasons that lie behind the methodology.
- b. Can carry out a straightforward procedure fluently from start to finish.
- c. Knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations).

LEVEL 3 Can do the whole procedure but may need assistance – a trainee is able to do the procedure 'indirectly supervised'.

From being able to carry out the whole procedure under direct supervision (trainer immediately available) through to being able to carry out the whole procedure without direct supervision i.e. trainer available but not in direct contact with the trainee.

At the end of level 3 the trainee:

- a. Can adapt to well-known variations in the procedure encountered, without direct input from the trainer.
- b. Recognises and makes a correct assessment of common problems that are encountered.
- c. Is able to deal with most of the common problems.
- d. Knows and demonstrates when he/she needs help.
- e. Requires advice rather than help that requires the trainer to scrub.

LEVEL 4 Competent to do without assistance, including complications.

The trainee can deal with the majority of procedures, problems and complications, but may need occasional help or advice.

LEVEL 5 Can be trusted to carry out the procedure, independently, without assistance or need for advice.

ENTRUSTABLE PROFESSIONAL ACTIVITY

This concept (at Level 5) would constitute one **Entrustable Professional Activity (EPA)**. An EPA is 'a critical part of professional work that can be identified as a unit to

be entrusted to a trainee once sufficient competence has been reached'. This would indicate whether one could trust the individual to perform the job and not whether he is just competent to do it. An EPA goes a level higher than the traditional 4th level of competence which is the 'independence competency'. The key factor is Entrustment. The trainee is not only capable of tackling the particular procedures or units independently, but he can be trusted to do this by his tutors.

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 are additionally based on competencies such as communication, professionalism, teamwork, and patient safety. Thus, EPAs provide a holistic assessment of readiness for independent medical practice.

It constitutes the 5th Grade of Competence.

At the end of level 5 the trainee:

- a. Can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input to the level at which one would expect a consultant surgeon to function.
- b. Is capable of instructing and supervising trainees.

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

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

1. Has observed.
2. Can do with assistance.
3. Can do whole but may need assistance.
4. Competent to do without assistance, including complications, but may need advice or help.
5. Can be trusted to carry out the procedure, independently, without assistance or need for advice (EPA).

Assessment form

An EBU assessment form is shown below which demonstrates the key elements that are necessary to demonstrate competence and is recommended for use for the procedures that are being assessed. It is also mandatory for the trainee to keep a logbook documenting all the surgical experience during training. The logbook should detail the numbers and the types of procedures that have been performed throughout the period of training.

	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 work-up.	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	Good timing, effective movements and no unnecessary,

		movements during surgery.	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.

ORGANISATION OF TRAINING

2.a Schedule of training

The minimum duration of training is 5 years.

2.b Curriculum of training

A general outline is presented in the section above (Learning Objectives) which is intended to be a guide and not a fully exhaustive list.

2.c Assessment and evaluation

The Examination Committee strives to offer high-quality exams reflecting European standards and is responsible for organising the formative and summative exams.

The first Written Exam was held in 1992 and has since been organised annually. Successful candidates in the European Board Examinations in Urology are awarded the FEBU title. Since then, more than 6.000 urologists received this title.

Eligibility to sit for the FEBU examination.

The candidate needs to meet one of the following criteria for eligibility to sit for the FEBU examination.

- a) be a Final-year resident trained as part of a national urology training programme.

The training must be completed before the end of October of the following year.

- b) be a Certified urologist holding a certificate of accreditation in urology issued in an EBU member country

(Note: A certified urologist holding a certificate of accreditation in a non-EBU member country can sit the Part 1 Written Exam but is not eligible for the Part 2 Oral Exam and therefore cannot be awarded the FEBU title).

Certification as a Urologist.

Certification as a urologist is obtained after satisfying all the training requirements of the urology training programme at a national level in an EBU member country.

The European Board of Urology, through its Examination Committee, offers high quality exams which reflect current European standards. The examination consists of a written component (Part 1) and an oral component (Part 2).

The successful candidate is awarded the FEBU title (Fellow of the European Board of Urology).

Formative: In-Service Assessment

Self-assessment is regarded to be a powerful learning tool. It is used to inform the teaching and learning process, and encourage both trainers and residents to reflect upon the training scheme. The assessment consists of 100 MCQs (Single Correct Answer format) and is offered in English.

Summative: Written Exam (Part 1) and Oral Exam (Part 2)

Part 1 Written Exam

The aim is to assess whether the candidate meets the minimum level of knowledge set by the Examination Committee. The exam consists of 100 MCQs and covers all

urology fields including basic science. The exam is held once per year. The exam is offered in English; a translated version is offered to candidates who take the exam as part of their country's national requirements.

Part 2 Oral Exam

The objective is to test the candidate's ability to evaluate and manage common cases in everyday practice. The exam is organised once per year in a European capital city. Moreover, and in collaboration with national associations, sessions are held simultaneously in countries in which this is part of their national requirements. The candidate will be examined by a team of two urologists on a number of clinical cases. There is quality assurance to avoid bias.

At present, the exam is offered in Danish, Dutch, English, French, German, Greek, Italian, Portuguese and Spanish.

National exam candidates take the exam in Polish, Hungarian and Turkish respectively.

2.d Governance

Since it is our objective to provide objective and fair exams, the EBU has a mechanism in place to allow candidates to (1) appeal results, (2) submit a complaint or (3) claim exceptional circumstances.

II. TRAINING REQUIREMENTS FOR TRAINERS

1. PROCESS FOR RECOGNITION AS A TRAINER

1.a Requested qualification and experience

Recognition across the EU as regards competence to be a trainer despite coming from different countries and having different routes and extents of training is covered by Directive 2005/36/EC (paragraph C2/20).

EBU recommends that the trainer is a fully certified urologist and is also well-experienced in the area that is being taught.

It is also recommended and desirable that the trainer has had formal teacher-training.

1.b Core competencies for trainers

Although it is not essential for every trainer to hold Special Trainer Qualifications, it is desirable that each trainer has an understanding of the core competencies that need to be within the skill-set of the trainer.

These include:

- 1) Critical thinking / problem solving
- 2) Oral and written communication skills
- 3) Teamwork / collaboration
- 4) Knowledge and competence with information technology
- 5) Leadership
- 6) Professionalism / work ethic
- 7) Career management

A trainer should be:

- a) Familiar with all aspects of the overall curriculum as it relates to practice within their country
- b) Experienced in teaching and in supporting trainees.
- c) Skilled in identifying the learning needs of their trainees and in guiding the trainees to achieve their educational and clinical goals.
- d) Able to recognise trainees whose professional behaviour is unsatisfactory and initiate supportive measures as necessary.
- e) Trainers should lecture to a peer-audience on a regular basis, attend national meetings and be able to demonstrate appropriate participation in continuing professional development.

2. QUALITY MANAGEMENT FOR TRAINERS

Quality management for trainers remains a core competency of respective national speciality boards.

The Training Programme Director should be a certified specialist with at least five years' practice after specialist certification, and should have completed an accredited "Training the Trainer" (or equivalent) course. If not already completed, 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 contents and assessment methods of this ETR.

It is desirable that Trainers and Programme Directors will have their job description agreed with their employer which will allow them sufficient time each week for support of trainees and in the case of Programme Directors, sufficient time for their work with the trainers.

It is recommended that a single trainer should not have more than two trainees.

The number of trainees would determine the amount of time each week that would be allocated to their support.

Trainers will collaborate with trainees, the Programme Director and their institution to ensure that the delivery of the training is optimal. Feedback from trainees will assist in this regard.

The educational work of trainers and programme Directors will be appraised, typically on an annual basis, within the department or Institution as local circumstances dictate. Educational support of trainers and Programme Directors needs to be provided by their Department and Institution.

It is important that there is a method for feedback from the trainees regarding the quality of the training that is being delivered and that there is a process in place for internal reflection by the trainers together with the Director of training.

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

1. Process for recognition and certification of training institutions that run residency training programmes in urology

EBU Certification provides national training centres the unique opportunity to have their programmes evaluated and assessed against European standards. This assessment provides structured and individual recommendations on further improvements on the existing training programme. This EBU Certification offers a “Mark of Quality” which helps the training centre to evolve and to improve training and patient care for the future. The evaluation goes into the detail of staff requirements, clinical activity of the institution, the facilities that are required (such as equipment, accommodation, library etc) and evaluates also the opportunities for research and career development for the trainees within that institution.

The certification process by the Certification Committee is based on the “UEMS Charter on Training of Medical Specialists”.

a) The process of Application

The Training Institution submits an online application and is required to include information regarding proof of national accreditation of its residency training programme and demographic information of its hospital activity and the facilities that are available. It is also required to provide activity data and logistic organization of the Department of urology including information regarding the urology teaching staff, teaching facilities and clinical activities that are usually undertaken. Information is also requested regarding the institution’s research opportunities, a list of publications and the EBU Logbook of all residents covering their training period within the institution.

The application is then evaluated by the Certification committee and if the application is satisfactory, the committee appoints a team to perform the assessment.

b) The site visit

During the site visit, the assessors are shown around the urological department, and also meet with other clinical staff such as radiologists and general surgeons. A formal interview is held with the chief of training and members of the staff and personal interviews are held with the trainees in order to obtain information and feedback about their training.

The site visitors then issue a report based on the EBU scoring schedule form, and this is then reviewed and discussed by Certification Committee. If the training institution satisfies the requirements, the EBU Certificate of Accreditation is awarded which is valid for a period of either 3 or 5 years (depending on the scoring outcome of the visit). All EBU-certified training centres are listed on the EBU official website.

One year before the end of the certification period the applicant receives an invitation to apply for another term. In case of a 're-certification' the same procedure applies. If the applicant does not apply for the next term the certification is discontinued.

The site-visit's principles and ideals

The site visit enables an evaluation of different aspects of the residency training programme. This includes an evaluation of the educational programme, an assessment of the training staff, an evaluation of the training facilities and how the training programme is applied and how it is evaluated internally.

- Educational programme

It is important to have a trainer who is recognised as the Programme Director. The training institution needs to have a structured training programme and which is introduced at the start of resident training. The training programme itself should cover the breadth of the European Urology Residency Curriculum as set out by the EBU and trainees should be offered the opportunity for adequate rotation in order to have access and exposure to different urological sub-specialities.

It is important that the trainees document their clinical surgical experience in their personal logbooks. The Institution should also engage in internal meetings with other allied specialities in the form of MDT meetings with pathology, radiology and oncology and should hold regular meetings to discuss morbidity and mortality, basic science, journal club, and other. It is important that the training programme seeks to teach the content of the "learning objectives" and that there is a mechanism to assess that this is being achieved.

- Faculty of trainers

It is important that the institution has an adequate number of trainers with expertise in the various sub-specialities. In addition to broad clinical expertise, it is also desirable

for the staff to offer scientific, administrative and educational expertise that can be used during residency training. It is ideal to have a ratio of staff : resident of 1:1 or 1:2 but if the ratio falls below this, then the institution is deemed to have inadequate training staff within the faculty to ensure adequate quality of training.

- Desirable facilities for quality training

The quality of training is directly related to the clinical workload being undertaken within the institution and the range of facilities that are available. The institution needs to have an adequate number of beds and facilities in the ward. There needs to be an adequate throughput of patients at Out-patients, and there needs to be adequate availability of diagnostic facilities. Also, there needs to be adequate number of operating theatres which are equipped with supporting teaching facilities.

- Opportunities for research and development

It is important that the faculty is motivated to educate and that residents are recognised as being an integral part of the institution with adequate two-way communication and constructive feedback. Within this type of environment, residents should also be encouraged to go to meetings and courses and also be encouraged to write publications on clinical and/or basic research) and should be given adequate 'protected' time in order to achieve this.

2. Quality management within training institutions

a. Accreditation

Training institutions in Urology should have their residency training programme officially recognised and accredited by their National Authority responsible for training. The National Authority is also responsible for the quality assurance of the training programme, of the trainers and the training institution.

b. External auditing – the site visit

A site visit offers the opportunity for external auditing of the institution where the training is being undertaken. This could be done at a national level by the local regulatory authority or else at a European level through the EBU (as detailed above). The audit should ensure that trainees are having a regular documented evaluation (at least on an annual basis) and that they are following their personal training plan. The trainees need to be keeping the logbook updated and that, ideally, they are participating in the EBU in-service assessment.

c. Clinical governance

The national authority is the responsible body for recognition and certification of medical specialists and the standards for recognition of national training institutions are matters for the National Authorities in accordance with national rules and EU

legislation. The EBU certification of the residency training programme is regarded as a “Mark of Quality” at a European level.

Clinical governance needs to ensure that there is adequate supervision of the trainees in the operation theatre and out-patient clinic and that there is Step-by-step education in surgical skills in an adequate number of procedures. It is therefore important that the range of the procedures that are being undertaken within the institution covers the majority of current urological practice. Finally, evaluation of the Logbook can determine whether the (final-year) resident is performing an adequate number of procedures as a first surgeon (under supervision).

d. Manpower planning

The ethos of the manpower planning of the training institution should be towards providing adequate staffing to enable adequate training opportunities for the trainees.

e. Regular review of training institutions

It is the responsibility of the National Authorities to give accreditation for the residency training programme and training programme itself needs to be transparent and made available for scrutiny. Where individual training institutions are unable to provide the whole breadth of training, it is incumbent on that institution to formally organise and co-ordinate training opportunities at other allied institutions to ensure full comprehensive urological training.

It would be recommended that there is a regular appraisal of the individual training institutions and the detailed residency training programme every 5 years by the national authority to ensure on-going quality assurance.

f. Mechanism to withdraw recognition

In rare cases where a training institution has attained recognition, however, a drastic change in circumstances changes the whole dynamics of the training of trainees within that institution, the EBU retains the right to withdraw recognition of the residency training programme.

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 patients transitioning between paediatric and adult healthcare systems.

Available at:

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