



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

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

European Standards of Postgraduate Medical Specialist Training

Preamble

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

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

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

More than a decade after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In

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doing so, the UEMS Specialist Sections and European Boards did not aimed to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

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

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”¹. While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with International treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

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

¹ Defining and Assessing Professional Competence, Dr Ronald M. Epstein and Dr Edward M. Houndert, Journal of American Medical Association, January 9, 2002, Vol 287 No 2

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This document supports the role of UEMS in setting Standards in the field of PGT, ref to Charter on PGT. It was approved by the UEMS Specialist Section and the European Board of Urology and Paediatric Surgery at the UEMS Council meeting in Paris, 18th October 2013. This Document is designed to harmonise training programmes in Paediatric Urology between different European countries.

Introduction

It was early 2002, as an initiative of the European Society for Paediatric Urology, that a committee of delegates of the European Board of Urology (EBU), the European Board of Paediatric Surgery, the European Society for Paediatric Urology and the secretary of the “Union Européenne des Médecins Spécialiste” meet in Leuven, Belgium to form a board of Paediatric Urology and it was called the **Joint Committee of Paediatric Urology (JCPU)**.

The delegates were for the EBU: Rien Nijman and Eamonn Kiely, for the EBPS: Olen Henrik Nielsen and Yves Aigrain, for the ESPU: Kelm Hjälmsås and Guy Bogaert and for the UEMS: Cees Leibrandt. The JCPU choose unanimously Yves Aigrain as the first president and Guy Bogaert as secretary of the committee.

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

Similar to the European Board of Paediatric Surgery it was decided that a transition period for caretakers who currently are practising as Paediatric Urologists in the UEMS affiliated countries should enable them to be recognized as such. The transition period for the possibility of being a Fellow of the European Academy of Paediatric Urology without passing the exam ended in 2007.

Definition of the subspecialty

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Paediatric Urology is the subspecialty of both Urology and Paediatric Surgery concerned with clinical recognition, prevention, treatment (surgical and non-surgical), and the rehabilitation of congenital and acquired diseases, malformations and functional problems of the genitourinary system in children and adolescents. It also encompasses the promotion of good genitourinary system health in children.

General aspects of Training in Paediatric Urology

Paediatric Urology Training is a subspecialty training which is done at Fellowship level for Urologists or Paediatric surgeons. The Multidisciplinary Joint Committee of Paediatric Urology (JCPU) is the monitoring authority for recognition of quality, accreditation and certification. The JCPU is the equivalent of the European Sections of full specialists (UEMS). The JCPU is responsible for defining regulations concerning required training, conducting site-visits to training programmes, and certifying examinations.

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

The selection procedure of a trainee should be transparent and application should only be open to the candidates who are certified as Urologists or Paediatric Surgeons by a National Competent Authority. The length of training is at least two years with both years being spent in recognized programmes.

It would be beneficial if the trainees spend at least 6 months in Paediatric Surgery (for accredited Urologists), or 6 months in Urology (for accredited Paediatric Surgeons).

I. Training Requirements for Trainees

1. Content of training

a. Theoretical knowledge

The trainee is a surgical specialist who has certification in Urology or in Paediatric Surgery from a National Competent Authority. To build up his or her experience, the trainee should be involved in the treatment of sufficient number of in-patients and out-patients and perform a sufficient number of surgical and other practical procedures of sufficient diversity. He/she also must be willing to take part in the education of residents of the

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institution. He/she must participate in research activities and produce a scientific output during his/her training.

The trainee should have sufficient linguistic ability to communicate with patients and colleagues and to study international literature. The trainee should keep a personal logbook according to national rules and to the recommendations of the UEMS/ JCPU. At the end of the training a final report and evaluation should be sent to the JCPU. A copy of the surgical logbook should also be sent together with a review of the program to the JCPU. The logbook should contain detailed data about the trainee's clinical and operative experience and academic performance.

b. Practical skills

The candidate has to take active part (as a supervised surgeon or performing the surgery) in at least 250 paediatric urology operative procedures equally divided during the training period covering the entire field of paediatric urology as specified below. At least 125 of these operative procedures should be index cases. The surgical procedures should be divided among:

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

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

c. Professionalism

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

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

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

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

2. Organisation of training

a. Assessment and evaluation

To be considered for certification as a Fellow of the European Academy of Paediatric Urology the trainees who finish two years of training in an accredited centre will present his/her logbook and the evaluation from the programme director to the JCPU.

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

The format will be a written qualification exam going to be held annually during the ESPU meeting. Additionally an oral exam (so-called clinical scenarios) must be passed.

After successful completion of the quality assessment the JCPU will issue the trainee with the certificate of Fellow of the European Academy of Paediatric Urology (FEAPU).

b. Schedule of training

Minimum duration of training is a two-year fellowship in an accredited Paediatric Urology training centre. The trainee can apply for a fellowship in Paediatric Urology when becoming a surgical specialist who has certification in Urology or in Paediatric Surgery from a National Competent Authority.

II. Training Requirements for Trainers

1. Process for recognition as trainer

a. Requested qualification and experience

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

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urology programme should be a Fellow of the European Academy of Paediatric Urology, certified by the JCPU.

b. Core competencies

The programme director should have a substantial knowledge and practical experience in covering the field of Paediatric Urology as defined in the syllabus (appendix).

Leadership and Teaching experience should be documented.

2. Quality management for trainers

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

III. Training Requirements for Training Institutions

1. Process for recognition as training center

a. Requirement on clinical activities

The programme that can train paediatric urology fellows will be accredited by the Joint Committee of Paediatric Urology (JCPU).

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

Paediatric Urology Training programmes must apply directly to the Joint Committee on Paediatric Urology (JCPU) for certification. Applications should include detailed information concerning the institution(s), medical and academic facilities and the training programme including a written training programme for the whole fellowship period of 2 years and faculty.

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

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

Minimal numbers of patients cared for in and out patients

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

Paediatric Urology admissions of in-patients minimum 500 per year

Paediatric Urology admissions of out-patients minimum 1000 per year

b. Requirement on equipment, accommodation

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

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

The training programme should be associated with the following departments which are also departments with a training programme.

- **Paediatrics including nephrology, oncology, endocrinology, neurology, psychology and neonatal care divisions.**
- **Radiology with expertise in children.**
- **Foetal medicine.**
- **Nuclear medicine.**
- **Anaesthesiology with special responsibility for paediatric anaesthesia.**
- **Paediatric Surgery and Urology**
- **Physiotherapy and rehabilitation**
- **(Orthopaedics with special responsibility for paediatric cases.)**
- **(Neurosurgery with special responsibility for paediatric cases.)**
- **(Urotherapy)**

A medical library should be available near the institution. Library services should include electronic retrieval of information and should have collections of texts and journals easily accessible.

2. Quality Management within Training institutions

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

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The written training program should provide each trainee with:

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

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

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

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

Manpower planning

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

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

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

With approximately 20 - 35 certified training centers together producing 10 or more new FEAPU's yearly the requirements of maintaining European paediatric urology manpower are probably fulfilled.

Regular report & External auditing

Applications for recognition as training center are reviewed by JCPU and if accepted site-visits will be performed. Upon review of the visitors report the JCPU is mandated to give accreditation. Each accredited programme must document academic and medical activities. Accreditation is valid for 5 years. In order to maintain accreditation, the training programme must reapply every 5 years to the JCPU.

Transparency of training programmes

Each accredited programme is available at the JCPU webpage list of certified training programmes.

Structure for coordination of training

A yearly programme director meeting with participation of all programme directors of accredited centers, the JCPU president and chairman of the ESPU educational committee is held in connection to the annual congress of the European Society for Paediatric Urology. The agenda includes structure and coordination of postgraduate training in Paediatric Urology.