

## **Paediatric Experience guidance for Urology trainees**

### **Aims**

- To ensure that all Urology specialty trainees receive sufficient exposure to the management of children to allow the safe local provision of emergency paediatric urology.
- To allow exposure to facilitate the development of networks enabling provision of elective paediatric urology in local hospitals and reversing the trend to centralise.
- To ensure adult urologists have sufficient understanding of paediatric urology issues to facilitate transition to adult services

### **Organisation**

Currently there is variable exposure to paediatric urology across the country and this is reflected in the range of experience seen when trainees come to the point of certification. In order to achieve the standards stipulated in the curriculum, the SAC agreed that all trainees should do a minimum of three months or forty days of paediatric urology.

The Training Programme Director (TPD) is optimally positioned to determine what is most practical to achieve this for trainees within that region. Options include:

- A. A three -month formal attachment to a paediatric urology unit. This ensures that trainees do more than just arrive at lists and operate. It will involve attendance at OPD and engagement with inpatients. A disadvantage is that exposure may be too 'super specialist' such that the experience may not be pertinent to the 'general surgery of childhood' provided by the majority of urological services.
- B. Forty dedicated days spread over four years (possibly prior to sitting the Intercollegiate Specialty Board examination) which maintains service and participation in an on-call rota either in a paediatric surgical unit or general adult urology unit which includes childhood emergencies' specifically acute scrotum, groin swellings, paramphimosis, balanitis etc.

It is important that trainees get exposure to inpatient, outpatient and theatre activity. This should include the holistic assessment and management of undescended testis (UDT) and groin swellings. This may need liaison with paediatric surgeons if there is no local adult urologist with a paediatric practice.

### **Assessment**

At the start of the paediatric attachment trainees will need to meet with a named clinical supervisor and agree objectives.

- They will need to complete a minimum of 10 Workplace-Based Assessments (WBAs) over the period and maintain a separate logbook to allow assessment of progress. Theatre and clinic attendances should be logged as detailed by the TPD.
- Emphasis on WBA completion of outpatient management of UDT, UTIs , VUR, enuresis and overactive bladder, and Procedure-Based Assessment (PBA) completion of scrotal exploration, orchidopexy and PPV is important, together with circumcision
- High numbers of PBAs for paediatric circumcision should be discouraged.
- Safeguarding Level 1 should be completed.

At the end of the attachment a final sign off form should be completed on ISCP. Knowledge gained will be tested as part of Intercollegiate Specialty Board examination.