

## Certification Guidelines for Urology

### All trainees seeking certification in Urology must:

- be fully registered with the GMC and have a licence to practise.
- have undertaken 5 years of higher surgical training in a UK or Ireland training programme<sup>1</sup>.
- have successfully passed the Intercollegiate Specialty Board examination.
- have been awarded an outcome 6 at a final ARCP (gained all required competencies).

In addition, trainees should be able to satisfy the following specialty specific guidelines:

	<b>Guidelines for Urology</b>		
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus	Trainees must provide evidence of having been exposed to subspecialties of urology during training. Trainees must be able to demonstrate exposure to a wide range of emergency surgery during training.		
<b>Operative experience</b> - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	Evidence of competency in the operative procedures listed below, with exposure to an appropriate number of operative procedures documented in the e-logbook:		
	<b>Procedure</b>	<b>Competency Level*</b>	<b>Indicative Number</b>
	Flexible cystoscopy	4	300
	Urodynamics	4	50
	TRUS biopsy	4	50
	Procedures for treating voiding LUTS including TURP	4	120
	TURBT	4	120
	Adult circumcision	4	30
	Scrotal procedures	4	50
	Inguinal orchidectomy	4	5
	Ureteroscopy - diagnostic and therapeutic	4	50
	PCNL	2	10
	ESWL	2	20
	Laparoscopic / open nephrectomy	2	20
	Radical Prostatectomy	1	20
	Cystectomy	1	10
	Andrology - PDS surgery, penile cancer, prosthetics	2	20
	Female urology – anti incontinent ops	2	20
	Paediatric urology – circumcision,	2	20

<sup>1</sup> This will include out of programme training

	UDT			
<b>Operative competence</b> - evidence of competence in indicative operative procedures (evidenced by PBAs defined by the specialty)	Trainees must be able to demonstrate operative competency to the levels specified in 'Operative experience' above.			
<b>Research</b> - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees must provide evidence of the publication of two peer reviewed research papers or literature review. In addition, the trainee must be the first author of two presentations (podium or poster) at regional or national meetings from work undertaken during training ST3-ST7.			
<b>Quality Improvement</b> - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees must provide evidence of three audits, one of which must be a complete cycle, performed during training ST3-ST7.			
<b>Medical Education and training</b> - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	<p>Trainees should have evidence of attending 70% of regional urology training sessions.</p> <p>Attendance at regional/national sims training sessions encompassing technical and non-technical skills acquisition is strongly recommended.</p> <p>Trainees should have attended a 'Training the Trainers' course, or a suitable equivalent, during the last 2 years of training.</p>			
<b>Management and leadership</b> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	Trainees should have completed courses on health service management during training.			
<b>Additional courses / qualifications</b> - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	There are no specific additional courses/qualifications required for certification in urology.			
<b>Educational conferences</b> - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should provide evidence of attendance at least one national/international congress every two years.			

\* Competence levels:

- 1: Has observed
- 2: Can do with assistance
- 3: Can do whole, but may need assistance
- 4: Competent to do without assistance, including complications