Association of Surgeons of Malta

and

Urology Unit, Department of Surgery,

Mater Dei Hospital, Malta

# Structured Training Program in Urology in Malta

(Update 2024)

## Introduction

The goal of the training program in Urology is to produce trained surgeons with the knowledge, skills and attitudes required to be a specialist Urologist i.e. furnish trainees with the skills necessary to assume responsibility for the care of urological patients. Included are the realms of diagnosis, investigation, operative and non-operative management for and communication with those in his/her care. In addition, the program should allow the trainee to develop generic skills that allow effective interaction with other professionals (clinical and non-clinical) involved in the delivery of health care to patients. Specialist training in Urology has been changing over the past few years, both in the UK as well as on mainland Europe. Specialist training in Urology is to be structured in line with these changes but will also reflect the local clinical practice and requirements of the Urology Unit in Malta.

## Eligibility and Basic Surgical Training

Potential Urology trainees will be eligible to enter the Structured Training Program in Urology after the first 2 years of Basic Surgical Training. The basic surgical trainee should be in possession of a certificate of Completion of Basic Surgical Training (CCBST) in order to sit for a competitive interview and according to the laws and bylaws of the Public Service.

## Urology Training: Length and General outline

Core Urology Training will be performed in Malta and will emphasize on expertise in the diagnosis and medical management of urological conditions and the surgical management of common urinary tract problems. Completion of training will entail training abroad in a chosen subspeciality for at least 1 year; this may be extended to three years subject to the training committee's approval in line with the needs of the Department of Urology at MDH. This part of the training will hereafter be referred to as Specialised Training.

## Core Urology Training (4 Years)

The details of core urology training will be dealt with in this document and labelled as curriculum.
During the 4$^{th}$ final year of Core Urological Training the trainee will be eligible to sit for the European Board of Urology (**FEBU**) examination or FRCS(Urol) or other equivalent examination as determined by the SAC. Successful completion of these 4 years as well as passing the examination will mean that the trainee has completed the Core Urology Training. Completion of core urology training is only the first step in the process of adding one's name in the local specialist register as a Specialist Urological Surgeon. Only after completion of specialised training abroad and on returning to Malta and working a minimum of 6 months in the Maltese NHS will the trainee be recommended to the SAC for inclusion into the specialist register by the Urology Training committee.

## Specialised Training

The trainee must then spend a minimum of one year abroad, extended up to 3 years at the

discretion of the Training Committee in order to undergo Specialised Training. This training should encompass advanced aspects of Urology such as Oncological Urological Surgery, Complex endo-urology, Female Urology and Incontinence surgery, Andrology and reproduction, Functional and Reconstructive surgery and Laparoscopic Urology including Robotic Surgery, and renal transplantation. This should be performed in recognized training institutions in member states of the EU or outside the EU as long as they are considered suitable by the local Urology Training Committee. These training periods have to be approved by the SAC.

On finishing the Specialised Training abroad the trainee should work under supervision for a period of 6 months in Malta before being signed off as having completed his training by the Urology Training Committee. Completion of this specialty training will lead to the trainee being eligible to be entered in the local specialist register as a Specialist Urological Surgeon post.

Urology training will be considered to have a minimum of 5.5 years (4 years Core Urology training in Malta, a minimum of one year Specialty Urology Training abroad, and mandatory 6 months in Malta thereafter). Urology training abroad may be extendable up to a further 2 years at the discretion of the Urology Training Committee and in agreement with the trainee. An extension of training abroad will be considered if the nature of the chosen Specialty Training incurs a longer period of training and if this extension is deemed relevant for the needs of the Urology Department in Malta.

Satisfactory completion of the above will lead to the Urology Training Committee to recommend the candidate to the SAC in order for the candidate to be included in the local specialist register as a Specialist Urology Surgeon

**Manpower and training.**

The total number of Urology trainees at any one time must reflect the manpower plan for the foreseeable future according to advice from the Urology Training Committee and ideally in the subspeciality that is required to provide the most comprehensive urological service possible here in Malta.

The training may not be interrupted for more than 18 (eighteen) consecutive months. Trainees interrupting their training will be, on returning to the training program, assessed on an individual bases regarding the way forward with training by the Training Committee.

The training program must be fully completed within 10 years including BST training, excluding Maternity/Parental or sick Leave as per sectoral agreements.

The training should involve a minimum of 40 clinical hours per week. Trainees working according to family-friendly hours may be allowed to continue with the training program subject to approval by the Urology Training Committee. The duration of such training is pro-rata. The minimum number of hours in a week in these cases should not be less than 20 clinical hours. On-call duty commitments and all other training requirements as written down in this document will also be calculated pro rata.

All other necessary commitments written down in this document have to be abided to, as in

full time training. Ultimately the trainee must understand and agree that reduced hours training will prolong their training years proportional to the number of weekly hours they will be committing to training.

## Urology Higher Training

To build up their experience, the trainees should be involved in the management of a sufficient number of inpatients, day care patients and ambulatory patients. In addition, they should be involved in a rota for emergency cover dealing with acute urological emergencies.

Trainees are to acquire the following knowledge and skills:

- Fundamental surgical techniques, including minimal invasive techniques
- Initial management of acute surgical diseases
- Prevention and treatment of general complications, e.g. infection
- Different methods to achieve pain control
- Intensive care including shock and fluid therapy

A minimum of one internal audit per training year is needed for progression to the next year of training. At least two peer reviewed publications should also be done during the first 4 years of training. Submission to PubMed indexed journals is encouraged.

Attendance to international meetings should occur at least once every two years during the training period.

Operative experience should be documented in Medbook with procedures countersigned by the supervising specialist as per numbers below.

Regular attendance to Departmental MDT's and M&M meetings is obligatory with at least 75% attendance needed for progression from one training year to the next. Similar attendance is needed for departmental teaching sessions and/or journal clubs.

For yearly progression, a trainee requires participation in the annual EAU written in-service assessment as well as a yearly standardised in-house viva assessment tailored to the trainees level of experience.

Each trainee will be assigned a Clinical supervisor per training year (firm consultant) - progress meetings should be organized every 3 months to assess and provide feedback to the trainee about performance and experience. The final report is to be signed by both trainee and supervisor and passed on to the Training Committee as part of the trainee's annual performance review.

The Training committee may decide to prolong training accordingly should the above criteria not be fully satisfied.

## The Curriculum for Core Urology Training

Trainees in Core urology must perform practical procedures appropriate to their year of training and the present practice within the Urology unit in Malta. Trainees will work under supervision and according to their capabilities and level of training. There should be regular dedicated lists where the trainee is assisted by the consultant. These lists should include operations of increasing complexity that reflect the year of training and competence of the trainee.

In order to be eligible for the exit examination in Urology the trainee must have documentary evidence of performance as the primary surgeon, or under supervision, of certain procedures spread across the different fields of the syllabus as indicated below. The below list is by no means exhaustive - it is indicative of what the minimum criteria should be. A comprehensive list is available on the EBU curriculum website.

## Core Urology Training Level 1 - Years 1 and 2

### Theoretical and Practical Clinical Skills Theoretical

Management of septicaemia

- Cardio-respiratory resuscitation
- Fitness for anaesthesia
- Pain control
- Fluid balance
- Deep vein thrombosis prophylaxis
- Management of common associated medical conditions, e.g. diabetes, hypertension, anticoagulants, immunosuppressants, respiratory disease, chronic renal failure
- Nutritional support

### Clinical Skills

- Insertion of urethral and suprapubic catheters
- Penile injection and aspiration
- Transrectal ultrasound scanning
- Basic urodynamics
- Transperineal Biopsy

### Surgical skills and manual dexterity

- Skin preparation
- Suture materials
- Diathermy
- Tissue handling
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- Flexible cystoscopy
- Rigid endoscopy
- Retrograde pyelography
- Stent insertion and removal
- Bladder biopsy
- Cystodiathermy
- Bladder neck incision
- Transurethral resection under supervision completing small resections

**Dextrous skills - open**

- Circumcision.
- Hydrocoele.
- Epididymal cysts.
- Scrotal exploration for torsion.
- Inguinal orchidectomy.
- Under supervision: laparotomy, suprapubic approaches to the bladder and prostate, opening and closing standard abdominal loin and suprapubic incisions

**Postoperative Management**

- Pain control
- Recognition and treatment of TUR syndrome
- Respiratory failure; recognition and treatment
- Assessment and maintenance of fluid balance
- Blood transfusion
- Postoperative monitoring
- Surgical sepsis

# Core Urology Training  Level 2 - Years 3 and 4

**Clinical skills**

- Transperineal ultrasound and biopsy (with or without fusion)
- Uses and dangers and complications of ionising radiation including radiation protection of patients and users
- More advanced urodynamics
- Basic renal and bladder ultrasound

**Surgical skills and manual dexterity**

Ureteroscopy
Bladder neck incision

Transurethral resection of tumours and prostate
Cystolithotripsy

**Open procedures**

Ileal conduit diversion
Under supervision: simple and radical nephrectomy
Open Cystolithotomy

**Postoperative Management**

Indications for ITU,
HDU Blood product
usage Antibiotic usage
Sterilisation

Minimal requirements for each of the above-mentioned fields in Core Urology Training are set as follows. This list is not meant to be exhaustive but only to be used as a guideline.

| Minimum core urological procedures | Numbers (countersigned in logbook) | Competence achieved |
|---|---|---|
| TURP | 30 (20 countersigned) | Z |
| TURBT | 40 (30 countersigned) | Z |
| NEPHRECTOMY | 5 | A/S1 |
| PCNL | 10 | A/S1 |
| ESWL | 20 (20 countersigned) | Z |
| STENT INSERTION | 50 (20 countersigned) | Z |
| FLEXIBLE CYSTOSCOPY | 200 (100 countersigned) | Z |
| Semi-rigid ureteroscopy + lithotripsy | 40 (20 countersigned) | Z |
| Retrograde intrarenal surgery + lithotripsy | 40 (20 countersigned) | Z |
| URODYNAMIC STUDIES | 20 (20 countersigned) | Z |
| Hydrocoelectomy (any technique) | 10 (5 countersigned) | Z |
| Excision of epididymal cyst | 10 (5 | Z |

| | | |
|---|---|---|
| Scrotal exploration (acute scrotum) | 15 (5 countersigned) | Z |
| Transperineal prostate biopsy | 30 (30 countersigned) | S2 |
| Circumcision | 20 (10 countersigned) | Z |
| Cystolithotripsy (ballistic/laser) | 15 (5 countersigned) | Z |
| Radical (inguinal) orchiectomy | 5 (5 countersigned) | Z |
| Glans biopsy | 5 (5 countersigned) | Z |

Competence - Z = independent surgeon; S2 = supervising surgeon in theatre unscrubbed; S1 = supervising surgeon scrubbed, assisting; A = assistant surgeon

Trainees have to provide documentary evidence of discussing and managing common urological pathologies in the form of MiniCEX on Medbook.

# Level 3: Advanced Training in More Complex Urology. Years 5 and 6 Specialist Urology Training

The trainee will continue to consolidate their skills in general urology, however will be exposed to more complex urology. These areas may include:

1. Andrology & Male fertility
2. Endourology
3. Female urology
4. Laparoscopic and Robotic Urology
5. Oncology
6. Reconstruction
7. Transplantation
8. Minimally invasive surgery including focal therapy
9. Other subspeciality training depending on the evolution of treatment locally

There should be close liaison with the urology training committee and documentary evidence of regular six-monthly appraisals. Feedback from trainees as to the quality of the program is essential. The assessments should be submitted to the SAC on a yearly basis.

## Termination or Suspension of Training

If the trainee's performance is unsatisfactory, endangers patient safety or demonstrates incidences of unprofessional behavior, attempts are made to correct this and the trainee is given a written warning. Failure to improve performance may mean the trainee is not promoted to the next year

The above-mentioned points will be discussed on a case-by-case basis and a two thirds majority of the urology training committee may recommend to the SAC that the trainee has a suspension of training or lose his/her training position.

It is important to note that the contents of this Training Programme may be amended as required in order to reflect any changes in the syllabi, curricula and requirements which are made from time to time by the major international examining bodies.