Board of Urology

1.0 ORGANISATION

1.1 Members of the Board of Urology shall be:

i) Head of Dept. of Urology, HKL (Chairman)
ii) A second consultant from the Dept. of Urology, HKL
iii) Head of Dept. of Urology, UHKL
iv) Head of Dept. of Urology, HUKM
v) A urologist who is a member of the Academy of Medicine of Malaysia*
vi) A urologist representing private hospitals*

vii) Heads of urology in any training centres not included in above (JB, Penang, Selayang)

*3-year term, non-consecutive.

1.2 Objectives

To supervise a comprehensive and structured training programme urology for those who have completed Basic Surgical Training.

To enable trainees to achieve the training and experience necessary for independent practice.

1.3 Entry Criteria

Completion of basic surgical training at MO level (or equivalent) and possession of MS or FRCS (or equivalent) qualification, such equivalence being at the discretion of the Board of Urology.

Trainees who had undergone some urological training before applying to join the programme can write to the Board with their curriculum vitae and accompanied by a document to certify their previous training to have their previous training recognised in retrospect by the Board. The Board will hold a meeting to discuss the application and the decision of the Board is final. Any duration of training granted by the Board in lieu of previous training can be deducted from the period of required training of the programme.

A candidate who had received prior training to the satisfaction of the Board as equivalent of the full programme can be granted full exemption and be recommended by the Board.
Interested candidates can report in writing to the Board giving their CVs, referees, work experience etc. Candidates must be Malaysian citizens. Candidates may be called for an interview. At least three confidential references will be called for from the candidates' previous supervisors.

1.4 Duration

The duration of specialist registrar training will be 4 years, comprising a minimum 2 clinical years in a major training centre as stipulated by the Board, plus a flexible year for research or further specialist experience in a local or foreign institution. All trainees admitted after 1.1.1998 are subjected to this Board.

1.5 Management

The MUA Board of Urology is responsible for the Curriculum, and the approval of training programmes and training posts. The Board also confirms that trainees have completed the prescribed programme, and puts forward their names for entry.

The Board will have a Chairman who is the chief executive officer of the Board. He has responsibility for all trainees, for their enrolment, allocation to training posts, weekly programmes of training, regular formal assessment, problem solving and feedback of progress.

The Training Posts will be monitored regularly by the Board. All training (other than in the flexible year) must be in approved posts.

The Training Programmes will be formally inspected by the Board at yearly intervals or more frequently, if necessary.

Individual Hospitals will be inspected by representatives of the Board on a yearly basis.

The basis of accreditation includes (1) no. of urologists, (2) work load (outpatient, inpatient, operations etc.), (3) supportive services e.g. nephrology, radiology, pathology, (4) audit, (5) CME programme and (6) teaching facilities.

The head of each training centre will be the local Supervisor, who is in day to day contact with the trainee, has responsibility for regular appraisal and discussion with the trainee.

The trainee's responsibilities are to keep a logbook, to make arrangements with the supervisor for regular appraisal, and to attend formal 6 monthly assessment meetings with representatives of the Board.

Written reports will be made available to the trainee, local supervisor and members of the Board after inspections and assessments.

The cost of managing the Board (e.g. air tickets, food, accommodation of Board members and lecturers) will be borne by MUA.
2.0 CONTENT OF TRAINING

2.1 General objectives of training are:

1. clinical and operative competence in both emergency and elective urological surgery. Additionally, they require knowledge and some experience across a wide range of surgery to ensure appropriate referral.

2. the competence to be responsible, as a consultant, for emergency admissions in urological surgery.

3. appropriate skills in:-
   a) Upper and lower urinary tract endoscopic procedures.
   b) Open urological procedures.
   c) Operation of ancillary urological equipment.

4. a knowledge of the basic sciences related to urological, including relevant applied anatomy.

5. the ability, as consultants, to teach nurses, medical students, medical officers, basic surgical trainees and higher urological trainees.

6. the ability to work as a member of a clinical team, bearing in mind the needs of the service and hospital.

7. an understanding of the particular requirements of day case surgery.

8. a knowledge of palliative care.

9. a knowledge of subjects such as medical ethics, health economics, medico-legal matters, risk management, medical statistics, information technology and health service management.

10. a knowledge and experience of clinical audit.

11. an understanding of research methods.

12. publication of papers or presentations: a trainee should aim to produce a minimum of 5 publications or abstracts of presentations during the 4 years of training.

   One of these publications shall be in a peer-reviewed journal of which the trainee is the first author.

It is hoped that private urologists will contribute significantly to the training programme (as in Australia). Private urologists can provide training on a sessional basis in government hospitals or act as supervisors of specific projects or courses. Private hospitals can provide workshops and operative sessions. If
the criteria for accreditation can be met, private hospitals can also be training centres.

2.2 Levels of training

Training in urological surgery is designed to reconcile the need for structured training in modern urological surgery, to ensure the safe management of emergency and elective cases, with the development of sub-specialty expertise in a limited field. Three levels of training will be recognised:

1. Training in General Urological Surgery - Training that all urological surgeons will be expected to have achieved by completion. The trainee will be competent in indications, the execution and management of the complications of the listed items unsupervised (see list below), and will be expected to be familiar with or have assisted at the subspecialty procedures.

   Outpatient procedures
   TRUS & Biopsy
   CMG
   Intracavemosal administration
   Diagnostic flexible cystoscopy
   Flexible cystoscopic procedures
   Circumcision

   Lower urinary tract endoscopic procedures
   - diagnostic cystoscopy
   - TURP
   - TURBT
   Optical urethrotomy
   Distal sphincterotomy
   Hydrodistension
   Litholapaxy
   Retrograde stenting of ureters

   Endoscopic ureteric procedures
   - Diagnostic retrograde rigid ureterorenoscopy
   Diagnostic retrograde flexible ureterorenoscopy
   Retrograde ureterorenoscopic procedures
   Lithotripsy
   Stone retrieval

   Percutaneous upper tract endoscopic procedures
   Puncture and establishment of tract
   Nephroscopy / lithotripsy

   Open urological procedures
   Both loin and anterior approaches to kidney
   Simple nephrectomy
   Radical nephrectomy
   Nephroureterectomy
Partial nephrectomy
Cystectomy
Incontinent urinary diversion
Pyeloplasty
Nephrolithotomy
Pyelolithotomy
Ureterolithotomy
Vesicolithotomy
Open prostatectomy
Reimplantation of ureter in adults
Burch colposuspension/sling surgery
Total/partial penile amputation

2. Essential Sub-specialty Training - Training that a urological surgeon with a sub-specialty interest will be expected to have achieved by completion. All trainees are expected to have assisted in most of these procedures.

Radical prostatectomy
Radical groin lymphadenectomy
Augmentation enterocystoplasty
Continent diversion
Orthotopic neobladder
Anastomotic posterior urethroplasty
Substitution urethroplasty
Hypospadias surgery
Transureteroureterostomy

Laparoscopic procedures
Orchidopexy
Anti-continence procedures
Retroperitoneal lymph node dissection
Vasovasostomy
Vasoepididymostomy
MESA
Surgery for Peyronie's disease
Renal transplantation
Antireflux surgery in children

3. Advanced Sub-specialty Training - Additional training that will be undertaken, but which involves procedures not practised by the majority of Urological Surgeons with that sub-specialty interest. Specific training can be obtained through collaboration with overseas centres and can contribute after completion of the 4-year programme. All trainees are expected at least to understand the indications of and the subsequent management of patients undergoing these procedures.

Artificial urinary sphincter - AUS
Penile Prosthesis
Penile curvature surgery
Epispadias repair
2.3 The syllabus for training

Details of the knowledge (including relevant basic science) and operative skill required for each level of training, are tabulated in the syllabus. This syllabus will be revised regularly by the Board.

2.4 Research

Structured and supervised research is strongly encouraged and can be carried out during the flexible year of specialist registrar programme or at the commencement of training. If the project is substantial, this may lead to an MSc or Mphil; training committees will advise as to the choice of MS's, courses and the opportunities for research. Those wishing to spend a longer period in research, for a degree by thesis (MD, MS or PhD), will be encouraged to do so and may retain their training numbers for up to two further years in an approved research post, or for longer with the approval of the Board. One year of research may be counted towards the 4 years of the training programme if the following requirements must be satisfied:-

It is properly supervised by a named research supervisor.
A satisfactory report is submitted by the research supervisor at the end of the research period.
The work is presented at an appropriate scientific meeting, published in an acceptable peer reviewed journal and/or leads to the award of a peer reviewed higher degree.

Trainees undertaking a prolonged period of research (for 2 years or longer), while also doing some clinical work, may have the clinical work counted pro rata towards the total required training, provided it consists of a balanced programme of elective operating, ward work, outpatients and emergencies. The programme must be approved prospectively by the Board.

2.5 The flexible year

The flexible year may be used for:-

Research, which may be extended for a second year and for a third year with approval from the Board.
An MSc, in surgical science, which may include a research project, an MSc in a non-urological subject requires the approval of the Board.
Clinical work/attachment overseas.
Non-urological clinical work (e.g. Intensive care, nephrology, paediatric surgery).
All plans for the flexible year must be submitted to and approved prospectively by the Board.

2.6 Other clinical time overseas

Trainees wishing to undertake clinical training overseas, other than in the flexible year, may do so only in posts which are considered to provide equivalent training, generally during the last two years. The prospective approval of the Board will be required. The training received will be reviewed on the trainee's return, using reports from trainers, a report from the trainee (including the weekly programme) and the logbook. The Board will either recommend to accept the time spent overseas as equivalent to a specified period of required training or alternatively recommend that the training not be accepted.

2.7 Flexible training

The Board can consider flexible training, but also has a responsibility to ensure both that the flexible trainee receives a full training and that the other trainees are not disadvantaged. All plans for flexible training should be submitted to the Board for approval prospectively as the Board cannot accept application for periods spent working/training part-time be accepted in retrospect as part or whole of a proposed flexible training programme.

3.0 THE MEANING OF TRAINING

3.1 Placement

The principal element of training will be a series of specific placement in approved posts in urological units in approved training centres. These will be arranged by the Board so as to cover all the essential urological subspecialties.

Placement will generally be for 6 or 12 months' duration. A training scheme may operate either a fixed programme of placements or a flexible system of allocation in the earlier years, but flexibility in the later years will be essential to accommodate the required sub-specialty training.

While trainees will always contribute to the service, their priority must be training. Due to the short duration of training, it is necessary to avoid excessive repetition of procedures at which the trainee is already competent, to the exclusion of opportunities to progress. It is equally necessary that the workload, in both emergency and elective surgery, is sufficient to provide the range and intensity of experience required or satisfactory training in the restricted time available.

Operative work is undertaken in a stepwise fashion e.g. ESWL/urodynamics/endoscopy/open surgery/uroradiology (1st year), TURP, URS (2nd year), PCNL, reconstruction, transplantation (3rd year).

Importance is attached to consultant ward rounds, especially in conjunction with the emergency admissions, and to the supervision of work in outpatients and in the operating theatre.
As the length of stay for elective patient shortens, more discussions need to take place in the outpatient department and it is particularly necessary for trainees to attend sub-specialty clinics. The development of independent skills is an equally necessary facet of training.

Training should cover the whole range of the work of the unit, including short stay and day case surgery. There should be involvement in committee work which might include the appointment of junior staff.

Joint meetings with physician colleagues, radiologists and pathologists play a valuable part in training as does involvement in the relevant multidisciplinary teams.

In some instances, sessional attachments to other unit may be needed to cover gaps in training.

Time must be available for academic work and audit and the trainee should be involved in teaching.

3.2 Emergency surgery

Experience of emergency surgery must be sufficient to attain the competence to be responsible as a consultant for acute urology. This will generally require involvement in the rota for at least 3 of the 4 clinical years of training, at a frequency of not less than 1 in 6.

A model weekly timetable for a placement might be:-

Operating lists: 2-3 sessions, all supervised to an extent depending upon the level of training. The emphasis should be on directly supervised procedures.

Outpatients: 1 session, (minimum) seeing new and old patients. The consultant will be available for advice or discussion.

Ward work: 2 sessions, daily business round plus at least one consultant round per week.

Special interest: 1 session: e.g. intensive care, urodynamics, transrectal ultrasound, sub-specialist outpatients, investigation etc.

Academic: 1 session: e.g. education, research, teaching, audit, study.

Emergencies: 1 session. There will be a commitment of emergency work in accordance with the rota.

3.3 Courses

Courses make a valuable contribution to training but the arrangements for covering clinical topics may need to differ between the general and sub-specialty phases. In addition, there is a place for courses on general topics.
Courses for training in urology. The MUA will sponsor a series of advanced courses in urology on various topics locally at regular intervals but trainees are also encouraged to attend course organised overseas or in neighbouring countries.

3.4 Academic meeting

Attendance at meetings of local, regional and international scientific meetings is a valuable component of training, particularly in relation to recent advances.

3.5 Study leave plan

A trainee should have a study leave plan, covering courses and meetings to be attended. Each local supervisor should consider appropriate application for study leave sympathetically.

3.6 Private study

Trainees must expect to devote their own time to private study, reading and preparing material for case presentations, teaching and publication.

4.0 MONITORING OF TRAINING

The continuous appraisal and regular assessment of trainees is an essential element of the programme. The methods used comprise:-

4.1 The trainee's logbook - which records the trainee's operative experience (including endoscopy and interventional radiological procedures), indicating the degree of supervision. The logbook prescribed by the Board is to be used.

A Assisting a more senior surgeon

S1 Performing a procedure under direct supervision - consultant "scrubbed" for the major part of the operation (includes performing a significant part of the operation under supervision)

S2 Performing a procedure under supervision - consultant present in the theatre but not "scrubbed"

P Performing a procedure without direct supervision

T Supervising a more junior trainee

Analysis of the content of the logbook is important to assess both the experiences of the trainee and the training post. The use of a computerised system greatly facilitates this and, if the data from successive trainees is aggregated, provides an effective means of assessment of training posts. All logbooks should be authenticated by the local supervisor. The Board requires that trainees submit the minimum data set, derived from their logbooks, to the Board at 12 monthly intervals, preferably on disc using the approved software.
Courses and meetings attended should also be recorded in the logbook.

4.2 Regular appraisal and feedback from the trainer - 6 monthly at a planned session.

4.3 Minimum requirements for numbers of procedures: as per credentialling requirements. However, it is recognised that methods of assessment of competencies, both clinical and operative, should be developed, rather than relying on the numbers of cases alone.

4.4 Trainer's reports - The local supervisor will compile a report every 6 months after discussion with the trainee and submitted to the Chairman of the Board.

4.5 Progress assessments will take annually. They will take account of the reports from trainers and the trainee's logbook and will involve an interview with the trainee. Educational targets will be set and career plans and future placements discussed and additional training can be recommended by the Board in areas in which the trainee is deemed weak or to which he is under exposed.

4.6 Board Examination can be taken after a minimum of three years of training to allow good exposure of the trainee to the various sub-specialities.

The examination will consist of 3 parts: (A) MCQ (2 hours), (B) Structured written examination (2 hours), (C) Structured Viva (1 hour). The candidate needs to score 60% of the total marks in each part in order to pass the examination. The Board will appoint a Court of Examiners which may include an external examiner. Logbooks must be brought by the candidate to the viva examination. The examination will be held at least once a year unless there are no candidates.

4.7 Certificate

A certificate will be issued bearing the signature of the Chairman of the Board of Urology. The certificate will attest to his full membership in the MUA, having completed the urology specialist training programme and having passed the prescribed examinations.

5.0 SYLLABUS

The following pages comprise schedules of knowledge and operative skills which provide a syllabus for specialist training in urology. The knowledge required includes the basic science relevant to each topic it represents the minimum to be achieved in training; many trainees and consultants will have knowledge and skills beyond this level, which they will apply in their practice.

1. Urinary Tract Infections
   Microbiology of UTI
   Investigations and management of simple and complicated UTI on females, males, infants and children
   Sexually transmitted disease
2. **Bladder Outflow Obstruction**  
   Evaluation and management of bladder outflow obstructions in males, females, infants and children  
   TURP, Open prostatectomy  
   TUR Syndrome  
   Alternatives to TURP  
   Post prostatectomy incontinence

3. **Disorder of Bladder Function**  
   Voiding disorder in children  
   Male incontinence and its evaluation and management  
   Female incontinence and its evaluation and management  
   Neuropathology and urodynamics  
   Neuropathic bladders: evaluation and principles of management

4. **Stone Disease**  
   Presentation and investigations of urinary tract stones  
   Medical management of stones disease  
   ESWL  
   Open stone surgery  
   Precutaneous endoscopic stone surgery  
   Ureteroscopic stone surgery

5. **Renal Failure and Transplantation**  
   Acute renal failure: pathophysiology, investigations and managements  
   Chronic renal failure: pathogenesis, investigations and conservative long-term management  
   Renal replacement therapy  
   Transplant immunology  
   Access surgery  
   Oncocytomas  
   Conservative renal surgery  
   Embolisation  
   Immunotherapy  
   Radical surgery

6. **Bladder Cancers**  
   Histological types and epidemiology  
   Evaluation  
   Upper tract TCC  
   Endoscopic treatment: TURBT  
   Cystectomy and urinary diversion  
   Immunotherapy and intravesical and systemic chemotherapy  
   Management of tumours other than TCC.

7. **Prostate Cancer**  
   Epidemiology: PSA; screening  
   Cell biology and histopathology  
   TRUS and biopsy  
   Management of organ confined cancer
Management of advanced cancer
Radiotherapy, hormone manipulation and radical surgery

8. Testicular Cancer
   Tumour markers
   Epidemiology, presentation, diagnosis and surgery
   Investigation and management of CIS
   Imaging of primary and metastatic testicular cancer
   Management of advanced disease
   Surgery of residual mass; role of primary surgery.

9. Retroperitoneal disease
   Retroperitoneal fibrosis and malignancies

10. Andrology
    Peyronie's diseases
    Investigating infertility
    Vasectomy and reversal
    Priapism
    Pathophysiology of ED
    Management of ED
    Aging male

11. Paediatric Urology
    Wilms's
    Rhabdomyosarcoma
    UTI; incontinence
    Antenatal hydronephrosis: natural history and management
    Obstruction: pathophysiology, posterior urethral valve; intersex abnormalities,
    paediatric uroradiology
    Ureterocele, multicystic kidneys
    VU reflux
    Testicular maldescent
    Hypospadias
    Extrophy/epispadias complex.
    Intersex

12. Basic Sciences of Urology
    Genetics
    Investigations in Urology
    Technological Aspects of Urology

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