

Overview of changes to the new Urology Curriculum

Phases of training

The Intermediate and Final Stages of training described in the previous curriculum have been replaced by two phases of training, phase 2 and phase 3. Phase 1 of surgical training is covered by the core surgery syllabus. The pathway for training has been defined more clearly. Special interest modules in 5 areas have been introduced to meet the needs of service providers. These include:

Endourology
Oncology
Andrology and Infertility
Female , functional and reconstructive urology
Advanced general urology

Syllabus skill levels

The curriculum has been consolidated to avoid duplication .

Knowledge remains the same despite the introduction of special interest modules and these will be assessed at the FRCS (Urol)

Clinical Skills - skill levels have been consolidated where appropriate and there has been no change in the levels required and the high level outcomes needed to CCT. Additional clinical skills have been added for the special interest modules

In the specified Critical Conditions, the level of competencies for clinical skills are defined at phase 2 and phase 3. The knowledge required is at level 4 to ensure readiness to sit the FRCS (Urol)

For Operative skills - differing technical skill levels are specified for each module. Skill levels at the end of phase 2 equate to previous levels at ST5, and end of phase 3 equate to those of ST7, with minor changes to reflect the technical changes in the speciality . Additional technical skills have been added for the special interest modules which equate to the competency required for providing independent practice in a district general hospital.

Updating the Syllabus

There have been changes in urological practice with increased emphasis on non-invasive surgery , particularly in cancer, the establishment of major trauma centres, the increased specialisation in the management of prostate and bladder cancer particularly and the delivery of specialist care generally. In addition, service needs for emergency and elective paediatric urology have been addressed and redefined. These changes have been addressed as follows:

- The development of specific special interests in this curriculum reflects the changes in service reconfiguration over the past few years. These include:
 - a) Endourology
 - b) Oncology
 - c) Andrology and Infertility

- d) Female , functional and reconstructive urology
- e) Advanced general urology

□□ The current lack of provision of paediatric urology to meet service needs is addressed by enabling trainees have exposure through an attachment of 3 months, or 40 days exposure during training . This was introduced recently in the old curriculum. This will allow the acquisition of knowledge and clinical skills for elective and emergency care and the development of technical skills for emergency care . A revision of the curriculum at a later date will propose the introduction of a special interest in paediatric urology within the restrictions of a 5 year curriculum.

Rationalisation of syllabus

To avoid repetition, topics within phases 2 and 3 and special interest areas have been amalgamated

A list of critical conditions has been incorporated into the curriculum and all trainees will be expected to be competent in managing these conditions.

Index procedures have been reduced to reflect only core procedures, and indicative numbers have been removed. Competency will be assessed in these core procedures by PBAs by using multi consultant assessment and feedback. Some of the technical skills have been updated to reflect changes in practice around oncological and reconstructive surgery, and the new special interest modules.

The requirement for a minimum number of cases has been removed.

Training Pathway

All trainees will be required to complete phase 2, phase 3 and one other special interest for certification.

In order to ensure all trainees will be deal with the emergency take , it is anticipated that many will need to obtain competencies in a simulated environment to ensure patient safety. Although it should be noted that this will still not ensure competency in rare (<5%) emergency conditions (i.e. trauma nephrectomy)

Greater emphasis on non-technical skills is addressed through the introduction of High level outcomes (Capabilities in Practice – CiPs)

Outcomes

High level outcomes (Capabilities in Practice – CiPs) have been introduced alongside the nine Generic Professional Capabilities (GPCs). These are given equal weight in assessing trainees through Multiple Consultant Report (see below).

Assessments

A new assessment tool (the Multiple Consultant Report - MCR) has been introduced.

Reduced reliance on required numbers of other workplace-based assessments, with emphasis redirected to using WBA to demonstrate competency.