### Knowledge

The knowledge section is largely unchanged in terms of curtriculum content from 2016. There has been consolidation of some topics and removal of repitition for the sake of clarity. Some items have been moved from one section heading to another.

Basic Science	Mapping
Anatomy	
- Detailed knowledge of abdomino-pelvic anatomy especially bony pelvis, all pelvic viscera including vascular systems, pelvic floor, pelvic side wall and the endopelvic fasciae	Unchanged from 2016
- Embryology of the genitourinary tract including development of the cloaca, intestinal tract and omentum.	Unchanged from 2016
- Neuroanatomy of the central and peripheral nervous system as it relates to normal and abnormal bladder, urethral, bowel, pelvic floor and erectile function Physiology	Unchanged from 2016
- Physiology and neurophysiology of the bladder including the basis of micturition and continence	Unchanged from 2016
- Physiology of gastrointestinal function Pharmacology	Unchanged from 2016
- Pharmacology of the urogenital organs	Unchanged from 2016
- Pharmacology of drugs used in the management of lower urinary tract dysfunction including adverse reactions and interactions  Pathology	Unchanged from 2016
- Pathophysiology of urinary incontinence in women and men	Unchanged from 2016
- Pathophysiology of micturition	Unchanged from 2016
- Aetiology and pathophysiology of central and peripheral nerve conditions (congenital and acquired) and their consequence on urinary, genital, sexual I and gastrointestinal tract function	Unchanged from 2016
- Aetiology and pathophysiology of conditions which may require urinary tract reconstruction including but not limited to congenital abnormalities, genitourinary tumours, inflammatory conditions, iatrogenic injury and trauma	Unchanged from 2016
- Holistic management of neuropathic patients	Unchanged from 2016
- Pathophysiology of renal dysfunction secondary to neurogenic bladder dysfunction	Unchanged from 2016
- Pathophysiology of urinary infection in women and men including CAUTI	Unchanged from 2016
- Pathophysiology of autonomic dysreflexia	Unchanged from 2016

Urinary frequency/urgency syndrome and urinary urge incontinence	
- Clinical assessment techniques compliant with International Continence society (ICS)	Unchanged from 2016
standards A detailed understanding of diagnosis and management of Overactive Bladder	Unchanged from 2016
Syndrome (OAB)  The role of investigative techniques including but not limited to urodynamics, imaging and endoscopy	Unchanged from 2016
· Knowledge of conservative management	Unchanged from 2016
Knowledge of pharmacological management	Unchanged from 2016
Knowledge of invasive treatment techniques including indications, results and complications	Unchanged from 2016
Knowledge of bladder management in relation to neurogenic bladder dysfunction	Unchanged from 2016
Bladder and pelvic pain syndromes	
- Classification, aetiology, pathophysiology, current terminology and differential diagnosis of bladder pain syndrome	Unchanged from 2016
- Clinical assessment techniques compliant with ICS standards.	Unchanged from 2016
The role of investigative techniques including but not limited to urodynamics, radiological maging and endoscopy.	Unchanged from 2016
- Knowledge of conservative management	Unchanged from 2016
Medical and pharmacological intervention for bladder pain syndrome	Unchanged from 2016
· Knowledge of surgical management including indications, results and complications	Unchanged from 2016
Stress urinary incontinence in men and women	
- Clinical assessment techniques compliant with ICS standards.	Unchanged from 2016
The role of investigative techniques including but not limited to urodynamics, radiological maging and endoscopy	Unchanged from 2016
Instigate and advise regarding conservative management techniques	Unchanged from 2016
Surgical management including indications, results and complications	Unchanged from 2016
Recognition and maintenance of bladder safety with regard to treatment of stress	Unchanged from 2016
urinary incontinence in patients with neurogenic dysfunction	
Female Urinary retention	
Aetiology and pathophysiology of urinary retention in women	Unchanged from 2016
Management of voiding dysfunction in women	Unchanged from 2016
- Role of Sacral Neuromodulation	Unchanged from 2016
Genito-urinary prolapse (primary and recurrent)	
Understanding of aetiology, pathophysiology and classification of pelvic organ prolapse	Unchanged from 2016
Understand the relationship between pelvic organ prolapse and lower urinary tract dysfunction	Unchanged from 2016
understanding of the relevance of neurological dysfunction in relation to pelvic floor dysfunction	Unchanged from 2016
Understanding of indications, methods, results and complications of non-surgical management of pelvic organ prolapse	Unchanged from 2016
Understanding of indications, results and complications of surgery for pelvic organ prolapse	Unchanged from 2016
- Surgical interventions for pelvic organ prolapse	Unchanged from 2016

Urinary fistulae		
Aetiology, pathophysiology, presentation and complications of urinary fistulae Knowledge of diagnostic technique Knowledge of appropriate management including indications, results and complications Surgical treatment of urinary fistula	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016 Unchanged from 2016	
Urethral diverticulum		
Aetiology, pathophysiology, presentation and complications of urethral diverticula Knowledge of appropriate imaging and diagnostic techniques Knowledge of appropriate management options including indications, results and	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016	
Defaecatory disorders and other lower gastrointestinal disorders		
Understand the techniques of assessment and treatment of anorectal disorders ncluding:	Unchanged from 2016	
Anorectal physiology tests (manometry, proctography and endoanal US) Pelvic floor electromyography Nerve conduction studies	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016	
Reconstruction of the bladder and ureter		
Anatomy of gastrointestinal tract including vascular supply Aetiology and pathophysiology of conditions requiring bladder and ureteric reconstruction	Unchanged from 2016 Unchanged from 2016	
Techniques of assessment for bladder and ureteric reconstruction including but not imited to urodynamics, radiology and nuclear medicine techniques	Unchanged from 2016	
Metabolic effects of urinary tract reconstruction and interposition of intestine within he urinary tract	Unchanged from 2016	
Complications of urinary tract reconstruction including interposition of intestine within he urinary tract	Unchanged from 2016	
Knowledge of endourological techniques relevant to urinary tract reconstruction  Knowledge of open surgical techniques applied to reconstruction of the bladder and ureter	Unchanged from 2016 Unchanged from 2016	
Urethral reconstruction		
Pathophysiology of congenital abnormalities including but not limited to hypospadias and epispadias	Unchanged from 2016	
Embryology of urethra as applied to hypospadias and epispadias	Unchanged from 2016 Unchanged from 2016	
Aetiology, pathophysiology and complications of urethral strictures Pathophysiology of traumatic urethral injury	Unchanged from 2016 Unchanged from 2016	
Techniques of assessment for bladder and urinary tract reconstruction including irodynamics, radiology and nuclear medicine techniques	Unchanged from 2016	
Techniques and complications of urethral reconstruction	Unchanged from 2016	
Knowledge of endourological techniques relevant to urethral Knowledge of open surgery for urethral reconstruction	Unchanged from 2016 Unchanged from 2016	

Management of patients with neurogenic bladder	
- Understand the effects of neurological diseases on bladder and sexual function	Unchanged from 2016
An understanding of the investigation, diagnosis and management of patients with	Unchanged from 2016
neurogenic bladder or sexual dysfunction	
- Complications of neurogenic bladder dysfunction including but not limited to renal	Unchanged from 2016
dysfunction, urosepsis and calculus formation	
- Clinical assessment techniques according to ICS standards	Unchanged from 2016
The role of investigations in the assessment of neurogenic bladder including but not	Unchanged from 2016
limited to urodynamic studies, radiological imaging and endoscopy	Llash and defense 0040
- Knowledge of conservative management techniques	Unchanged from 2016
<ul> <li>Knowledge of surgical management techniques including indications, results and complications</li> </ul>	Unchanged from 2016
·	
Diagnosis and Assessment of Upper Urinary Tract Stone Disease	
- Anatomy of the renal tract, including surface anatomy	Unchanged from 2016
- Mechanisms of calcium stone formation	Unchanged from 2016
- Urinary tract infections and stones	Unchanged from 2016
- Metabolic stone disease (hypercalcaemia, uric acid, cystinuria)	Unchanged from 2016
- Pathophysiology of upper tract obstruction	Unchanged from 2016
- Symptoms and signs of acute ureteric colic	Unchanged from 2016
- Symptoms and signs of renal urolithiasis	Unchanged from 2016
- Principles of imaging modalities for urolithiasis	Unchanged from 2016
<ul><li>(ultrasound/plain radiograph/computed tomography)</li><li>Causes, clinical features, pathophysiology and management of upper urinary tract</li></ul>	Unchanged from 2016
obstruction	Unchanged from 2016
- Investigation and management of upper urinary tract obstruction, including	Unchanged from 2016
retroperitoneal fibrosis, malignancy and strictures	Changed from 2010
Acute management of ureteric colic	
- Pathophysiology of upper tract obstruction	Unchanged from 2016
- Physiology of the ureter	Unchanged from 2016
- Pharmacotherapy for ureteric colic (NSAIDs, opiates, evidence for medical expulsive	
therapy)	Unchanged from 2016
- Pathophysiology of sepsis	Unchanged from 2016
- Symptoms and signs of acute ureteric colic	Unchanged from 2016
- Indications for emergent renal drainage	Unchanged from 2016
Management of Renal Stones	
- Biochemical mechanisms of renal stone formation	Unchanged from 2016
- Types of renal calculi	Unchanged from 2016
- Systemic conditions predisposing to stone formation	Unchanged from 2016
- Anatomical abnormalities predisposing to stone formation	Unchanged from 2016
- Natural history of renal stones	Unchanged from 2016
- Pharmacotherapy for renal stones (uric acid and cystinuria)	Unchanged from 2016
- Principles of shockwave lithotripsy (types of generators, contra-indications,	Unchanged from 2016
complications, basic shockwave physics)	
- Principles of laser operation and safety	Unchanged from 2016
- Mechanisms of stone destruction by shockwave/laser	Unchanged from 2016
- Principles of percutaneous renal access	Unchanged from 2016

Assessment and Management of Bladder Stones	
- Pathophysiology of bladder stone formation (bladder outflow obstruction, neuropathic bladders, other anatomical abnormalities)	Unchanged from 2016
- Bladder stones and UTIs	Unchanged from 2016
- Complications of bladder stones	Unchanged from 2016
- Urodynamic assessment of neuropathic bladder	Unchanged from 2016
- Assessment of bladder outflow obstruction	Unchanged from 2016
- Management of bladder outflow obstruction	Unchanged from 2016
Andrology and Infertility	
Detailed anatomy and embryology of the internal and external male genitalia	Unchanged from 2016
Endocrine physiology, pharmacology of hormones and drugs that regulate testicular	Unchanged from 2016
function,	11 1 16 2615
Physiology of penile erection and ejaculation and ejaculatory disorders and their	Unchanged from 2016
management	11-1
The physiology of conception	Unchanged from 2016
The ability to interpret semen analysis	Unchanged from 2016
Gross and microscopic pathology related to the genital system	Unchanged from 2016
Pharmacology and toxicity of commonly used drugs in andrology	Unchanged from 2016
The diagnosis of endocrine disorders effecting the male reproductive system (eg	Unchanged from 2016
nypogonadotropic hypogonadism), azoospermia and oligozoospermia	1, 0040
An understanding of the common causes and treatment of male infertility	Unchanged from 2016
An understanding of the molecular and neurobiological mechanism of erectile function	Unchanged from 2016
and dysfunction	Line have an elfore a 0040
· Varicocele – anatomy, physiology and management	Unchanged from 2016
<ul> <li>Male contraception - Methods, results and complications of different methods of contraception</li> </ul>	Unchanged from 2016
Paediatric Urology	
Embryology and anatomy of common congenital abnormalities, e.g. undescended estis, duplex systems, reflux and hydronephrosis	Unchanged from 2016
Investigations and management of perinatal hydronephrosis	Unchanged from 2016
Investigation and management of PUJ obstruction	Unchanged from 2016
Investigation and management of ureteric reflux	Unchanged from 2016
Principles of functional assessment of the genitourinary tract	Unchanged from 2016
Basic embryology, anatomy of abnormality and natural history of intersex, spina bifida	Unchanged from 2016
and posterior urethral valves	Shehangea nem 2010
Concise knowledge of inguino-scrotal anatomy	Unchanged from 2016
Bacteriology of UTI in childhood	Unchanged from 2016
Investigation and management of recurrent urinary tract infections	Unchanged from 2016
Natural history and normal patterns of continence	Unchanged from 2016
Assessment and management of phimosis	Unchanged from 2016
Assessment and management of scrotal swellings in childhood	Unchanged from 2016
Assessment and management of the acute scrotum in childhood	Unchanged from 2016
Assessment and management of the acute scrottarn in childhood  Assessment and management of incontinence	Unchanged from 2016
Assessment and management of incontinence  Assessment and management of voiding dysfunction	Unchanged from 2016
	2.13.13.13.33.11.20.10

Transplant surgery	
Transplant surgery	
- Anatomy of the retroperitoneum and the great vessels	Unchanged from 2016
- Embryology of the genitourinary tract including development of the kidney and the	Unchanged from 2016
common variations in vascular supply to the kidney	
- Anatomy and blood supply of the kidney, ureter and bladder	Unchanged from 2016
- Neuroanatomy as it relates to normal and abnormal bladder, urethra & pelvic floor	Unchanged from 2016
function	
- Arterial supply and venous drainage of the upper and lower limbs	Unchanged from 2016
- Physiology of the kidney	Unchanged from 2016
- Physiology of fluid balance	Unchanged from 2016
- Physiology of the lower urinary tract	Unchanged from 2016
- Pharmacology of drugs used in immunosuppression	Unchanged from 2016
- Pharmacology of perfusion fluids and use of diuretics	Unchanged from 2016
- Pharmacology of inotropes and blood pressure control and effects of drugs on renal	Unchanged from 2016
blood flow	
- HLA matching	Unchanged from 2016
- Cytotoxic cross match	Unchanged from 2016
- Rejection	Unchanged from 2016
- Immunosuppression	Unchanged from 2016
- Renal failure - causes and classification	Unchanged from 2016
- Pathophysiology of renal failure	Unchanged from 2016
- Treatment options for renal failure	Unchanged from 2016
- Indications and contraindications for kidney transplantation	Unchanged from 2016
- Indications and types of dialysis	Unchanged from 2016
- Access for dialysis	Unchanged from 2016
- Complications of dialysis	Unchanged from 2016
- Organ donation	Unchanged from 2016
- Criteria for brainstem death and circulatory death	Unchanged from 2016
- Pathophysiology of brainstem death	Unchanged from 2016
- Principles of donor management and organ preservation	Unchanged from 2016
Trauma	
- Causes, pathophysiology classification and management of renal trauma	Unchanged from 2016
- Causes, pathophysiology classification and management of ureteric trauma	Unchanged from 2016
- Causes, pathophysiology classification and management of bladder trauma	Unchanged from 2016
- Causes, pathophysiology classification and management of urethral trauma	Unchanged from 2016
- Causes, pathophysiology classification and management of genital trauma, including	Unchanged from 2016
penile fracture	]
- Causes, pathophysiology classification and management of testicular trauma	Unchanged from 2016
	1

Emergency urology	
- Investigation and management of acute urinary retention	Unchanged from 2016
Investigation and management of high pressure urinary retention	Unchanged from 2016
Investigation and management of acute renal colic	Unchanged from 2016
Investigation and management of upper urinary tract obstruction	Unchanged from 2016
Investigation and management of acute kidney injury	Unchanged from 2016
- Investigation and management of upper urinary tract infections, including renal abscess and pyonephrosis	Unchanged from 2016
- Investigation and management of acute scrotal swellings including scrotal infections, abscess and torsion	Unchanged from 2016
- Investigation and management of lower urinary tract infections	Unchanged from 2016
- Investigation and management of haematuria and clot retention	Unchanged from 2016
- Investigation and management of post-operative emergencies	Unchanged from 2016
Investigation and management of surgical injuries to the urinary tract, including	Unchanged from 2016
accidental bladder and ureteric injury.	Lings of the supplied of the s
- Appropriate follow-up and long-term management of urological emergencies	Unchanged from 2016
- Activation and deactivation of artificial urinary sphincter in the acute setting	Unchanged from 2016
- Identification and management of autonomic dysreflexia	Unchanged from 2016
Technology	
- Comprehensive understanding of lasers and their use in urological practice	Unchanged from 2016
- Comprehensive understanding of energy sources in urology, including those used for haemostasis	Unchanged from 2016
- Techniques of haemostasis including understanding of the physiology of haemostasis and wound healing	Unchanged from 2016
- Comprehensive understanding of radiological techniques and imaging	Unchanged from 2016
- Interpretation of radiology investigations	Unchanged from 2016
- Interpretation of laboratory investigations	Unchanged from 2016
- Surgical instruments in urology (including laparoscopy, robotic surgery, endourology)	Unchanged from 2016
- Scientific basis of optics and the application in urology	Unchanged from 2016
- Scientific basis of shock-wave technology and the application in urology	Unchanged from 2016

General principles in the management of Urological Malignancy	
- Anatomy of the Urogenital tract, including surface anatomy	Unchanged from 2016
- Understand past and current systems for staging and grading cancers	Unchanged from 2016
- Understand past and current systems for staging and grading cancers - Understanding of tumour biology and the principles of carcinogenesis	Unchanged from 2016
- Understanding of turnour biology and the principles of carcinogenesis - Understanding of epidemiology as applied to urological malignancy	Unchanged from 2016
- Understanding of the occupational, environmental and drug factors in tumour formation	Unchanged from 2016
<ul> <li>Understanding of basic immunology, tumour immunology and the principles of immunotherapy</li> </ul>	Unchanged from 2016
- Understand the principle of cancer therapy including surgery, radiotherapy, chemotherapy, immunotherapy and hormone therapy	Unchanged from 2016
- Understand the effect of aging on the ability of patients to tolerate surgical and medical treatments	Unchanged from 2016
- Understand the effects of impaired renal function on the ability to tolerate surgical and medical treatments	Unchanged from 2016
- Understanding the post-operative complications of sepsis, thrombo-embolism, stroke and other cardiovascular events associated with prolonged complex procedures	Unchanged from 2016
- Understanding the role and importance of each member of the multi-disciplinary team	Unchanged from 2016
- Understanding of the psycho-social aspects of cancer care	Unchanged from 2016
- Understanding of the psycho-social aspects of cancer care - Understand the sexual effects of cancer and its treatment	Unchanged from 2016
- Understanding of the hospice movement and the principles and indications for end of	Unchanged from 2016
life care  Ability to competently evaluate and manage nationts with uretoric chatruction	Unobonded from 2016
-Ability to competently evaluate and manage patients with ureteric obstruction -Expertise in counselling patients with cancer and the management of the bereaved	Unchanged from 2016 Unchanged from 2016
relative - Understanding of the availability / inclusion criteria of clinical trials both those open and those recently completed	Unchanged from 2016
Management of Prostate Cancer	
- Understand the principle of screening and problems of screening for prostate cancer	Unchanged from 2016
- Understand the management of patients presenting with an elevated PSA including the provision of mpMRI and biopsy	Unchanged from 2016
- Understanding the biology of prostate cancer	Unchanged from 2016
- Understand the indications for Active Surveillance and radical intervention in patients with localised cancer	Unchanged from 2016
-Knowledge of the rationale and use of hormonal agents in the treatment of prostate cancer	Unchanged from 2016
- Principles of chemotherapeutics agents used in the treatment of prostate cancer; their indications, common side effects and outcomes of treatment	Unchanged from 2016
- Understand the management of patients presenting with painful bone metastasis and the protocol for the urgent treatment of suspected spinal cord compression	Unchanged from 2016
Management of Bladder Cancer	
- Diagnose and manage the common causes of haematuria using appropriate	Unchanged from 2016
radiological and endoscopic techniques  - Understanding of the use of urinary biomarkers for the diagnosis and surveillance of	Unchanged from 2016
bladder cancer - Understanding of the criteria defining optimal TURBT - understanding the role of intravesical therapy in the treatment of superficial bladder	Unchanged from 2016 Unchanged from 2016
cancer -Understand the indications for referral to specialist units for patients with muscle invasive bladder cancer	Unchanged from 2016
Management of Renal Cancer	

- Understanding the role of renal biopsy in the diagnosis of kidney cancer	Unchanged from 2016
- Understanding the role of Active Surveillance, Ablation, partial and radical nephrectomy	Unchanged from 2016
for localised disease	
- Knowledge of hereditary kidney cancer syndromes including the role of genetic testing	Unchanged from 2016
- Understand the significance of ischaemic injury to the kidney	Unchanged from 2016
- Understand the significance of complex cystic disease of the kidney	Unchanged from 2016
- Understand paraneoplastic syndromes related to renal cancer	Unchanged from 2016
- Understand the role of Lymph node dissection, caval thrombectomy, cytoreductive	Unchanged from 2016
nephrectomy and metastectomy for advanced disease	
- Understand the role of systemic therapy for metastatic disease	Unchanged from 2016
- Understand the role of endoscopic ablation, distal ureterectomy and	Unchanged from 2016
nephroureterectomy for upper tract urothelial carcinoma (UTUC)	onenangea nem 2010
- Understand the role of adjuvant chemotherapy in upper tract TCC	Unchanged from 2016
Onderstand the role of dajavant offenourorapy in apper tract 100	Onlondinged from 2010
Management of Testicular Cancer	
- Understand the embryology and anatomy of male genitalia including lymphatic drainage	Unchanged from 2016
- Understand the pathology of the differing types of testis cancer and pre-malignant	Unchanged from 2016
conditions	3
- Understand the role of environmental factors in testis cancer	Unchanged from 2016
- Understand the rationale for, indications, results and complications of surgery,	Unchanged from 2016
chemotherapy and radiotherapy in the treatment of metastatic testicular cancer	Grienanigea nem 2010
Management of Penile Cancer	
- Understand the embryology and anatomy of the male genitalia including lymphatic	Unchanged from 2016
drainage	ļ
- Understand the anatomy of the femoral triangle and upper thigh	Unchanged from 2016
- Understand the physiology of erection	Unchanged from 2016
- Recognise the common malignant and potentially malignant conditions of the penis,	Unchanged from 2016
including phimosis, paraphimosis, viral lesions, squamous carcinoma and be familiar with	
current management protocols and their implications for early management	
- Understand the use of chemotherapy for men with penile cancer	Unchanged from 2016

### Special interest modules - clinical and technical skills

The principal changes in the clinical and technical skills from the 2016 curriculum are the separation of skills required for all trainees at CCT (P3), and those only expected of trainees completing a special interest module (SI). The level required for all trainees is in some areas slightly lower than for trainees who complete the relevant special interest module. It is expected that all trainees will have core skills that enable them to practice safely, including management of the acute take, but that comprehensive skills for all subspecialty areas is no longer in keeping with modern urological practice, which is increasingly subspecialised. However, trainees will be required to attain a higher level of skill in their chosen SI module.

It is no longer expected that all consultants are able to perform complex procedures and these procedures are best delivered by those with specialist training and knowledge. However, it is expected that those delivering specialist services independently should reach a higher level of competency (ie SI level). This drives clinical excellence and patient safety. Also, complex decision making in an MDT setting is only required at level 4 for those delivering specialist care.

Some competency levels at SI are lower than were previously set in the 2016 curriculum. This is because some skills can only be delivered reliably in post-CCT subspecialist fellowships. The curricula for these fellowships falls outside the remit for this document.

Paediatric urology remains part of the curriculum, but has been reduced in scope to reflect the fact that most specialist topics in this area cannot be delivered as part of a generic adult urology training scheme. Specialist practice required training in a paediatric urology scheme or a post-CCT fellowship. Similarly, transplant surgery is not offered and cannot be delivered in most adult urology training schemes. This topic is retained in the knowledge curriculum, but clinical and technical skills are not required. Training in transplant urology would require separate fellowship training and is outside the scope of this document.

The changes made therefore reflect increasing subspecialisation in urology and the need to identify complex procedures that can only be performed independently after more focussed training.

#### Modular Curriculum in General Urology

Topic	Assessment of lower urinary tract symptoms		SI
Objective	- Assessment and treatment of men and women with lower urinary tract symptoms		
Clinical Skills	- Clinical assessment of women and men with lower urinary tract dysfunction, including characterisation of symptoms, clinical examination and simple outpatient tests - Ability to develop logical management plan encompassing appropriate use of conservative,	4	Unchanged from 2016 Unchanged from 2016
Technical Skills and	pharmacological and surgical options.  - Standard urodynamic studies to investigate lower urinary	4	Unchanged from 2016
Procedures	tract dysfunction	7	Chenangea nem 2010
	- Video urodynamic studies to investigate urinary tract dysfunction.	2	Reduced from 4 to 2 for P3 to reflect needs in a DGH setting

Topic	Management of urological infections	nagement of urological infections P3 SI			agement of urological infections P3 SI	
Objective	- Assessment and treatment of men and women with urological infections					
Clinical Skills	<ul> <li>Management of complex urinary tract infections (eg in the context of abnormal urinary tract, bladder outflow obstruction, chronic retention) and infections in men</li> </ul>	3	Unchanged from 2016			
	<ul> <li>- Management of recurrent UTI in women (investigation and treatment)</li> </ul>	3	Reduced from 4 to 3 for P3 to reflect needs in a DGH setting			

Topic	Upper Urinary Tract Obstruction and stones	P3	SI
Objective	- Assessment and treatment of men and women with upper urinary tract obstruction and stones		
Clinical Skills	Assessment and diagnosis of renal obstruction     Determine the optimum management of upper urinary tract stones	4 3	Unchanged from 2016 Reduced from 4 to 3 for P3 to reflect needs in a DGH setting
	- Medical management of urinary tract stones (including metabolic evaluation)	3	Reduced from 4 to 3 for P3 to reflect needs in a DGH setting
Topic	Management of Benign Prostatic Hyperplasia	P3	SI
Objective	- Assessment and treatment of men and women with lower urinary tract symptoms		
Clinical Skills	Assessment of male lower urinary tract symptoms     Advise on the suitability of alternative interventional procedures for the management of BPH	4 3	Unchanged from 2016 Reduced from 4 to 3 for P3 to reflect needs in a DGH

setting

New

4

2

Unchanged from 2016

to reflect special interest

needs in a DGH setting

- At least one other surgical treatment for BPH (eg laser

enucleation, vapourisation treatments, prostate implant

systems, prostate injections, other energy systems)

Technical Skills and - TURP

Procedures

Topic	Erectile dysfunction and hypogonadism	P3	SI
Objective	- Assessment and treatment of men with erectile dysfunction and hypogonadism		
Clinical Skills	- Evaluation and simple medical management of erectile dysfunction	4	4
	- Advise on the management of refractory erectile dysfunction (including VTD, injection therapy and penile implant)	3	4
Technical Skills and Procedures	- Perform and teach injection treatments for ED	3	Reduced from 4 to 3 for P3 to reflect needs in a DGH setting
	- Counsel and instruct patients on the use of VacuumTherapy Devices	2	New to reflect special interest needs in a DGH setting

Topic	Female, Functional and Reconstructive Urology	P3	SI
Objective	- Assessment and treatment of men and women with lower urinary tract symptoms, including neuropathic bladder		
Clinical Skills	- Advise on the management of women with incontinence - Optimum management of the neuropathic bladder	4 3	Unchanged from 2016 Reduced from 4 to 3 for P3 to reflect needs in a DGH setting

<sup>\*</sup> SI trainees will develop at least one treatment for BPH (in addition to TURP) to level 4

Technical Skills and Procedures	<ul> <li>Standard multichannel urodynamics</li> <li>video urodynamics</li> <li>Cystoscopic injections of botulinum toxin</li> <li>Operations for stress incontinence</li> </ul>	4 2 3 2	Unchanged from 2016 Reduced from 4 to 2 Reduced from 4 to 3 for P3 New * All to reflect general and special interest needs in a DGH setting	
* SI trainees will develop at least one treatment for stress incontinence to level 3				
Topic	Emergency Urology	P3	SI	
Objective	- Assessment and treatment of urological emergencies in men and women			
Clinical Skills	- Manage the acute urology on-call including assessment of patients and initial management	4	Unchanged from 2016	
	- Definitive management of urological emergencies	4	Unchanged from 2016	
Technical Skills and	- Cystoscopic bladder washout	4	Unchanged from 2016	
Procedures	- Orchidopexy and/or orchiectomy for testicular torsion	4	Unchanged from 2016	
	- Reduction of paraphimosis, including dorsal slit	4	Unchanged from 2016	

Unchanged from 2016

3

3

3

4

\*Competency in emergency reconstructive procedures may be demonstrated by experience of the specified procedures, or by simulation courses, or by other procedures with transferable skills (eg ileal conduit competency at level 3 is regarded as a surrogate for ureteric repair / reimplantation)

Debridement of Fournier's gangrene

Repair of bladder injury \*

Repair of ureteric injury \*

Reimplantation of ureter \*

Insertion of suprapubic catheter

Complex catheterisation

Topic	Paediatric urology	P3	SI
Objective	- Assessment and treatment of urological conditions in childhood		
Clinical Skills	- Diagnosis and management of scrotal swellings - Diagnosis and management of phimosis	3	Reduced from 4 to 3
	- Diagnosis and management of enuresis	3	Reduced from 4 to 3
	- Diagnosis and management of UTI	3	Reduced from 4 to 3
	- Diagnosis and management Spina bifida and intersex	3	Reduced from 4 to 3
	- Appropriate assessment and management of children with hypospadias	3	Reduced from 4 to 3
	-Management of urinary tract obstruction in childhood including Pelvi- ureteric junction obstruction (PUJ)	3	Reduced from 4 to 3
	vesicoureteric junction (VUJ) obstruction and posterior urethral valves -Management of incontinence in childhood including	3	Reduced from 4 to 3
	neuropathic incontinence	3	Reduced from 4 to 3
	- Appropriate use of commonly used drugs recognising		Treaded Helli 1 to 0
	common side effects, interactions and contra-indications	3	Reduced from 4 to 3 All to reflect special interest needs in a DGH setting

Technical Skills and	- Paediatric circumcision	2	Reduced from 4 to 2
Procedures	- Orchidopexy	2	Reduced from 3 to 2
	- Surgical management of scrotal swellings	2	Reduced from 4 to 2 to reflect to reflect special interest needs in a DGH setting
	- Patent Processus Vaginalis	2	New
	- Surgery for hypospadias	2	Unchanged from 2016
	While general paediatrics remains in the curriculum, highly specialist paediatric urology topics and procedures have been removed from the generic curriculum as these skills can only be delivered in bespoke paediatric urology training schemes or with subspecialist fellowship training.		

<sup>\*</sup> For those that express an interest in developing paediatric urology as an interest within general adult urology practice, support can be provided to attain higher levels of competency. This table shows the minimum level for all trainees

# Modular curriculum in Female, Functional and Reconstructive Urology

Topic	Assessment of lower urinary tract symptoms	P3	SI
Objective	To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.      To develop advanced skills in lower urinary tract reconstruction		
	- Clinical assessment of women and men with lower urinary tract dysfunction, including characterisation of symptoms, clinical examination and simple outpatient tests - Understanding the place of invasive investigations such	4	Unchanged from 2016 Unchanged from 2016
	as cystoscopy and invasive urodynamics in the assessment of such patients.  - Ability to develop logical management plan encompassing appropriate use of conservative, pharmacological and surgical options.	4	Unchanged from 2016
Clinical Skills	<ul> <li>Ability to counsel patients regarding treatment options</li> <li>Appropriate use of pharmacological agents, knowledge of common side effects, interactions and contra-indications</li> </ul>	4 4	Unchanged from 2016 Unchanged from 2016
	<ul> <li>Determine appropriate management of patient with unsafe high pressure bladder</li> <li>Liaison with the multidisciplinary team</li> <li>Can run the specialist female urology MDT</li> </ul>	4	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016
	- Standard urodynamic studies to investigate lower urinary tract dysfunction	4	Unchanged from 2016
Technical Skills and Procedures	- Video urodynamic studies to investigate urinary tract dysfunction.	2	Reduced from 4 to 2 for P3 to reflect special interest needs in a DGH setting
Tonio	Management of overactive bladder and urge incontinence	P3	SI
Topic Objective	- To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence		

Topic	Management of overactive bladder and urge incontinence	P3	SI
Objective	To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.      To develop advanced skills in lower urinary tract reconstruction		
Clinical Skills	- Determine appropriate management of patients with resistant overactive bladder	4	Unchanged from 2016

	- Cystoscopy and injection Botulinum toxin	3	Reduced from 4 to for P3 to reflect needs in a DGH setting
	- Augmentation and substitution cystoplasty	1	Reduced from 3 to 1 for P3 to reflect general and special interest needs in a DGH setting
Technical Skills and Procedures	- Sacral neuromodulation	2	reduced from P3 and 2 for SI
	- Ileal conduit formation *	2	Reduced from 4 to 2 for P3 and to 3 for SI
	- Simple cystectomy		removed for P3
			to reflect general and special interest needs in a DGH setting

<sup>\*</sup> ileal conduit may not always be deliverable in programs. If not available, then adequate competency in reconstructive techniques such as ureteric repair and/or reimplantation must be demonstrated through either workbased assessments in these procedures, or by an appropriate simulation course.

Topic	Bladder and pelvic pain syndromes	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
Clinical Skills	- Determine appropriate management of patients with bladder and pelvic pain	4	Unchanged from 2016
	- Cystoscopic assessment painful bladder - Augmentation and substitution cystoplasty	1	Unchanged from 2016 Reduced from 3 to 1 for P3 to reflect general and special interest needs in a DGH setting
Technical Skills and Procedures	- Simple cystectomy	2	Reduced from 3 to 2 for P3 to reflect special interest needs in a DGH setting
	- Ileal conduit diversion*	2	Reduced from 4 to 2 for P3 to reflect general and special interest needs in a DGH setting

<sup>\*</sup> ileal conduit may not always be deliverable in programs. If not available, then adequate competency in reconstructive techniques such as ureteric repair and/or reimplantation must be demonstrated through either work-based assessments in these procedures, or by an appropriate simulation course.

Topic	Neuropathic bladder	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		

	- Determine appropriate safe management of patients with neuropathic bladder	4	Unchanged from 2016
Clinical Skills	- Determine optimum long-term management of patients with neuropathic bladder, including management of incontinence, emptying, infections, renal function and bowel management	3	Unchanged from 2016
	- Cystoscopy and injection Botulinum toxin	3	(see same procedures in
	- Augmentation and substitution cystoplasty	1	other sections of this
Technical Skills and	- Sacral neuromodulation		document)
Procedures	- Ileal conduit formation*	2	·
Procedures	- Simple cystectomy	1	
	- suprapubic catheterisation	4	
	- artificial urinary sphincter	1	

<sup>\*</sup> ileal conduit may not always be deliverable in programs. If not available, then adequate competency in reconstructive techniques such as ureteric repair and/or reimplantation must be demonstrated through either work-based assessments in these procedures, or by an appropriate simulation course.

		1	
Topic	Stress urinary incontinence in men and women	P3	SI
Objective	To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.      To develop advanced skills in lower urinary tract reconstruction		
Clinical Skills	- Determine appropriate management of patients with stress urinary incontinence	4	Unchanged from 2016
Technical Skills and Procedures	<ul> <li>Midurethral sling insertion</li> <li>Injection of bulking agents</li> <li>Colposuspension or Autologous fascial sling</li> <li>Artificial urinary sphincter</li> </ul>	2 2 1 1	Reduced from 4 to 2 for P3 Reduced from 4 to 2 for P3 Reduced from 3 to 1 for P3 Reduced from 2 to 1 for P3 All to reflect general and special interest needs in a DGH setting
Topic	Female Urinary retention	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
Clinical Skills	- Determine appropriate management of women with voiding dysfunction and urinary retention	4	Unchanged from 2016
Technical Skills and Procedures	<ul> <li>suprapubic catheterisation</li> <li>sacral neuromodulation</li> <li>Mitrofanoff formation</li> </ul>	4	Unchanged from 2016 Reduced from 3 to 1 for P3 to reflect special interest needs in a DGH setting Removed from P3 to reflect general and special interest needs in a DGH setting
	Genito-urinary prolapse (primary and recurrent)	P3	SI
Topic	, , , , , ,	1 3	01
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
Clinical Skills	- Detailed assessment of pelvic organ prolapse including staging  - Ability to select and advise suitable conservative treatments  - Ability to select and advise regarding surgical treatment options	3 3 2	Reduced from 4 to 3 for P3 to reflect general interest needs in a DGH setting Reduced from 4 to 3 for P3 to reflect general interest needs in a DGH setting Reduced from 3 to 2 for P3 All to reflect general interest needs in a DGH setting

Technical Skills and	- Insertion and removal of pessaries	1	Reduced from 4 to 1 for P3 to reflect general and special interest needs in a
	- Anterior and posterior repair		DGH setting Reduced from 3 to 1 to P3
Procedures		1	to reflect general and special interest needs in a DGH setting
	- Vaginal hysterectomy		Removed from P3

Topic	Urinary fistulae	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
	Appropriate assessment of urinary fistulae     Ability to advise regarding the suitability of surgery	3	Reduced from 4 to 3 for P3 to reflect general interest needs in a DGH setting Reduced from 4 to 2 for P3
Clinical Skills	- Ability to determine appropriate management of patient with urinary fistula	3	to reflect general interest needs in a DGH setting Increased from 1 to 3 for P3 to reflect general and special interest needs in a DGH setting
Technical Skills and Procedures	- Repair vesicovaginal fistula - Martius flap	1	Reduced from 2 to 1 for P3 to reflect general interest needs in a DGH setting Reduced from 2 to 1 for P3 to reflect general interest
			needs in a DGH setting
Topic	Urethral diverticulum	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
Clinical Skills	- Appropriate clinical assessment and investigation of urethral diverticulum	3	4 new
Technical Skills and Procedures	- Surgical excision urethral diverticulum - Martius flap	1	Reduced from 3 to 1 for P3 to reflect general and special interest needs in a DGH setting Reduced from 3 to 1 for P3 to reflect general and
			special interest needs in a DGH setting
Topic	Reconstruction of the bladder and ureter	P3	SI
Objective	To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.      To develop advanced skills in lower urinary tract reconstruction		
Clinical Skills	<ul> <li>Appropriate assessment of patients requiring urinary tract reconstruction</li> <li>Be able to advise on the surgical and non-surgical options and the appropriateness of surgery</li> <li>Management of post-operative consequences of urinary tract reconstruction and interposition of intestine within the urinary tract</li> </ul>	3 3 3	

	- Ureteric anastomosis	3	Reduced from 4 to 3 (both)
Technical Skills and			to reflect general and
			special interest needs in a
Procedures			DGH setting
Procedures	- Ureteric reimplantation	3	Unchanged from 2016
	- Psoas hitch	3	Unchanged from 2016
	- Boari flap	3	Unchanged from 2016

Topic	Urethral reconstruction	P3	SI
Objective	<ul> <li>To develop advanced skills in the assessment and treatment of men and women with urinary and genital tract dysfunction including that arising as a consequence of neurological disease.</li> <li>To develop advanced skills in lower urinary tract reconstruction</li> </ul>		
Clinical Skills	- Appropriate clinical assessment of men with urethral strictures including investigative selection and interpretation	4	Unchanged from 2016
	- Be able to advise on the surgical options and the appropriateness of surgery	4	Unchanged from 2016
	- Optical urethrotomy - Harvesting buccal mucosa graft	1	Unchanged from 2016 Reduced from 3 to 1 for P3 to reflect general and special interest needs in a DGH setting
	- Bulbar anastomotic urethroplasty	1	Reduced from 2 to 1 for P3 and removed from P3
Technical Skills and Procedures	- Single stage substitution urethroplasty using flaps and grafts	1	Reduced from 2 to 1 for SI and removed from P3
	- Two stage buccal graft urethroplasty	1	Reduced from 2 to 1 for SI and removed from P3
	- Pelvic fracture urethral reconstruction		All to reflect general and special interest needs in a DGH setting

## Modular Curriculum in Endourology

Topic	Diagnosis and Assessment of Upper Urinary Tract Stone Disease and obstruction (Renal and Ureteric stones)	P3	SI
Objective	- To develop advanced skills in the management of patients with urinary tract stone disease - To develop advanced skills in the management of upper urinary tract obstruction and other conditions of the upper urinary tract		
	<ul> <li>Clinical assessment of patients with suspected urolithiasis, including history, clinical examination and simple outpatient tests</li> <li>Interpretation of urinary biochemistry</li> <li>Knowledge of usage &amp; interpretation of imaging including plain films (KUB), ultrasonography, CT scans,</li> </ul>	3 4	Unchanged from 2016  New Unchanged from 2016
Clinical Skills	Mag3/DMSA renography - Administration of appropriate analgaesia to a patient presenting with renal colic - Selection of initial imaging modality - Assessment of the recurrent stone former	4 4 3	Unchanged from 2016 Unchanged from 2016 New
		4	Unchanged from 2016

	- Assessment of upper urinary tract obstruction not caused by stones, including PUJ obstruction, retroperitoneal fibrosis, malignancy, stricture disease		
Technical Skills and Procedures	- retrograde pyelogram	4	Unchanged from 2016

Topic	Acute management of ureteric colic and upper urinary tract obstruction	P3	SI
Objective	To develop advanced skills in the management of patients with urinary tract stone disease     To develop advanced skills in the management of upper urinary tract obstruction and other conditions of the upper urinary tract		
	<ul> <li>Analgaesia and fluid resuscitation of the patient with acute ureteric colic</li> <li>Recognition of the patient requiring immediate treatment including obstructed infected kidney, solitary kidney or bilateral stones, declining renal function, intractable pain</li> </ul>	4	Unchanged from 2016 Unchanged from 2016
Clinical Skills	<ul> <li>Conservative management and follow-up of a patient with a small ureteric stone</li> <li>Treatment of a patient with a ureteric stone &gt;10mm, including decisions regarding timing of treatment.</li> </ul>	4	Unchanged from 2016 Unchanged from 2016
	- Formulate treatment plan for upper urinary tract obstruction not caused by stones, including PUJ obstruction, retroperitoneal fibrosis, malignancy, stricture disease	4	Unchanged from 2016
	<ul> <li>Cystoscopy, retrograde pyelography and insertion of ureteric stent</li> <li>Insertion of percutaneous nephrostomy</li> <li>Semi-rigid ureteroscopy (lower 1/3) and lasertripsy</li> <li>Semi-rigid ureteroscopy (upper 2/3) and lasertripsy</li> <li>Flexible ureterorenoscopy</li> </ul>	1 4 3 3	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016 Reduced from 4 to 3 for P3 Reduced from 4 to 3 for P3
Technical Skills and Procedures	- Shockwave lithotripsy - Endopyelotomy	2	Unchanged from 2016 Reduced from 2 to 1 for P3 All to reflect general and special interest needs in a DGH setting
	The new curriculum makes a distinction between lower third stones, and stones in the upper ureter, which are more complex and difficult to treat. The risk of complications in this group is higher, and as such these procedures should only be attempted by experienced specialist practitioners.		

Topic	Management of Renal Stones	P3	SI
Objective	To develop advanced skills in the management of patients with urinary tract stone disease		
	- Conservative management and follow-up of patients with renal stones (case selection, mechanisms of follow-up)	4	Unchanged from 2016
Clinical Skills	<ul> <li>- Medical management of patients with cystinuria</li> <li>- Medical therapy for uric acid stones</li> <li>- Counselling of patients requiring surgical treatment of renal stones (SWL vs ureteroscopy vs PCNL)</li> </ul>	3 3 4	New New Unchanged from 2016
	- Treatment planning in stone MDT	3	Reduced from 4 to 3 for P3

	- Cystoscopy, retrograde pyelography and insertion of ureteric stent	4	Unchanged from 2016
	- Flexible ureterorenoscopy - Shockwave lithotripsy	3 2	Reduced from 4 to 3 for P3
Technical Skills and Procedures	- Percutaneous nephrolithotomy (with or without access)	2	Reduced from 3 to 2 for P3 All to reflect general and special interest needs in a DGH setting

Topic	Assessment and Management of Bladder Stones	P3	SI
Objective	To develop advanced skills in the management of patients with urinary tract stone disease		
	Assessment of patients with bladder outflow obstruction including flow rate, post void residual assessment, urodynamics     Use of urodynamic assessment of patients with	4	Unchanged from 2016 Unchanged from 2016
Clinical Skills	neuropathic bladder - Counselling of patients requiring surgical treatment of bladder stones - Management of concurrent bladder outflow obstruction - Treatment planning, particularly those with anatomical	4 4 4	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016
	abnormalities/ neuropathic bladder		
Technical Skills and Procedures	Endoscopic fragmentation of bladder calculus Percutaneous cystolithotomy (PCCL) Open cystolithotomy Bladder outflow procedures (BNI,TURP etc)	4 2 3 4	Unchanged from 2016 New New Unchanged from 2016
	This is unchanged. Some omissions from 2016 have been corrected and a new procedure (PCCL) has been added.		

## Modular Curriculum in Andrology and Infertility

Topic	Male Infertility	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with male factor infertility		
	- The diagnosis of endocrine disorders (eg hypogonadotrophic hypogonadism), azoospermia and oligozoospermia	4	Unchanged from 2016
	- Ability to diagnose and discuss treatment options available for varicocoele	4	Unchanged from 2016
	- Ability to advise on fertility control and family planning	4	Unchanged from 2016
	- The ability to interpret endocrine laboratory diagnostic	3	Reduced from 4 to 3 for P3
Clinical Skills	procedures		
	- The management of endocrine disorders	3	Reduced from 4 to 3 for P3
	- The management of azoospermia and oligozoospermia	3	Reduced from 4 to 3 for P3 All to reflect general and special interest needs in a DGH setting

Technical Skills and	- Vasectomy - Exposure and experience in varicocoele ligation - Surgical sperm retrieval (PESA, TESA, TESE, Micro- TESE)	4 3 2	Unchanged from 2016 Reduced from 4 to 3 for P3 Reduced from 3 to 2 for P3 All to reflect general interest needs in a DGH setting
			Sciing

Topic	Erectile Dysfunction (ED)	P3	SI
	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		
	- Medical management of ED - Expertise in the recognition and diagnosis of psychological disorders in ED - Assessment and management of cardiovascular risk in erectile dysfunction - The diagnosis of pituitary, central nervous system disease relating to erectile dysfunction - The diagnosis and management of testicular disease	4 4 4 4	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016 Unchanged from 2016 Unchanged from 2016
	relating to erectile dysfunction  - The management of endocrine disorders relating to erectile dysfunction, including testosterone therapy and late onset hypogonadism  - Management and treatment of erectile dysfunction using intracavernosal therapy, intraurethral therapy, topical and vacuum devices  - Penile fracture – assessment and emergency management  - Techniques and ability to interpret Nocturnal penile tumescence and penile doppler studies, MRI, cavernosography/cavernosometry and arteriography of the penis.	4 4 2	Unchanged from 2016 Unchanged from 2016 Unchanged from 2016 New
	- Surgical treatment of penile fracture - Perform and teach injection therapy for ED - Counsel and instruct patients on the use of VED  Ability to perform cavernosometry, Rigiscan, venous ligation, penile revascularisation and insertion of prostheses have been removed. Some of these are felt to be unnecessary, and other will only be delivered by those undergoing subspecialist fellowship training.	3 3 2	Unchanged from 2016 Reduced from 4 to 3 for P3 Reduced from 4 to 2 for P3 All to reflect interest needs in a DGH setting
Topic	Ejaculatory Dysfunction	P3	SI

Topic	Ejaculatory Dysfunction	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		
Clinical Skills	<ul> <li>Understanding of the common causes of ejaculatory disorders</li> <li>Competence in the diagnosis and management of disorders of ejaculation and orgasm</li> </ul>	4	Unchanged from 2016 Unchanged from 2016

Topic	Peyronie's Disease (PD)	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		

	- Understanding of the presenting features, clinical findings and natural history of Peyronie's disease	4	Unchanged from 2016
	Make a reliable assessment of penile curvature and other features of PD	4	Unchanged from 2016
	- An understanding of the available medical, mechanical, injectable and surgical treatment options for PD	4	Unchanged from 2016
Clinical Skills	- Competency in the counselling and use of mechanical devices for PD	4	Unchanged from 2016
	- An ability to appropriately dose and perform intra- cavernosal injections as part of the assessment of PD	3	Unchanged from 2016
	- The ability to select and counsel patients for the various treatment options for PD listed above including penile prosthesis	3	Unchanged from 2016
Technical Skills and Procedures	- To perform a simple Nesbit procedure (or similar) for dorso-lateral penile curvatures	2	Reduced from 3 to 2 for P3 All to reflect general and special interest needs in a DGH setting
Topic	Penile Enlargement, reconstruction and Phalloplasty	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		
	- To assess the patient complaining of a small/micropenis penis, make a full assessment, refer to normal reference ranges, and perform appropriate counselling	4	Unchanged from 2016
Clinical Skills	<ul> <li>To counsel patients with micro-penis, penile loss or gender identity disorder as to the available management strategies</li> </ul>	3	Unchanged from 2016
Official Okilis	and surgical procedures for reconstruction An awareness of penile reconstruction utilizing reconstructive techniques including phalloplasty, the techniques involved, and the typical outcomes and complication rates.	3	Unchanged from 2016
Topic	Priapism	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		
	- To be able to undertake an appropriate and focused history and examination and arrange appropriate investigations and treatment.	4	Unchanged from 2016
Clinical Skills	- To be able to discuss treatment options with patients suffering refractory ischaemic priapism and have an understanding of the optimum timing of treatment including medical treatments, shunts and the role of penile prosthesis insertion.	3	Unchanged from 2016
Technical Skills and Procedures	- To perform a distal (Winter) shunt	2	Unchanged for P3 but All to reflect general and special interest needs in a DGH setting
Topic	Penile Cancer	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with penile cancer		

	-The recognition and classification of pre-malignant and malignant lesions of the penis including PeIN	3	Reduced from 4 to 3 for P3
	-The ability to manage common non-cancer penile lesions including PelN	3	Reduced from 4 to 3 for P3
	- An understanding of the risk factors,aetiopathogenesis, signs and symptoms, natural history and treatment options	3	Reduced from 4 to 3 for P3
	for penile cancer - Understand the common preliminary investigations required for penile cancers	4	Reduced from 4 to 3 for P3
Clinical Skills	- Be able to stage penile cancers using a combination of clinical and radiological assessment	3	Reduced from 4 to 3 for P3
	- Understand in detail the various treatment options available for each stage of penile cancer including penile conservation surgery, penectomy and lymphadenectomy	3	Reduced from 4 to 3 for P3
	- An understanding of the surgical procedures used for both penile and lymph node surgery including sentinel node biopsy.	3	Reduced from 4 to 3 for P3
	-An understanding of the role of adjuvant and neoadjuvant therapies in men with penile cancer	3	Reduced from 4 to 3 for P3 All to reflect general I interest needs in a DGH setting
Technical Skills and Procedures	- Penile biopsy - Circumcision	4	Unchanged from 2016 Unchanged from 2016

## **Modular Curriculum in Urological Oncology**

Topic	Urological Cancers	P3	SI
Objective	- Assessment and treatment of urological cancers in men and women		
Clinical Skills	- Application of cancer guidelines for the diagnosis and surveillance of bladder cancer	4	Unchanged from 2016
	<ul> <li>Use of adjuvant treatments for superficial bladder cancer</li> <li>Decision making in high-risk bladder cancer</li> <li>Application of cancer guidelines for prostate cancer</li> <li>Management of raised PSA, including in elderly patients</li> <li>Management of metastatic prostate cancer</li> <li>Management of active surveillance for prostate cancer</li> <li>Application of cancer guidelines for renal cancer</li> <li>Application of cancer guidelines for testicular cancer</li> </ul>	3 3 3 3 3 3 3	Reduced from 4 to 3 for P3
	- Application of cancer guidelines penile cancer - Clinical demonstration of familiarity with one-stop clinics and pathways *  The detailed application of cancer guidelines has been reduced from level 4 to 3 for P3. This reflects the fact that, while all urologists must have detailed knowledge of the guidlelines, the practical application will only be delivered by subspecialists in uro-oncology posts.	3 3	All to reflect general interest needs in a DGH setting

Topic	Management of Prostate Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of men with prostate cancer		
Clinical Skills	<ul> <li>Clinical assessment of patients with suspected prostate cancer, including history, clinical examination and PSA</li> <li>Knowledge of usage &amp; interpretation of imaging including mpMRI, ultrasonography, CT scans, Bone scans and PET/CT scans</li> <li>Formation of a management plan after discussion at an MDT</li> </ul>	4 4	Unchanged from 2016

	- Formation of a relevant follow-up plan including location of follow-up	4	Unchanged from 2016
,	- Assessment of the patient with recurrent / metastatic disease	4	Unchanged from 2016
Technical Skills and Procedures	- Transrectal ultrasound and biopsy - Transperineal ultrasound guided biopsy - Radical prostatectomy	4 3 2	Unchanged from 2016 New Reduced from 3 to 2 for P3 To reflect general interest needs in a DGH setting

Topic	Management of Bladder Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of		
Objectives	men with bladder cancer		
	-Ability to be run a diagnostic haematuria clinic - Knowledge of usage & interpretation of imaging including mpMRI, ultrasonography, CT scans, Bone scans and PET/CT scans - Confidence in counselling complex patients	4	Unchanged from 2016 Unchanged from 2016
	with HRNMIBC about treatment options including BCG and radical cystectomy	3	Reduced from 4 to 3 for P3
Clinical Skills	with MIBC about neoadjuvant chemotherapy, radical cystectomy and radical radiotherapy	3	Reduced from 4 to 3 for P3
	with metastatic disease	3	Reduced from 4 to 3 for P3 All to reflect general interest needs in a DGH setting
	- Treatment of small bladder tumour recurrences using LA flexible cystoscopy	4	New
	- TURBT - ileal Conduit	4 2	Unchanged from 2016
Technical Skills and Procedures	- Radical cystectomy	2	Unchanged from 2016 All to reflect special interest needs in a DGH setting
	- Urethrectomy - Formation of neobladder	2 2	Unchanged from 2016 Unchanged from 2016
Topic	Management of Renal Cancer	P3	SI
Торю	- To develop advanced skills in the assessment and treatment of		OI .
Objectives	men with renal cancer		
Clinical Skills	- Assessment of patient presenting with a renal mass - Knowledge of usage & interpretation of imaging including mpMRI, ultrasonography, CT scans, Bone scans and PET/CT scans	4 4	Unchanged from 2016 Unchanged from 2016
Technical Skills and Procedures	-Diagnostic ureteroscopy and endoscopic ablation (UTUC) - Lap Nephrectomy - Open Radical Nephrectomy - Partial nephrectomy - Nephroureterectomy (UTUC) - Distal ureterectomy	4 2 2 2 2 2 2	Unchanged from 2016 Unchanged from 2016 Reduced from 3 to 2 for P3 Unchanged from 2016 Reduced from 3 to 2for P3 New All to reflect general and special interest needs in a DGH setting
Topic	Management of Testicular Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of men with testicular cancer		
	- Appropriate assessment of patients with testicular swelling including radiological assessment and the use of molecular markers	4	Unchanged from 2016
Clinical Skills	Appropriate regard for future fertility prospects     Appropriate management of testicular cancer and other scrotal tumours	4 4	Unchanged from 2016 Unchanged from 2016
Technical Skills and Procedures	- Radical orchidectomy - Insertion of testicular prosthesis - RPLND for testis cancer	4 4 1	Unchanged from 2016 Unchanged from 2016 Reduced from 2 to 1for P3

Topic	Management of Penile Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of men with penile cancer		Unchanged from 2016
011 1 01 111	- Appropriate assessment of patients with penile cancer including radiological assessment	4	Unchanged from 2016
Clinical Skills	- Formation of a management plan following discussion at an MDT meeting	4	Unchanged from 2016
Technical Skills and Procedures	- Circumcision and penile biopsy - Partial penectomy - Glansectomy and skin grafting - Total penectomy - Inguinal node dissection for penile cancer - Sentinal node dissection for penile cancer - Pelvic node dissection for penile cancer	4 2 2 2 2 2 2 2 2 2	Unchanged from 2016 Reduced from 3 to 2 for P3 Reduced from 3 to 2 for P3 Reduced from 3 to 2 for P3 Unchanged from 2016 new Reduced from 2to 1 for P3 All to reflect general and special interest needs in a DGH setting

During the detailed mapping notice was made of a few omissions in new curriculum and these are in resubmitted curriculum as tracked changes	