

Knowledge

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

Basic Science	Mapping
<u>Anatomy</u>	
- 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	Unchanged from 2016
<u>Physiology</u>	
- Physiology and neurophysiology of the bladder including the basis of micturition and continence	Unchanged from 2016
- Physiology of gastrointestinal function	Unchanged from 2016
<u>Pharmacology</u>	
- 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	Unchanged from 2016
<u>Pathology</u>	
- 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) standards.	Unchanged from 2016
- A detailed understanding of diagnosis and management of Overactive Bladder Syndrome (OAB)	Unchanged from 2016
- 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 imaging 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 imaging 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 urinary incontinence in patients with neurogenic dysfunction	Unchanged from 2016
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

General principles in the management of Urological Malignancy	
<ul style="list-style-type: none"> - Anatomy of the Urogenital tract, including surface anatomy - Understand past and current systems for staging and grading cancers - Understanding of tumour biology and the principles of carcinogenesis - Understanding of epidemiology as applied to urological malignancy - Understanding of the occupational, environmental and drug factors in tumour formation - Understanding of basic immunology, tumour immunology and the principles of immunotherapy - Understand the principle of cancer therapy including surgery, radiotherapy, chemotherapy, immunotherapy and hormone therapy - Understand the effect of aging on the ability of patients to tolerate surgical and medical treatments - Understand the effects of impaired renal function on the ability to tolerate surgical and medical treatments - Understanding the post-operative complications of sepsis, thrombo-embolism, stroke and other cardiovascular events associated with prolonged complex procedures - Understanding the role and importance of each member of the multi-disciplinary team - Understanding of the psycho-social aspects of cancer care - Understand the sexual effects of cancer and its treatment - Understanding of the hospice movement and the principles and indications for end of life care -Ability to competently evaluate and manage patients with ureteric obstruction -Expertise in counselling patients with cancer and the management of the bereaved relative - Understanding of the availability / inclusion criteria of clinical trials both those open and those recently completed 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>
Management of Prostate Cancer	
<ul style="list-style-type: none"> - Understand the principle of screening and problems of screening for prostate cancer - Understand the management of patients presenting with an elevated PSA including the provision of mpMRI and biopsy - Understanding the biology of prostate cancer - Understand the indications for Active Surveillance and radical intervention in patients with localised cancer -Knowledge of the rationale and use of hormonal agents in the treatment of prostate cancer - Principles of chemotherapeutics agents used in the treatment of prostate cancer; their indications, common side effects and outcomes of treatment - Understand the management of patients presenting with painful bone metastasis and the protocol for the urgent treatment of suspected spinal cord compression 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>
Management of Bladder Cancer	
<ul style="list-style-type: none"> - Diagnose and manage the common causes of haematuria using appropriate radiological and endoscopic techniques - Understanding of the use of urinary biomarkers for the diagnosis and surveillance of bladder cancer - Understanding of the criteria defining optimal TURBT - understanding the role of intravesical therapy in the treatment of superficial bladder cancer -Understand the indications for referral to specialist units for patients with muscle invasive bladder cancer 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>
Management of Renal Cancer	

<ul style="list-style-type: none"> - Understanding the role of renal biopsy in the diagnosis of kidney cancer - Understanding the role of Active Surveillance, Ablation, partial and radical nephrectomy for localised disease - Knowledge of hereditary kidney cancer syndromes including the role of genetic testing - Understand the significance of ischaemic injury to the kidney - Understand the significance of complex cystic disease of the kidney - Understand paraneoplastic syndromes related to renal cancer - Understand the role of Lymph node dissection, caval thrombectomy, cytoreductive nephrectomy and metastectomy for advanced disease - Understand the role of systemic therapy for metastatic disease - Understand the role of endoscopic ablation, distal ureterectomy and nephroureterectomy for upper tract urothelial carcinoma (UTUC) - Understand the role of adjuvant chemotherapy in upper tract TCC 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>
Management of Testicular Cancer	
<ul style="list-style-type: none"> - Understand the embryology and anatomy of male genitalia including lymphatic drainage - Understand the pathology of the differing types of testis cancer and pre-malignant conditions - Understand the role of environmental factors in testis cancer - Understand the rationale for, indications, results and complications of surgery, chemotherapy and radiotherapy in the treatment of metastatic testicular cancer 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>
Management of Penile Cancer	
<ul style="list-style-type: none"> - Understand the embryology and anatomy of the male genitalia including lymphatic drainage - Understand the anatomy of the femoral triangle and upper thigh - Understand the physiology of erection - Recognise the common malignant and potentially malignant conditions of the penis, 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 	<p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p> <p>Unchanged from 2016</p>

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	P3	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, pharmacological and surgical options.	4	Unchanged from 2016
		4	Unchanged from 2016
Technical Skills and Procedures	- Standard urodynamic studies to investigate lower urinary tract dysfunction - Video urodynamic studies to investigate urinary tract dysfunction.	4	Unchanged from 2016
		2	Reduced from 4 to 2 for P3 to reflect needs in a DGH setting

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

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 <i>to reflect needs in a DGH setting</i>
Technical Skills and Procedures	- TURP - At least one other surgical treatment for BPH (eg laser enucleation, vapourisation treatments, prostate implant systems, prostate injections, other energy systems)	4 2	Unchanged from 2016 New <i>to reflect special interest needs in a DGH setting</i>

* SI trainees will develop at least one treatment for BPH (in addition to TURP) to level 4

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 - Advise on the management of refractory erectile dysfunction (including VTD, injection therapy and penile implant)	4 3	4 4
Technical Skills and Procedures	- Perform and teach injection treatments for ED - Counsel and instruct patients on the use of VacuumTherapy Devices	3 2	Reduced from 4 to 3 for P3 <i>to reflect needs in a DGH setting</i> New <i>to reflect special interest needs in a DGH setting</i>

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 <i>to reflect needs in a DGH setting</i>

Technical Skills and Procedures	- Standard multichannel urodynamics - video urodynamics - Cystoscopic injections of botulinum toxin - Operations for stress incontinence	4 2 3 2	Unchanged from 2016 Reduced from 4 to 2 Reduced from 4 to 3 for P3 New * <i>All to reflect general and special interest needs in a DGH setting</i>
---------------------------------	---	------------------	--

* 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 Procedures	- Cystoscopic bladder washout	4	Unchanged from 2016
	- Orchidopexy and/or orchiectomy for testicular torsion	4	Unchanged from 2016
	- Reduction of paraphimosis, including dorsal slit	4	Unchanged from 2016
	- Debridement of Fournier's gangrene	4	Unchanged from 2016
	- Repair of bladder injury *	3	Unchanged from 2016
	- Repair of ureteric injury *	3	Unchanged from 2016
	- Reimplantation of ureter *	3	Unchanged from 2016
	- Complex catheterisation	4	Unchanged from 2016
	- Insertion of suprapubic catheter	4	Unchanged from 2016

*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)

Topic	Paediatric urology	P3	SI
Objective	- Assessment and treatment of urological conditions in childhood		
Clinical Skills	- Diagnosis and management of scrotal swellings	3	Reduced from 4 to 3
	- 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	3	Reduced from 4 to 3
	-Management of incontinence in childhood including neuropathic incontinence	3	Reduced from 4 to 3
- Appropriate use of commonly used drugs recognising common side effects, interactions and contra-indications	3	Reduced from 4 to 3 <i>All to reflect special interest needs in a DGH setting</i>	

Technical Skills and Procedures	- Paediatric circumcision	2	Reduced from 4 to 2
	- Orchidopexy	2	Reduced from 3 to 2
	- Surgical management of scrotal swellings	2	Reduced from 4 to 2 <i>to reflect to reflect special interest needs in a DGH setting</i>
	- 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.			

* 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	<ul style="list-style-type: none"> - 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	- Clinical assessment of women and men with lower urinary tract dysfunction, including characterisation of symptoms, clinical examination and simple outpatient tests	4	Unchanged from 2016
	- Understanding the place of invasive investigations such as cystoscopy and invasive urodynamics in the assessment of such patients.	4	Unchanged from 2016
	- Ability to develop logical management plan encompassing appropriate use of conservative, pharmacological and surgical options.	4	Unchanged from 2016
	- Ability to counsel patients regarding treatment options	4	Unchanged from 2016
	- Appropriate use of pharmacological agents, knowledge of common side effects, interactions and contra-indications	4	Unchanged from 2016
	- Determine appropriate management of patient with unsafe high pressure bladder	4	Unchanged from 2016
	- Liaison with the multidisciplinary team - Can run the specialist female urology MDT	4	Unchanged from 2016 Unchanged from 2016
Technical Skills and Procedures	- Standard urodynamic studies to investigate lower urinary tract dysfunction	4	Unchanged from 2016
	- Video urodynamic studies to investigate urinary tract dysfunction.	2	Reduced from 4 to 2 for P3 <i>to reflect special interest needs in a DGH setting</i>

Topic	Management of overactive bladder and urge incontinence	P3	SI
Objective	<ul style="list-style-type: none"> - 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

Technical Skills and Procedures	- Cystoscopy and injection Botulinum toxin	3	Reduced from 4 to for P3 <i>to reflect needs in a DGH setting</i>
	- Augmentation and substitution cystoplasty	1	Reduced from 3 to 1 for P3 <i>to reflect general and special interest needs in a DGH setting</i>
	- 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 removed for P3 <i>to reflect general and special interest needs in a DGH setting</i>
	- Simple cystectomy		

* 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	Bladder and pelvic pain syndromes	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 bladder and pelvic pain	4	Unchanged from 2016
Technical Skills and Procedures	- Cystoscopic assessment painful bladder	4	Unchanged from 2016
	- Augmentation and substitution cystoplasty	1	Reduced from 3 to 1 for P3 <i>to reflect general and special interest needs in a DGH setting</i>
	- Simple cystectomy	2	Reduced from 3 to 2 for P3 <i>to reflect special interest needs in a DGH setting</i>
	- Ileal conduit diversion*	2	Reduced from 4 to 2 for P3 <i>to reflect general and special interest needs in a DGH setting</i>

* 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	- 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 safe management of patients with neuropathic bladder	4	Unchanged from 2016
	- 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
Technical Skills and Procedures	- Cystoscopy and injection Botulinum toxin	3	(see same procedures in other sections of this document)
	- Augmentation and substitution cystoplasty	1	
	- Sacral neuromodulation		
	- Ileal conduit formation*	2	
	- Simple cystectomy	1	
	- suprapubic catheterisation	4	
	- artificial urinary sphincter	1	

* 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	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	- Midurethral sling insertion - Injection of bulking agents - Colposuspension or Autologous fascial sling - Artificial urinary sphincter	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 <i>All to reflect general and special interest needs in a DGH setting</i>

Topic	Female Urinary retention	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 women with voiding dysfunction and urinary retention	4	Unchanged from 2016
Technical Skills and Procedures	- suprapubic catheterisation - sacral neuromodulation - Mitrofanoff formation	4 1	Unchanged from 2016 Reduced from 3 to 1 for P3 <i>to reflect special interest needs in a DGH setting</i> Removed from P3 <i>to reflect general and special interest needs in a DGH setting</i>

Topic	Genito-urinary prolapse (primary and recurrent)	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	- 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 <i>to reflect general interest needs in a DGH setting</i> Reduced from 4 to 3 for P3 <i>to reflect general interest needs in a DGH setting</i> Reduced from 3 to 2 for P3 <i>All to reflect general interest needs in a DGH setting</i>

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

Topic	Urinary fistulae	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	- Appropriate assessment of urinary fistulae	3	Reduced from 4 to 3 for P3 to reflect general interest needs in a DGH setting
	- Ability to advise regarding the suitability of surgery	2	Reduced from 4 to 2 for P3 to reflect general interest needs in a DGH setting
	- Ability to determine appropriate management of patient with urinary fistula	3	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	1	Reduced from 2 to 1 for P3 to reflect general interest needs in a DGH setting
	- Martius flap	1	Reduced from 2 to 1 for P3 to reflect general interest needs in a DGH setting

Topic	Urethral diverticulum	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	- Appropriate clinical assessment and investigation of urethral diverticulum	3	4 new
Technical Skills and Procedures	- Surgical excision urethral diverticulum	1	Reduced from 3 to 1 for P3 to reflect general and special interest needs in a DGH setting
	- Martius flap	1	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	- Appropriate assessment of patients requiring urinary tract reconstruction	3	
	- Be able to advise on the surgical and non-surgical options and the appropriateness of surgery	3	
	- Management of post-operative consequences of urinary tract reconstruction and interposition of intestine within the urinary tract	3	

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

Topic	Urethral reconstruction	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	- 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
Technical Skills and Procedures	- Optical urethrotomy	4	Unchanged from 2016
	- Harvesting buccal mucosa graft	1	Reduced from 3 to 1 for P3 <i>to reflect general and special interest needs in a DGH setting</i>
	- Bulbar anastomotic urethroplasty	1	Reduced from 2 to 1 for P3 and removed from P3
	- 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		<i>All to reflect general and special interest needs in a DGH setting</i>

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		
Clinical Skills	- Clinical assessment of patients with suspected urolithiasis, including history, clinical examination and simple outpatient tests	4	Unchanged from 2016
	- Interpretation of urinary biochemistry	3	New
	- Knowledge of usage & interpretation of imaging including plain films (KUB), ultrasonography, CT scans, Mag3/DMSA renography	4	Unchanged from 2016
	- Administration of appropriate analgesia to a patient presenting with renal colic	4	Unchanged from 2016
	- Selection of initial imaging modality	4	Unchanged from 2016
	- Assessment of the recurrent stone former	3	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		
Clinical Skills	- Analgesia and fluid resuscitation of the patient with acute ureteric colic	4	Unchanged from 2016
	- Recognition of the patient requiring immediate treatment including obstructed infected kidney, solitary kidney or bilateral stones, declining renal function, intractable pain	4	Unchanged from 2016
	- Conservative management and follow-up of a patient with a small ureteric stone	4	Unchanged from 2016
	- Treatment of a patient with a ureteric stone >10mm, including decisions regarding timing of treatment.	4	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
Technical Skills and Procedures	- Cystoscopy, retrograde pyelography and insertion of ureteric stent	4	Unchanged from 2016
	- Insertion of percutaneous nephrostomy	1	Unchanged from 2016
	- Semi-rigid ureteroscopy (lower 1/3) and lasertripsy	4	Unchanged from 2016
	- Semi-rigid ureteroscopy (upper 2/3) and lasertripsy	3	Reduced from 4 to 3 for P3
	- Flexible ureterorenoscopy	3	Reduced from 4 to 3 for P3
	- Shockwave lithotripsy	2	Unchanged from 2016
	- Endopyelotomy	1	Reduced from 2 to 1 for P3 <i>All to reflect general and special interest needs in a DGH setting</i>
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		
Clinical Skills	- Conservative management and follow-up of patients with renal stones (case selection, mechanisms of follow-up)	4	Unchanged from 2016
	- Medical management of patients with cystinuria	3	New
	- Medical therapy for uric acid stones	3	New
	- Counselling of patients requiring surgical treatment of renal stones (SWL vs ureteroscopy vs PCNL)	4	Unchanged from 2016
	- Treatment planning in stone MDT	3	Reduced from 4 to 3 for P3

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

Topic	Assessment and Management of Bladder Stones	P3	SI
Objective	To develop advanced skills in the management of patients with urinary tract stone disease		
Clinical Skills	- Assessment of patients with bladder outflow obstruction including flow rate, post void residual assessment, urodynamics	4	Unchanged from 2016
	- Use of urodynamic assessment of patients with neuropathic bladder	4	Unchanged from 2016
	- Counselling of patients requiring surgical treatment of bladder stones	4	Unchanged from 2016
	- Management of concurrent bladder outflow obstruction	4	Unchanged from 2016
	- Treatment planning, particularly those with anatomical abnormalities/ neuropathic bladder	4	Unchanged from 2016
Technical Skills and Procedures	Endoscopic fragmentation of bladder calculus	4	Unchanged from 2016
	Percutaneous cystolithotomy (PCCL)	2	New
	Open cystolithotomy	3	New
	Bladder outflow procedures (BNI, TURP etc)	4	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		
Clinical Skills	- The diagnosis of endocrine disorders (eg hypogonadotropic hypogonadism), azoospermia and oligozoospermia	4	Unchanged from 2016
	- Ability to diagnose and discuss treatment options available for varicocele	4	Unchanged from 2016
	- Ability to advise on fertility control and family planning	4	Unchanged from 2016
	- The ability to interpret endocrine laboratory diagnostic procedures	3	Reduced from 4 to 3 for P3
	- 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 <i>All to reflect general and special interest needs in a DGH setting</i>

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

Topic	Erectile Dysfunction (ED)	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with benign disease of male sexual dysfunction		
Clinical Skills	- Medical management of ED	4	Unchanged from 2016
	- Expertise in the recognition and diagnosis of psychological disorders in ED	4	Unchanged from 2016
	- Assessment and management of cardiovascular risk in erectile dysfunction	4	Unchanged from 2016
	- The diagnosis of pituitary, central nervous system disease relating to erectile dysfunction	4	Unchanged from 2016
	- The diagnosis and management of testicular disease relating to erectile dysfunction	4	Unchanged from 2016
	- The management of endocrine disorders relating to erectile dysfunction, including testosterone therapy and late onset hypogonadism	4	Unchanged from 2016
	- Management and treatment of erectile dysfunction using intracavernosal therapy, intraurethral therapy, topical and vacuum devices	4	Unchanged from 2016
	- 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 2	Unchanged from 2016 New
Technical Skills and Procedures	- Surgical treatment of penile fracture - Perform and teach injection therapy for ED - Counsel and instruct patients on the use of VED	3 3 2	Unchanged from 2016 Reduced from 4 to 3 for P3 Reduced from 4 to 2 for P3 <i>All to reflect interest needs in a DGH setting</i>
	<i>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.</i>		

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	- Understanding of the common causes of ejaculatory disorders	4	Unchanged from 2016
	- Competence in the diagnosis and management of disorders of ejaculation and orgasm	4	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		

Clinical Skills	- 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
	- 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 <i>All to reflect general and special interest needs in a DGH setting</i>

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		
Clinical Skills	- 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
	- To counsel patients with micro-penis, penile loss or gender identity disorder as to the available management strategies and surgical procedures for reconstruction.	3	Unchanged from 2016
	- 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		
Clinical Skills	- To be able to undertake an appropriate and focused history and examination and arrange appropriate investigations and treatment.	4	Unchanged from 2016
	- 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 <i>All to reflect general and special interest needs in a DGH setting</i>

Topic	Penile Cancer	P3	SI
Objective	- To develop advanced skills in the assessment and treatment of patients with penile cancer		

Clinical Skills	-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 PeIN	3	Reduced from 4 to 3 for P3
	- An understanding of the risk factors,aetiopathogenesis, signs and symptoms, natural history and treatment options for penile cancer	3	Reduced from 4 to 3 for P3
	- Understand the common preliminary investigations required for penile cancers	4	Reduced from 4 to 3 for P3
	- 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 <i>All to reflect general interest needs in a DGH setting</i>
Technical Skills and Procedures	- Penile biopsy	4	Unchanged from 2016
	- Circumcision	4	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
	- Use of adjuvant treatments for superficial bladder cancer	3	Reduced from 4 to 3 for P3 <i>All to reflect general interest needs in a DGH setting</i>
	- Decision making in high-risk bladder cancer	3	
	- Application of cancer guidelines for prostate cancer	3	
	- Management of raised PSA, including in elderly patients	3	
	- Management of metastatic prostate cancer	3	
	- Management of active surveillance for prostate cancer	3	
	- Application of cancer guidelines for renal cancer	3	
	- Application of cancer guidelines for testicular cancer	3	
	- Application of cancer guidelines penile cancer	3	
	- Clinical demonstration of familiarity with one-stop clinics and pathways *	3	
	<i>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 guidelines, the practical application will only be delivered by subspecialists in uro-oncology posts.</i>		

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

	- Formation of a relevant follow-up plan including location of follow-up - Assessment of the patient with recurrent / metastatic disease	4 4	Unchanged from 2016 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 <i>To reflect general interest needs in a DGH setting</i>

Topic	Management of Bladder Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of men with bladder cancer		
Clinical Skills	-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 <ul style="list-style-type: none"> • with HRNMIBC about treatment options including BCG and radical cystectomy • with MIBC about neoadjuvant chemotherapy, radical cystectomy and radical radiotherapy • with metastatic disease 	4	Unchanged from 2016
		4	Unchanged from 2016
		3	Reduced from 4 to 3 for P3
		3	Reduced from 4 to 3 for P3
Technical Skills and Procedures	- Treatment of small bladder tumour recurrences using LA flexible cystoscopy - TURBT - ileal Conduit - Radical cystectomy - Urethrectomy - Formation of neobladder	3	Reduced from 4 to 3 for P3 <i>All to reflect general interest needs in a DGH setting</i>
		4	New
		4	Unchanged from 2016
		2	Unchanged from 2016
		2	<i>All to reflect special interest needs in a DGH setting</i>
		2	Unchanged from 2016
		2	Unchanged from 2016

Topic	Management of Renal Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of 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	Unchanged from 2016
		4	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	Unchanged from 2016
		2	Unchanged from 2016
		2	Reduced from 3 to 2 for P3
		2	Unchanged from 2016
		2	Reduced from 3 to 2for P3
		2	New <i>All to reflect general and special interest needs in a DGH setting</i>

Topic	Management of Testicular Cancer	P3	SI
Objectives	- To develop advanced skills in the assessment and treatment of men with testicular cancer		
Clinical Skills	- Appropriate assessment of patients with testicular swelling including radiological assessment and the use of molecular markers - Appropriate regard for future fertility prospects - Appropriate management of testicular cancer and other scrotal tumours	4	Unchanged from 2016
		4	Unchanged from 2016
		4	Unchanged from 2016
Technical Skills and Procedures	- Radical orchidectomy - Insertion of testicular prosthesis - RPLND for testis cancer	4	Unchanged from 2016
		4	Unchanged from 2016
		1	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
Clinical Skills	- Appropriate assessment of patients with penile cancer including radiological assessment	4	Unchanged from 2016
	- Formation of a management plan following discussion at an MDT meeting	4	Unchanged from 2016
Technical Skills and Procedures	<ul style="list-style-type: none"> - Circumcision and penile biopsy - Partial penectomy - Glansctomy and skin grafting - Total penectomy - Inguinal node dissection for penile cancer - Sentinal node dissection for penile cancer - Pelvic node dissection for penile cancer 	<ul style="list-style-type: none"> 4 2 2 2 2 2 2 	<ul style="list-style-type: none"> 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 <i>All to reflect general and special interest needs in a DGH setting</i>

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