

UROLOGY PROFORMA CHANGE MAPPING DOCUMENT – February 2027

Domain: O - Objective / K - Knowledge / CS - Clinical skills / TS - Technical skills

CURRICULUM

Section	Change	Reason
Cover page	Amended cover page version date	Relating to this update
Acknowledgements	Amended authorship this version	Relating to this update
2.1	Addition of the words 'and Ireland'	Previous omission
2.3	Phases of training, removed words relating to run-through pilot	Omission from earlier curriculum version
3.5.1	Added paragraphs relating to Genomics, Clinical Informatics and Sustainability, including footnotes to useful links	These paragraphs have been included in surgical curricula to emphasise the importance of emerging areas in healthcare, ensuring that trainees remain adaptable and informed as surgical practice evolves.
5.3.2	Correction of typo in 'Mid-point review meeting' heading	Minor typographical correction
5.4	In the Management and leadership section – addition of 'across relevant health services and the variations between nations.	In response to lay/patient feedback, there is a recognised need to strengthen trainees' understanding of the structure and functioning of health systems across the UK. Knowledge limited to the trainee's immediate training jurisdiction may not sufficiently prepare them for the realities of working within or alongside other devolved health systems.
5.4	In the Clinical experience section – added wording – 'To ensure opportunities to acquire the breadth of curricular competencies in a variety of learning environments and cultures, trainees should, where geographically possible, complete a training programme that includes rotation through multiple units or sites. This recognises the importance of an ability to constructively compare different approaches to delivering surgical patient care and work-based cultures'.	This generic wording has been incorporated into all curricula where possible to ensure optimal exposure and learning from different training cultures and environments, as well as clarifying the need for full curricula coverage. This update aligns with existing language in the Urology curriculum.

	The sentence regarding the need for training posts to comply with JCST Urology Qis was modified slightly alongside the above.	
- Health Education England (HEE) replaced with NHS England (update) / HEE local offices removed - Corrected hyperlinks - Amended footer date		Updates

SYLLABUS

Standards for clinical and technical skills 2. Can do with assistance		The words 'under direct supervision' were added to standard 2, bullet 2.	This is to clarify that, while trainees at this level can perform a straightforward procedure fluently, they must do so with continuous oversight from a supervisor to ensure patient safety and proper skill development. This addition also helps to better differentiate this level from others, particularly level 3, where trainees begin to work more independently.
Standards for clinical and technical skills 4. Competent to do without assistance, including complications		The words 'day-one' were added to standard 2, bullet 2.	This change is to further clarify the standard at completion of training.
At certification, all Urologists will be able to:			
Domain		Describe the change	Reason for change
Manage the patient presenting with stone disease	Bullet point 3	Removed 'IVU'	No longer performed IVU has been superseded by CT scans for the investigation of both stone disease and haematuria
Manage benign & malignant lesions of male genitalia skin	Bullet point 1	Added 'benign'	Word missed out in original
Manage the patient with bladder cancer	Bullet point 2	Added 'and metastatic'	Words missed out in original
Manage the common urological conditions of childhood	Bullet point 2	Removed 'referring and'	Redundant words

Syllabus topic	Domain (O / K / CS / TS)	Describe the change	Reason for change
Basic Science			
Urinary frequency/ urgency syndrome and urinary urge incontinence			
Bladder and pelvic pain syndromes			
Stress urinary incontinence in men and women			
Female Urinary retention			
Genito-urinary prolapse (primary and recurrent)			
Urinary fistulae			
Urethral diverticulum			
Defaecatory disorders and other lower gastrointestinal disorders			
Reconstruction of the bladder and ureter			
Urethral reconstruction			
Management of patients with neurogenic bladder			
Diagnosis and Assessment of Upper Urinary Tract Stone Disease			
Acute management of ureteric colic			
Management of Renal Stones			
Assessment and Management of Bladder Stones			
Assessment and Management of lower urinary tract obstruction			
Andrology and infertility			
Gender-Affirming Genital Surgery	K	This is an additional knowledge topic in the syllabus	The management of urological care in these patients was not previously adequately reflected in the urology curriculum. It is important as all

			urologists will be exposed to this patient group and must be able to manage them well.
Urological disorders in transgender and non-binary patients	K	This is an additional knowledge topic in the syllabus	The management of urological care in these patients was not previously adequately reflected in the urology curriculum. It is important as all urologists will be exposed to this patient group and must be able to manage them well.
Paediatric Urology			
Transplant surgery			
Trauma			
Emergency Urology			
Technology			
General principles in the management of Urological Malignancy	K	New knowledge competency added – ‘understand the relevance of risk stratification as it applies to surveillance of cancer’ level 4	Allows urologists to have a nuanced discussion with their patients, to avoid over treatment and to avoid subjecting elderly frail patients to treatments that they will not benefit from.
Management of Prostate Cancer			
Management of Bladder Cancer			
Management of Renal Cancer	K	Added ‘Immunotherapy’	Should have been in original document all along
Management of Testicular Cancer			
Management of Penile Cancer			
Special Interest Modules General Urology			
Assessment of lower urinary tract symptoms			
Management of urological infections	CS	Changed required competency to level 4 at end of phase 2 for management of complex UTIs and UTIs in men, and for recurrent UTIs in Women	The management of complex UTIs needs to be at level 4 for all at certification due to the volume of this type of work seen in the general Urology clinic. This change was made in light of stakeholder feedback following consultation.
Upper Urinary Tract Obstruction and stones			
Management of Benign Prostatic Hyperplasia			

Erectile dysfunction and hypogonadism			
Female, Functional and Reconstructive Urology			
Emergency Urology			
Paediatric urology		Section removed from 'Modular curriculum in general urology section' to a new 'modular curriculum in paediatric urology section'	This was previously under the 'Modular Curriculum in General Urology' section. This has now been moved to its own modular curriculum section in line with all of the other SIM topics, given a new SIM in paediatric Urology has been introduced into the curriculum.
Special Interest Modules Female, Functional and Reconstructive Urology			
Assessment of lower urinary tract symptoms	CS TS	'Liaison with multidisciplinary team' skill level 3 in P2 added. 'Standard urodynamic studies to investigate lower urinary track dysfunction' skill level changed from 2 to 3 in P2	Previously no level given To align with the rest of the curriculum
Management of overactive bladder and urge incontinence	TS	Changes to the level of Sacral Neuro-modulation P3 skill level 2 added SI skill level changed from 2 to 3	No skill level previously in P3 This brings it in line with the changes already agreed by the GMC to this SIM
Bladder and pelvic pain syndromes	CS	P2 skill level changed from 4 to 3	To align with the rest of the curriculum, as more complex management is increasingly done at higher level in this patient group

Neuropathic bladder	TS	For 'Sacral neuromodulation' P3 skill level changed to 2 (previously no level) and SI skill level changed from 2 to 3 For 'artificial urinary sphincter' SI skill level changed from 1 to 3	No skill level previously in P3 To align with the rest of the curriculum <u>To align with the competencies set out in the SIM as suggested by the reconstructive section of BAUS to meet the needs of the current population demographic</u>
Stress urinary incontinence in men and women	TS	Decrease in level of slings from 4 to 3	Procedure much less relevant now
Female Urinary retention	TS	For 'Sacral neuromodulation' P3 skill level changed from 1 to 2 (previously no level) and SI skill level changed from 2 to 3	To align with the rest of the curriculum
Genito-urinary prolapse (primary and recurrent)			
Urinary fistulae			
Urethral diverticulum			
Reconstruction of the bladder and ureter	O	Changed 'including that arising as a consequence of neurological disease' to 'including that arising as a consequence of injury to the urinary tract'.	Correction of a mistake in the original document
Urethral reconstruction			
Special Interest Modules Endourology			
Diagnosis and Assessment of Upper Urinary Tract Stone Disease and obstruction (Renal and Ureteric stones)			
Acute management of ureteric colic and upper urinary tract obstruction		'Endopyelotomy' SI skill level reduced from 3 to 2	This procedure is not frequently performed in the adult population as the evidence suggests its outcomes are much poorer than other techniques. This procedure is increasingly rare and usually performed with uro-radiology colleagues
Management of Renal Stones			

Assessment and Management of Bladder Stones			
Special Interest Modules Andrology and Infertility			
Male Infertility			
Erectile Dysfunction (ED)	CS TS	Addition of 'Ability to counsel patients about the use of penile prostheses for the management and treatment of erectile dysfunction'. Skill levels phase 2 – 2, Phase 3 – 2, special interest – 4. 'Insertion of Penile Prosthesis' added. Skill levels phase 1 – 2, Phase 3 – 2, special interest – 3.	Not previously in curriculum but it is acknowledged that insertion of penile prostheses is now a common procedure in specialist centres for the management of erectile dysfunction, and this needs to be reflected in the curriculum. Not previously in curriculum but now a common procedure in specialist centres, and the addition of this technical skill reflects this. These changes were made in light of stakeholder feedback following consultation.
Ejaculatory Dysfunction			
Peyronie's Disease (PD)	TS	Change from Nesbitts to any penile straightening procedure	To allow more diversity so more candidates are likely to use this SIM . It will now better reflect modern practice and changes that may occur
Penile Enlargement, reconstruction and Phalloplasty			
Priapism	CS	Skill level in SI 'To be able to discuss treatment options with patients suffering refractory ischaemic priapism' changed from 2 to 4	The skill level was previously lower than the levels below.
Penile Cancer	Topic	Moved	The management of penile cancer was originally in 2 sections and has now been placed in the oncology rather than andrology section of the curriculum.
Special Interest Modules Paediatric Urology			

Paediatric urology	CS and TS	Changes to competency levels across the paediatric urology curriculum have been made. Across the clinical skills, the levels of competency at P3 and SI have been amended For technical skills, the levels of competency at P3 and SI have been amended. ‘Suprapubic catheter insertion’ has been added ‘Orchidopexy’ has been split into 3 separate procedures: ‘Orchidopexy (for undescended testis – palpable)’, ‘Orchidopexy (for undescended testis – impalpable)’, and ‘Orchidopexy (for testicular torsion)’	The competency levels across the paediatric urology curriculum here have been reviewed following feedback received from stakeholders. Those responsible for the urology curriculum have met with colleagues from general surgery and paediatric surgery in an attempt to achieve uniformity in delivery of paediatric acute urology services and the competence of surgeons providing this care. Orchidopexy has been split into 3 procedures for the following reasons: - Orchidopexy for testicular torsion needs to be at level 4 for all trainees reaching certification, in line with the GIRFT document on provision of services for this condition. Orchidopexy for undescended testis has been split as trainees undertaking the paediatric SIM should be competent at fixing the palpable testis, which is an inguinoscrotal procedure, similar to PPV repair. Orchidopexy for the impalpable testis is more complex, and the majority of Urologists with an interest in paediatrics would refer this on to a Paediatric Urologist for management, but trainees on this SIM need to be familiar with the procedure.
Special Interest Modules Urological Oncology			

Urological Cancers	CS	Skill levels for 'Use of adjuvant treatments for superficial bladder cancer' changed. P2 raised from 2 to 4. P3 raised from 3 to 4	Superficial bladder cancer is a major health problem and it would be expected that any urologist would have a thorough understanding of intra vesical treatments
Management of Prostate Cancer	TS	Skill level for 'Transperineal ultrasound guided biopsy' in P3 raised from 3 to 4	This procedure has largely replaced TRUS biopsies for prostate cancer due to the decreased risk of sepsis
Management of Bladder Cancer	CS	'BCG' removed in 'with HRNMIBC about treatment options including BCG and radical cystectomy'	Correcting a typographical error in original document
Management of Renal Cancer			
Management of Testicular Cancer			
Management of Penile Cancer	Topic	Moved	The management of penile cancer was originally in 2 sections and has now been placed in the oncology rather than andrology section of the curriculum.

Index Procedures / Special Interest Modules

Endourology	Procedure	The addition of PCNL (percutaneous nephrolithotomy)	Reflects population need. Stone surgeons need to be trained in all methods of dealing with complex stones.
Andrology	Procedure	'Simple Nesbit's procedure' changed to 'Any penile straightening procedure'	Reflects current practice within the UK and to allow future developments without further curriculum change as evidence changes in this area. This is reflected in trainee logbooks and we have had a number of trainees who wish to certify in this area asking for this specific change.
Oncology	Procedure	'Lap nephrectomy' changed to 'Total Nephrectomy'	Index procedure changed to reflect changes in modern practice, including the widespread use of new technologies such as robotic surgery. This change was made in light of stakeholder feedback following consultation.
Paediatric Urology	Special Interest module	New SI / procedures:	The area of paediatric urology in DGHs is important and needs investment in manpower to insure its

		Paediatric PPV or hydrocele PBA competency level 4 Paediatric Circumcision PBA competency level 4	sustainable. This new module will address a need in the population by allowing candidates to develop a special interest in this area without a fellowship
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