

# Ljubljana welcomes ESRU

## A closer and collaborative EAU-ESRU



**Dr. Tamás Zóber**  
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urologists attended the meeting. For a more detailed report, check out on these pages the reports by ESRU officers Andreas Petrolekas and Francesco Sanguedolce.

Before the ESRU meeting, we also conducted ESRU's semi-annual NCO Board meeting at the same venue. At least 20 national representatives (NCOs) from across Europe came to discuss the challenges and training issues facing residents and young urologists.

Amongst the main topics in our agenda was ESRU's future. The EAU has invited ESRU to be a section of



The ESRU's NCO Board of ESRU

Despite the rainy autumn weather, the European Society of Residents in Urology (ESRU) had a successful and well-attended Autumn Meeting in Ljubljana, Slovenia last October 24, 2009, coinciding with the second and last-day of the 9th EAU Central European Meeting (CEM).

The first autumn meeting for ESRU, the meeting gathered expert speakers and provided an insightful overview regarding salient issues in prostate cancer management. More than 60 residents and young



ESRU Autumn Meeting participants: a long but fruitful discussion

the EAU to achieve a closer collaboration. In addition we have reviewed the benefits of a collaborative ESRU and EAU, and what the two associations could offer to residents, especially young urologists. Hopefully in the next EUT edition we can give more details about the ESRU-EAU agenda.

On these pages, you can also read Emre Huri's, the Turkey's ESRU chairman, interview with Dr. Lori B. Lerner regarding the representation and life of young American urologists.

Stay tuned for more ESRU news.

## European Society of Residents in Urology



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# 1<sup>st</sup> ESRU Autumn Meeting

## Ljubljana meeting: a new milestone



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That weekend Ljubljana was rather rainy and cold, but despite the inclement weather the small but green and beautiful Slovenian capital remains a delightful destination. The nights were humid and foggy giving a mysterious beauty to the Sava river. For this memorable first ESRU autumn meeting 61 European residents and young urologists took part representing around 26 countries in Europe.

The initial feedback we got so far was excellent and the messages given were clear, even for a much-debated subject such as prostate cancer. In the lectures participants got the latest updates including the results from the PCPT, REDUCE and ERSPC trials.

Prof. Abrahamsson delivered the first lecture which provided an insightful overview of the epidemiology,

risk factors, the role of PSA forms and kinetics for early detection and the screening for prostate cancer with a very interesting update on the ERSPC trial. He concluded with, amongst other key messages, the need of a risk assessment strategy for prostate cancer.

In his lecture, Prof. Michael Marberger referred to prostate cancer as a public health challenge, and discussed the impact of screening and early treatment, the need for a preventive approach and presented the latest results from the PCPT and REDUCE trials. Questions from the audience provoked a lively discussion that contributed to the genial atmosphere.

Prof. Peter Nyirady discussed and compared the different surgical treatment options whilst Prof. Ioanel Sinescu lectured on the quality of life after radical treatment. Prof. Ciril Oblak discussed the diagnosis and staging of prostate cancer, followed by Prof. Szucs who discussed the indications and results of radiotherapy and hormone therapy.

The meeting ended with the nightmare case presentation chaired by Prof. Zechner from Vienna. Two cases were presented by Dr. Tandoglu from Turkey and Dr. Benyo from Hungary.

The scientific programme was followed by a very interesting social program with a dinner. Many of the participants welcomed the social programme



Prof. Abrahamsson delivered the opening lecture

particularly after a long day of discussions and lectures. We also enjoyed a great party until early in the morning organised by Dr. Martinez, the NCO from Slovenia.

For this successful first autumn meeting, we are grateful to GSK whose unrestricted education grant made this meeting a reality: We went through some challenges but because of a great collaboration we finally realised this project and we are proud that the results were more than satisfactory. We do hope that this collaborative project will continue. Our big thanks too to Astellas Slovenia for sponsoring the social programme.

We look forward to see you all in Barcelona during the annual EAU congress. Stay tuned to ESRU...

# Don't ask what ESRU can do for you...



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interests, to be your voice at a level where decisions are being made. Moreover, ESRU aims to facilitate your access to quality training across Europe.

But ESRU is also in need of input and involvement. It needs you to speak up and say whether you feel represented and to express your views with regards to training issues. Being a democratic association, the ESRU also asks its members for ways to improve its operations, for you to get more out of it. But the ESRU can only do so if you are actively involved and if you contribute with your time and efforts in order to help it work even better.

You might be wondering how to initiate contact. Here's a tip. You can start by taking a good look at the ESRU website at [www.esru.eu](http://www.esru.eu).

Not enough for you? Here's another tip. In this European Urology Today issue you can find a list of ESRU representatives for every European country including the contact information. Some of them even made their phone numbers public. So, write or call them when necessary! Do not expect immediate

answers to your questions, but do expect a keen ear to all of your queries. Rest assured your message will be passed on. Feedback should reach you in time.

Not satisfied? Do you feel like actually talking to your ESRU representative face-to-face? Here's yet another tip although it may cost you a plane ticket to Barcelona...

Here's why- during the 25th Anniversary EAU Congress in Barcelona the ESRU will have a booth and will assign ESRU members to man this booth. Yes, these are the people you would like to talk to. The ESRU's board members will also be present at the booth to provide assistance. So, if you're coming to the EAU congress, all you have to do is look for the ESRU stand in the exhibition area and let yourself be heard. I doubt if there's a shorter way!

There's even more. As a congress participant you will also be invited to the ESRU Day's activities. This may mean meeting many of your colleagues whilst taking part in scientific and other educational sessions. You can attend lectures presented by some of the EAU's

invited experts, or participate in debates and case presentations, etc.. The ESRU Day also features the well-attended Campbell Nightmare Session where winning participants are rewarded with the latest edition of Campbell's Urology. Really cool stuff, you'll see.

And not to forget, at the end of the ESRU Day is the traditional ESRU Dinner! Definitely a wonderful chance to network with fellow trainees from all over Europe and beyond in a relaxed and friendly atmosphere. Sounds good?

I hope these pointers will help you make useful contact with the ESRU, a group of people who not only share your interests and concerns, but who also volunteered to dedicate some of their time to help build a network of resources for European urology trainees. Maybe you could help too!

To return to this column's near-cliché title, don't ask what ESRU can do for you but, instead, inform ESRU what it should be doing for you. And wouldn't it also be wonderful if you contribute your efforts as well?

You surely know how to finish the title of this column. What you might not be aware of is that you might actually do much for ESRU in the near future and, more importantly, your contributions could reach and help out many others.

The European Society of Residents in Urology (ESRU) aims to represent you, the young trainee. It aims to assist you through educational opportunities, providing ways how to improve or enrich your urological training. The ESRU aims to represent your

# Beyond boundaries: young urologists in the American Urological Association

Interview with Lori Lerner, AUA Young Urologists Committee



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The following is the edited transcript of an interview conducted by Dr. Emre Huri (Ankara, Turkey) with Dr. Lori Lerner, chairperson of the AUA Young Urologists Committee.

**Huri:** What is the definition of "young urologist" by the American Urological Association?

**Lerner:** There is certainly no single definition for the American young urologist! The definition can vary depending on the point of reference. For instance, the American Urological Association defines young urologists as individuals who are 10 years or less out of training. For the purposes of the AUA Leadership Program, which was developed to encourage younger AUA members to become involved in AUA Leadership, the young urologist is an individual less than 15 years out of training. While no single definition exists, it is clear that the needs of urologists who have just finished their training are different than those of urologists who are in more established practices and further along in their career.

**Huri:** What is the importance of the position of young urologists and what kind of difficulties exist for young urologists in the early period of their career?

**Lerner:** To the young urologist themselves, the definition may involve where they stand as regards partnership in their group, or their academic title. In the United States, a new urologist cannot take their oral boards (Part 2 of the certifying exam) and become fully Board certified until they have collected 18 months of cases. Therefore for many, the first year and a half of their career is spent concentrating on surgical logs and Board certification, as well as establishing themselves in their practice environment. Academic endeavors may occur as well, but perhaps not with the same vigor as what they will ultimately devote to research given the ever present pressure of certification.

**Huri:** What is the goal of AUA Young Urologists' Committee and why was it established? What kind of

activities are organised by this committee?

**Lerner:** Dr. Robert Flanigan, the current AUA Secretary, summarised the position of the AUA as regards the Young Urologists Committee of the American Urological Association (AUA) is a very important tool that allows the younger urologist to have a forum for discussion of issues of importance to him/her and a more defined voice in the AUA. The committee is designed to have its "finger on the pulse" of all young members of the AUA (active or international) and is expected to communicate their needs to the organisation through the Committee's seat on the Section Secretaries/Membership Council. I believe it is critical for the AUA to enhance the experience of its young members as they are not only the future of our organization but also the future of our specialty."

The committee's mission is to address the needs of urologists 10 years or less out of training. Over the last four years, the committee has hosted a forum held at the AUA Annual Meeting with topics that have included malpractice defense, maintenance of certification, utilisation of physician extenders and revenue opportunities. However, it has been the goal of committee leadership to expand the Young Urologists Committee's role to provide more to young AUA members.

The committee is currently developing a webpage that will be available on the AUA website and will contain information and links regarding topics of interest to young urologists including: American Board of Urology; the American Medical Association; Conflict of Interest information; the AUA Expert Witness Policy; frequently asked questions; AUA Leadership Program information; coding information; maternity leave policy for female urologists; contract negotiation; and MOC guidelines. With time, this committee may develop more tools and programs to better meet the needs of their constituents.

**Huri:** You mentioned the AUA Leadership Program. Could you please explain the goals of this program and how it works?

**Lerner:** The AUA Leadership Program was developed in 2004 to encourage members less than 15 years from residency with demonstrated leadership skills, and a desire to develop them further, to become the AUA leaders of tomorrow. The AUA recognised that reaching out to AUA members when they are still in the beginning of the careers can foster relationships that benefit both the young urologist and the organisation itself. The program has been a resounding success and

many of the members who have been involved have already moved into leadership positions within their sections and/or the national AUA.

**Huri:** How would you describe the academic life of young urologists in the United States?

**Lerner:** In the academic world, the young urologist is often an instructor in surgery/urology, or an assistant professor. Different medical schools have different requirements for promotion. The academic young urologist must learn to juggle their clinical career with research, grant applications, getting new projects off the ground, and a personal life, which often includes a young family. In the United States, getting protected research time is becoming harder and harder and many young urologists are forced to use their personal time to complete their research and write manuscripts. In other words, research becomes a hobby!

**Huri:** What are some of the difficulties of young academicians and how can they resolve them?

**Lerner:** It is well known that young academicians who have mentorship report more satisfaction and productivity. In the changing medical environment of American medicine, mentorship may be sacrificed in an effort to increase revenue for the institution and the department. This leaves many young researchers to forge ahead on their own, sometimes without guidance. But the AUA and the AUA Sections have recognised the need for continued research and the need to encourage young members to follow an academic path. Mentors may not be available at every institution, but certainly within the organisation of the AUA, mentors can be found. Many urologic organisations, and the individual sections of the AUA, offer grants to young urologists to help encourage them to pursue research.

**Huri:** It is known that young urologists from many countries in Europe have different processes at the beginning period of their career. Do you believe a European organisation for young urologists would help this population becoming more motivated and active in their professional life?

**Lerner:** I certainly believe that an organisation that provides a forum for young urologists to meet, network, and exchange ideas will certainly help as regards motivation and professional advancements for many individuals. It is hard for young urologists to try to forge their way in some arenas, such as leadership, and any organisation that can assist those interested individuals to become involved at an earlier stage in



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their careers will be beneficial for everyone, especially the organisation as a whole. In fact, many sections have resident committees and work to engage the trainees so that by the time they finish their training and transition to practice, they are already involved and more likely to continue.

**Huri:** During the establishment of this committee, what difficulties were encountered?

**Lerner:** Prior to establishing the committee in 2004, the AUA Board was concerned that young urologists would be too busy to give enough time and attention to the committee to give it legitimacy. As stated above, young urologists have many competing interests, which include board certification, young families, new practices, etc. However, the Board ultimately agreed to the establishment of both the Young Urologists and Residents Committees in order to provide a voice to the AUA Board and to also serve their constituent groups in the AUA by addressing their needs. We still struggle with how to get our message out to all the young urologists that the AUA serves. Some of the sections have young urology activities, but others do not. One of the goals of the Young Urologists Committee is to work with the sections to help them reach out and develop programs for their younger members.

**Huri:** Thank you very much for this interview.

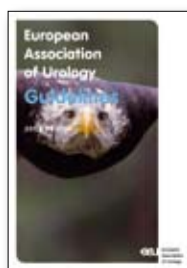
## Quiz answers

The correct answers of this issue's Guidelines Quiz are: 1e, 2c, 3b, 4d, 5d.

## Guidelines Quiz

- High risk human papillomavirus subtypes include:
  - HPV-11
  - HPV 16
  - HPV 18
  - HPV 33
  - All of the above
- With chronic obstruction, optimal sperm quality is found in what region of the epididymis?
  - Rete testis
  - Efferent ducts
  - Proximal Epididymis
  - Mid epididymis
  - Distal epididymis
- Potential risk factors for the presence of antisperm antibodies include all of the following except:
  - Vasectomy
  - Kartagener's syndrome
  - Cryptorchidism
  - Genital trauma
  - Sperm agglutination
- What percentage of patients with unilateral vasal agenesis has upper tract abnormalities?
  - 10 %
  - 30 %
  - 50 %
  - 80 %
  - 95 %
- Genes involved in spermatogenesis:
  - Are located on the short arm of the Y chromosome
  - When absent result in intersex phenotypes
  - Are rarely present in infertile men
  - Include DAZ
  - Are absent only when the karyotype is abnormal

The correct answers of this Guidelines Quiz can be found elsewhere on this page.



From: Campbell-Walsh Urology 9th Edition Review, 3rd edition, by Alan J. Wein, MD, PhD(hon), Louis R. Kavoussi, MD, Andrew C. Novick, MD, Alan W. Partin, MD, PhD and Craig A. Peters, MD (eds). Copyright Saunders/Elsevier (Philadelphia) (2007). Reprinted with permission.



## Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

- In patients with prostate cancer which is hormone-insensitive, the administration of 89Strontium.
  - Improves patient survival.
  - Should not be combined with external radiotherapy.
  - Is only feasible when multiple painful bone metastases are present.
  - Retards disease progression and decreases the need for further external radiotherapy.
- When is metabolic evaluation absolutely indicated?
  - Recurrent renal stones.
  - A female with first stone episode.
  - A pilot who had a first stone episode.
  - Patient with Calcium Oxalate stone in the age between 20-50 years who had his first stone episode.
- Suprapubic transvesical adenomectomy can be performed when:
  - PSA is elevated above 10 ng/ml.
  - Prostate volume is less than 60 cm<sup>3</sup>.
  - Prostate volume is more than 60 cm<sup>3</sup>.
  - Carcinoma of the prostate is suspected.

To check out the correct answers, visit:  
[www.ebu.com/Examinations/Study Material](http://www.ebu.com/Examinations/Study Material)



## Did you know that...?

### Castration

- Castration on animals was known since the neolithic period.
- The first reference of castration in humans is in the preserved texts from Mesopotamia (the famous code of King Hammurapi-1792-1750 BC-). At that time castration was performed on slaves by the "gallabu" or the "barber" a physician performing minor surgeries. Slaves were castrated in order to become less dangerous.
- In ancient Egypt there is no reference on castration in medical or literary texts. However in Egyptian mythology, Horus, the son of Isis and Osiris, had a terrible fight with his uncle Seth, during which he snatched Seth's penis and threw it into the Nile.



The castration of Uranus by Cronos: fresco by Vasari & Cristofano Gherardi (1560) Palazzo Vecchio, Florence

- In Greek mythology, Cronos, son of Uranos, castrated his father with his sickle. From the bloody drops that gushed forth and received by Earth she bore the strong Erinyes, the great Giants and the nymphs. As every myth reflects aspects of real life, we may surmise that castration of the enemy was a widespread custom among Mediterranean civilisations and Indo-European peoples.
- Sacral castration and even self-castration has been performed since ancient times in Egypt, Assyria, Ethiopia as well as Greece and Rome where it was a usual practice amongst the priests of Attis and Cybele.
- According to the historian Ammianus Marcellinus (4th century BC) and the poet Claudius Claudianus, the fabulous Queen Semiramis (9th century BC) inaugurated the custom of castrating young men in order to satisfy her libido without the risk of pregnancy.
- Aristotle was the first to give detailed descriptions of the psychosomatic consequences of castration in men.
- In 325 AD, the council of Nicea forbade castration unless it was performed for therapeutic reasons. However, the prohibition was disregarded, particularly in the Byzantine Empire so that from the 12th century there were many "castrati" participating in the choirs of the Eastern Christian Chapels.
- Castration disappeared from the second half of 15th century to the first half of the 16th century. The practice returned when the Holy Roman Catholic Church and the Popes decided to create more choirs for Sistine Chapel where females weren't allowed. In that way the "sopranisti" or "castrati" were created. As the Papal fund generously paid these singers, many parents did not hesitate to castrate their son for money. Rome was the greatest centre of "castrati." However the biggest renewal of religious castration occurred in Spain, Portugal and Bavaria.



Farinelli

- The most famous castrato of all times was Carlo Broschi surnamed Farinelli (1705-1782).
- Pope Pius X (1835-1914) in 1903 forbade the use of castrati with the famous "motu proprio."
- Alessandro Moreschi was the last great "sopranista." He died in 1922.

Extract from: S. Musitelli and J.F. Felderhof (2003) Castration - from Mesopotamia to the XVI century.

In: Mattelaer J. and Schultheiss D. (ed.) De Historia Urologiae Europaeae (vol.10). EAU, Arnheim pp. 111-134.

# Major changes in EUSP scholarships

## EUSP streamlines application guidelines to benefit young urologists



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**The European Urological Scholarship Programme (EUSP) is an EAU office which aims to stimulate clinical and experimental research in Europe by promoting and coordinating exchange programmes for young European urologists and European urologists-in-training up to 40 years of age.**

With this goal, the EUSP provides financial support to young urologists who plan to visit a foreign urology department in Europe, outside of their own country, through grants provided directly by the EAU.

Through the experience gained over the past years, the board of the EUSP office has recently modified some of the application rules including some of the guidelines to new programmes. As of this day, there are four programmes offered, namely:

- 1) The Short Term Visit for a duration of up to three weeks and a grant of up to €2,000.
- 2) The Clinical Fellowship for a duration of six weeks up to three months and a maximum grant of €4,000.
- 3) The Scholarship programme for a duration of one year and a grant up to €33,000.
- 4) The Visiting Professor Programme.

The EUSP now offers a new programme, the Clinical Research Fellowship for a duration of up to one year. The aim of this new programme is to provide the opportunity to young urologists to train for a year in a European department where the fellow is also expected to conduct scientific work, the results of

which must then be presented in an international congress or published in a medical journal.

Thus, this programme allows both clinical as well as research activities during the one-year training period. The EUSP offers this programme with a grant of up to €4,000. The rest of the expenses must be covered by the host institution.

Based on the information given by applicants during the last few years, the members of the EUSP board have noted the difficulty amongst some of the applicants to come up with an interesting and well-designed project when applying for the one-year Scholarship Programme. This prompted the board's decision that projects for the one-year scholarship will now be offered by the EUSP, and that the list of host institutions and projects will be announced online as well as in all major European urology events. To potential applicants, check out the projects and host institutions that might interest you and file your application. Now it's a lot easier particularly with the online availability of information.

Another important change has also been made with regards the duration of the one-year Scholarship Programme, which can now be extended to a second year, provided the results of the first year of research were promising and the board is convinced that a second year will allow the applicant to complete the work he/she has done during the first year. The grant for this second year is another €33,000.

Furthermore, the deadlines in applying for a EUSP programme are now limited to twice a year (1st November and 1st May) instead of four times a year. Applicants are well advised to plan ahead their time and travel schedules and make the necessary arrangements earlier than before.

Another major change is that the grants are now available only for residents in their third or fourth year of residency (and for certified urologists under the age of 40) and not for younger residents since the

value of the visit is not considered of particular benefit for urologists who just started their residency.

### How to get a EUSP grant

1) Find a host institution in Europe that matches your personal expectations and get an approval letter from the department head with the exact times of your visit and the daily schedule of the department during your planned visit.

2) When applying to the EUSP, write a motivation letter clearly explaining why you want to visit a certain department and how your stay would benefit you as a young urologist as well as your home department.

3) Plan ahead. Usually most of the prestigious European departments are very busy and they might accept you for a visit after six months or even a year. Moreover, your application to the EUSP should be submitted at least two months before the time of your visit. It's even better to write your application as soon as you have all the necessary documents.

4) Most of the criteria, such as how and when to apply, are in the web site of EAU under the heading of the EUSP section. ([http://www.uroweb.org/eau-organisation-governance-structure/eau-offices/Offices Related to Education Eusp office.](http://www.uroweb.org/eau-organisation-governance-structure/eau-offices/Offices%20Related%20to%20Education))

On the EUSP web pages you will find all the required information in applying for an EUSP grant. Obviously, another source for detailed information is the ESRU home page (<http://esru.uroweb.org/>) and your national communication officer (NCO) who represents your country to the ESRU.

Every year more than 50 young urologists from all over Europe take advantage of the benefits of the EUSP grants, which open new horizons in their career as well as in the development of urology.

Apply now, you can be the next successful applicant!

# How long should surgical training be in urology?

## The American and European paradox

**Most of us residents or recently licensed urologists (so-called "young urologists") are familiar with publications on scientific topics like prostate cancer or female incontinence, amongst many others. Occasionally we do read about analytical research on educational matters which are related to the improvement of urological training programmes.**

I was surprised to read an article titled "Shorter resident duty-hours: negative impact on surgical training," highlighted in an email alert sent by UroSource. The UroSource article referred to a paper published last September in the BMJ by two American professors of surgery from the Vanderbilt Hospital, Nashville, USA.

My initial response was: "How is it possible that there is great debate regarding the training system in a country like the US where it has been assumed that the existing residency training is effective?" Moreover, it has been widely perceived that the average American residents are much more skilled in surgical disciplines compared with their European counterparts. Furthermore, why is it that here in Europe there is a lack of such a spirited debate regarding the perceived inadequacy of surgical training programmes considering the wide disparities in education and training standards amongst European countries?

The article focused on the effects of the number of duty hours legislated for surgical training in the United States. In 2003 the Accreditation Council for Graduate Medical Education imposed a national limit of 80 hours per week for all US medical trainees in order to improve the work conditions of residents and reduce the risk of unsafe working practices caused by an overwhelming workload.

The authors argued that this reduction "...seemed to have produced measurably happier residents, but it

has compromised the surgeon's educational experience." To me this statement was a big surprise considering that the legislated 80-hour work week in the US is much higher than the average in Europe.

According to a survey - the "Evaluation of the European training centres" - that the ESRU is conducting, the average working time in Europe is 55 hours per week, 30% of which are usually spent in the operating theatre. Moreover, big discrepancies were noted between north-western and south-eastern countries in Europe. In north-western Europe, it is perceived that more quality time is spent on surgical training, including a higher rate of surgical procedures performed by residents as primary surgeons.

Unfortunately these and other interesting data from the ESRU survey have not been published until now, because an abstract submitted to the last EAU annual meeting was not accepted.

Going back to the article on US residency training, several studies were also mentioned highlighting an increase in complication rates of surgical procedures in American teaching hospitals which strictly enforce the working hour directive, compared with other teaching hospitals where the directive was not yet adopted or fully enforced.

Furthermore, in an attempt to fill up work shifts amidst the reduction in workload, many US hospitals are allowing trainees to perform additional years of research and serve as a moonlighters. "This practise, which was commonly prohibited in the past, effectively extends clinical training," said the study authors.

Comparing these conditions with the European situation, it can be argued that:

- 1) time spent in Europe for surgical training is much more less than in US;

- 2) in most of South and East European countries, recently licensed urologists are unprepared to perform common surgical procedures; and this seems to be a consequence, amongst many others, of the huge number of urologists in these countries, which effectively hinders residents from taking sufficient number of cases and, eventually, from finding a job after residency;
- 3) training in surgery is a health care problem and that a five-year programme is not sufficient even in a setting with an extended workload;
- 4) surgical procedures in urology consist of several techniques and new technological approaches which require extended and constant practice over a period of time;
- 5) young urologists should be offered all the educational and training support they require.

Our more veteran colleagues in urology should look after the new generation of urologists with extra attention, considering the rapid changes in medical practice in recent years. Clearly, the educational programmes of the past decades are already anachronistic and there is now a demand for complete renewal.

Moreover, sustained efforts should be exerted to determine new training rules and standards for trainees, with a concerted move to harmonise these rules across Europe in order to ensure patient safety and provide a comprehensive and quality medical training to the coming generations.

**References:** Jackson GP, Tarpley JL: *How long does it take to train a surgeon?* BMJ 2009; 339:b4260; Pounder R: *Working time regulations for trainee doctors.* BMJ 2009; 339: b4488

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