

# UK to train non-surgical urologists in fast-track system



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In the last few months major changes have taken place in the medical training system in the UK. This will affect most specialities but in particular Urology. Until last year (2004) medical students had to do one year internship in the grade of PRHO (Pre Registration House Officer) after obtaining their primary degree (MBBS or MB ChB) to get full registration with the General Medical Council (GMC).

If the resident then opted to get a surgical speciality he/she would have to complete a basic surgical training programme (BST) at SHO grade (Senior House Officer) with a theoretical minimum of 2 years, although this is usually 3 or 4 years. During the BST period, resident(s) would have to rotate between different surgical departments to get a wide experience in more than one speciality. They also need to pass the surgical membership exams to be qualified as MRCS (Membership of the Royal College of Surgeons).

At the end of SHO training, one has to obtain a place in the next grade in higher surgical training (HST) which is as SpR (Specialist Registrar). This is a bottle neck, because there are limited training posts at the SpR level with high competition. Many SHOs have to spend 4 or 5 years and most of them need to undertake a research programme of 1 to 3 years to optimise their chance of moving up the training ladder to an SpR position.

The SpR needs to spend 5 to 6 years training in one speciality (urology, general surgery, cardiothoracic surgery, ....etc) and has to pass the exit exams to be certified as completed the training (CCST: Certificate of Completion of Specialist Training). This will allow the trainee to become a consultant surgeon in their chosen

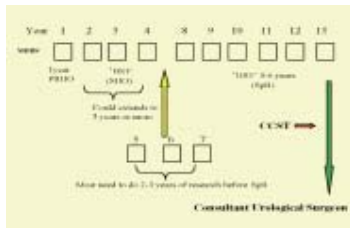


Fig 1: old training system

speciality (for example consultant urological surgeon). Training as an SpR in urology currently takes 6 years. (figure1).

Considering the difficulties that SHOs face in the training progression, the Modernising Medical Career agency (MMC), has recently announced a new training structure called seamless training.

The change in training structure has also been driven in urology by changes in workload patterns. A few years ago most patients with lower urinary tract symptoms ended up on the operating table having a TURP. In contrast, current practice is to try medical therapy and consider operation only after failing conservative management. Open surgery is now being replaced by minimally invasive procedures. This has made the number of non-surgical episodes far larger than the surgical ones. To provide a more efficient service it has been suggested that two types of specialists are needed. One will do the investigative and minor urology procedures including outpatients clinics, and will be known as a "Consultant Urologist", while the other will concentrate on major operations in specialised centres, and will be known as a "Consultant Urological Surgeon".

Therefore, in the new training system, after qualifying (MBBS or equivalent) a medical student will go into a 2-year foundation programme. The first year (F1) is similar to the PRHO internship year with generic skills to fit all specialities while the second year (F2) is more speciality oriented. This is followed by two training steps, seamless core training (5 years) and an optional fellowship programme (3 years) to get sub specialisation).

For example if the resident decides to become a urologist, he will have to get into open competition to start a 5 year seamless training programme in urology having completed the 2 year foundation period. In this way the SHO and first 3 years of SpR grade are combined to avoid the bottle neck transition. See figure 2.

At the end of the 5th year, the resident can do the exit exam and get a CCT (Certificate of Completion of Training), which replaces the CCST from October 2005. However, the CCT certified resident is now eligible to work only as a consultant urologist and not as a consultant urological surgeon. He will be able to do all the core urology procedures including out-patient clinics, investigations (USS, flexible cystoscopy, prostate biopsies) and minor scrotal and minimally invasive procedures. There is controversy as to whether TURP and TURBT would be included in the remit of these practitioners.

Unfortunately, more recently the above proposed scheme, has been altered and an additional year's training has been inserted between the foundation year and the start of seamless

	Old training system	New training system
Medical school degree	MBBS or MB ChB	MBBS or MB ChB
PRHO	One year internship	2 year foundation programme
SHO	Minimum 2 years with no upper limit	Combined in a 5 year seamless training
SpR	5 to 6 years	
Exit exam	CCST	CCT
Grade after completing training	Consultant Urological Surgeon	Consultant Urologist
Post exit exam training	Not applicable	3 year fellowship programme to become consultant urological surgeon
Total years in training to become urological surgeon	Minimum 9 years with no guarantee of progression and no option to become consultant urologist	10 years but could stop at 7 years as a consultant urologist

Table 1: main differences between the old and new training systems, as originally proposed

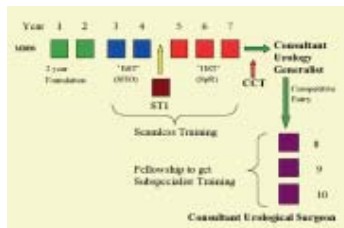


Fig 2: The simplified new training programme in Urology as originally conceived

training, known as "ST1". So it won't be seamless any more! This will be for surgical specialities only. This is a shame, as it has created further uncertainty, and looks like it will create a new bottleneck at this stage.

To proceed to the consultant urological surgeon grade, the consultant urologist has to undertake a 3 year fellowship programme in one of the subspecialties for example (onco-urology, endo-urology, female urology) and only then he/she can be accredited to perform major operations.

The new training is meant to produce more core urologists so they can take over the increasing number of non-surgical procedures. It is expected that the majority of new trainees will remain at the level of consultant urologists. The British Association of Urological Surgeons (BAUS) has suggested that it will take several years to get the balance right. Table I outlines the main differences between the old and new training systems.

As with any change to a system of training, most trainees are concerned about the implications for their particular situation. Current residents (Specialist registrars) nearing the end of their programme should not be affected. More junior registrars may find that they are forced into following the new system, simply because there are no old style surgical jobs to apply for. The most worrying situation is for those research fellows who do not have national training numbers, and will have to

apply for the new CCT training numbers with no certainty of ever being able to pursue a surgical path. There is little that can be done about this, as ultimately these changes have been driven by services demanded by patients. Many research fellows may have to change career path or accept initial training in "medical urology"

As many UK trainees started their career in urology aiming to become urological surgeons, the majority may have to wait till 2012 or later whereas others are thinking to move to other European countries or to the USA to achieve what they have been dreaming of. Trainees from other EU countries planning to get into the British training system should be aware of the changes especially if they are looking to become surgeons.

For further information about the new training system the following websites may be useful:

- Senior Urological Registrars group ([www.surge-online.net](http://www.surge-online.net))
- BAUS website ([www.baus.org](http://www.baus.org))
- Joint Committee on Higher Surgical Training [www.jchst.org](http://www.jchst.org)
- Modernising Medical Careers: [www.mmc.nhs.uk/](http://www.mmc.nhs.uk/)
- Postgraduate Medical Education and Training Board (PMETB): [www.pmetb.org.uk/pmetb](http://www.pmetb.org.uk/pmetb)



From right to left: Francis Dubosq - French NCO, Selçuk Keskin - Chairman of ESRU and Stéphane Larré Chairman Elected of ESRU- who were in charge with the organization of the residents part.