

# European Tour of Residencies: medical university and training in urology in France



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Dear residents, dear colleagues,

On behalf of the French Association of Urologists in Training (AFUF) it is my pleasure to describe the evolution of young French medical students into surgeons.

In France almost 90% of the urologists-in-training are members of the AFUF. The purpose of our association is to provide scientific support to our residents which is realised in close relation with the Association Française d'Urologie (AFU), the French national urological association. Practically this entails providing information on university exams, scientific sessions and practical training courses to our members (e.g. in laparoscopy, ureteroscopy - flexible or rigid -, artificial sphincter implantation, etc.).

Currently, the French population makes up for 14% of the European community (with a total of 63 million inhabitants). The 180,000 French physicians are divided equally between general practitioners (GPs) and specialists, of which 1,000 practicing urologists. The urologist/population ratio is approximately 1:60,000. Currently 270 residents are in training for this exclusively surgical speciality. Training to become a urologist in France involves 13 years of university education and all urologists are also surgeons since a purely "medical" (non-surgical) sub-specialization is neither available nor recognized in France.

The decision to become a urologist is made during one's medical training and the option to pursue this will also largely depend on one's aptitude, as determined by a series of standardized national exams. Following baccalaureate, the complete medical training required to become a surgeon in France takes 13 years which includes several periods of practical training. The first two years of medical training are referred to as the "First cycle" and in order to progress beyond the first year, students are to take a competitive examination and are ranked. Every year the Ministry of Health determines the number of students allowed to continue their studies. Some 10 years ago 4,000 candidates were accepted for the second year, but at present this number, the "numerus clausus", has been increased to 6,000, anticipating the increasing demands resulting from the retiring baby-boomer physicians. Typically, only 12% of the applicants are allowed to proceed beyond their first year of study.

The "Second cycle" begins in the third year and consists of a total of 4 years in which students get their first clinical experience. In a series of 3-month mandatory rotations in which the days of the student are divided between clinical and academic work (mornings are spent with physicians, residents and patients and in the afternoon lectures are attended at the university) students are introduced to the various medical specialities (i.e. obstetrics,

surgery, paediatrics and psychiatry).

Successful completion of the second cycle qualifies for 60 ECTS (European Credit Transfer System) credits which is equivalent to a first year of a Master Degree (M1) (see fig.1). During the second cycle students can take additional exams to collect more ECTS.

At the end of the second cycle, after 6 years of study, students take another exam called National Ranking Exam or "Internat des Hôpitaux" which covers the entire medical field. Based upon their national ranking the candidates must decide whether they wish to pursue either a medical or a surgical education, as well as indicate in which city they should like to complete their residency. The students with the highest scores are assured of a place in the specialty and city of their preference, while those with a lesser ranking must settle for a less competitive field and/or location. In France, each year approximately 500 surgical residents are accepted. The most popular city among applicants is Paris, where fortunately also most residency positions are available.

Once accepted into surgical training, the "Third cycle" (five years), the proper residency training starts. During a surgical residency, trainees rotate through 10 surgical departments in 6-month intervals, gradually acquiring an understanding of, and familiarity with, surgical techniques and the care for surgical patients. A resident is expected to work in the hospital full-time, managing patient care under supervision of the head of department and other surgeons in the team. Surgical residents receive a base salary of approximately € 1,400 per month which can be supplemented with compensation for on-call duties (guards) - up to an additional € 800 per month.

After 2 years of residency and extensive exposure to surgical specialities, the resident surgeon must finally choose his speciality. Urology is quite a sought-after discipline since approximately 10% of the young surgeons follow this route. It is mandatory for the urological resident to complete at least 2 training courses (6 month interval = one year) in abdominal surgery, 1 training course in orthopaedic surgery and 4 training courses (2 years) in urology. The other six-month training periods may be used according to personal preference (gynaecology, paediatric surgery, etc.).

The young resident urologist receives urological training organised by the academic institutions and people located in his assigned training area. Throughout a 3-year period, in the second half of his 6-year residency period, he/she also receives obligatory national training (3-day teaching courses, 3 times each year), covering all aspects of urology.

If a resident wishes to obtain a Masters Research degree, he or she may choose to put all clinical activities "on hold" for one year (M2) to participate in basic research in France or abroad (see Fig.1). A candidate interested in carrying out research is personally responsible for the funding of his project through grants. After obtaining a Masters degree, the resident interested in pursuing an academic career can then continue for an additional 3 years to earn a PhD.

Graduation from residency depends on meeting the following three requirements:

1. The thesis for Doctor in Medicine is accepted (MD diploma).
2. An original paper in which the resident appears as first author is accepted into a peer-reviewed journal (indexed in MedLine).
3. The successful defence of the mentioned manuscript and of a urological clinical case in front of an academic jury.

Once these requirements have been met the resident is promoted to assistant surgeon in an academic department. He or she can then complete the final 2 years of urological training as "Chef de Clinique Assistant".

The assistant surgeon acts independently, managing his/her own patients, performs operations with resident and teaches to the students of the Faculty of Medicine. He/she is employed by the hospital and faculty and earns approximately € 4,000 per month. Additional income for on-call duties may be as much as € 1,000 each month (which brings the total income to around € 5,000 / month). At the end of the first year as assistant surgeon, the candidate must take an oral examination in front of a jury of experts from national academic departments to obtain the urology diploma.

If desired, one can take a complementary examination (for oncology or andrology) and successful qualification will be listed on the accreditation as urologist. The European Board of Urology (EBU) and the FEBU status (Fellow of the European Board of Urology) are not acknowledged in France. However, more and more French urologists-in-training participate in EUREP (European Urology Resident Education Programme) and take the EBU

examination. At the end of the assistant period, the urologist may pursue an independent practice (80% of cases), a hospital career (15 % of cases) or an academic career (5%). The French medical system to become an urologist is summarised in Fig.1.

Finally, I would like to thank Stéphane Larré, chairman of the ESRU, for giving me the opportunity to describe the French system of training young urologists. I am looking forward to meeting with my fellow urologists-in-training at the upcoming European congress in Paris and particularly to the ESRU day (Wednesday 5th of April). The French association should like to invite all European residents to join us for dinner: an excellent opportunity to exchange ideas and experience. The French association (AFUF) has scheduled a social event for all European residents for an appropriate closing of this day of exchange and getting acquainted.

Best wishes,  
Morgan Rouprêt

My special thanks goes out to my American colleague and true friend, Kristin M. Sanderson, who agreed to read this text and to convert it into a comprehensible article.



Figure 1. How to become a urologist in France

