

Urology training in Sweden and the activities of the Swedish Association of Residents in Urology (BUS)



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Dear Residents and Colleagues,

On behalf of the Swedish Association of Residents in Urology, BUS (Blivande Urologer i Sverige) I will do my best to introduce you to the Swedish way of learning and teaching urology.

Sweden is a rather small country with a population of a little more than 9 million people. There are about 380 urologists in Sweden including around 80 residents in urology. This leads to a urologist: population ratio of about 1:24,000. Twenty per cent of the residents and 10-12 per cent of the specialists are women. As you may guess, it is difficult to remain anonymous in this small group. It is almost always easy to get in touch with a colleague for help, even if we sometimes live quite far apart.

Urologist specialisation in Sweden requires three steps of education: Medical School 5½ years, internship 1½-1¾ years followed by residency for at least 5 years.

Medical Schools are found at six University Hospitals, from the south to the north of Sweden. The first 2½ years are mainly theoretical encompassing anatomy, cell biology, histology, biochemistry, physiology, immunology, microbiology, pharmacology and pathology. The next three years contain clinical input with both theoretical lectures and studies of all medical disciplines as well as rotations within the same. The student takes an active part in rounds, out-patient clinical work and also emergency room work and as assistant in surgery. The student is always under close supervision by specialist physicians in each speciality. We all have a responsibility to teach. Every rotation and subject is usually completed with an exam, often both written and oral. Some universities prefer to have one exam per semester.

Internship implies mandatory rotations in surgery, internal medicine, psychiatry and general medicine during at least 18 months, more often 21 months. After each rotation the intern will have to do a "sit-in", i.e. an oral and practical exam with a patient. The intern has to pass all "sit-ins", as well as a written exam

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covering all medical subjects to qualify as a physician. Qualification is issued by the National Board of Health and Welfare (Socialstyrelsen).

All residencies in Sweden (also for becoming a GP) last for at least 5 years, or, until you have fulfilled the criteria set by the association of the speciality in question. The same is true for urology. From day 1 in Medical School it takes at least 12 years to qualify as a specialist of urology. You apply for a residency as for any other position of work. Most departments of urology will first offer a trial period of about six months. During this time, the resident-to-be works in the speciality gets acquainted with the colleagues and both parties usually develop a mutual understanding. Until now, residents in urology in Sweden have had 1-2 years of general surgery, 3 to 6 months of anaesthesiology and 2½ to 3 years of urology in their training. We have also had the option for other rotations, such as gynaecology, nephrology, paediatric urology and radiology. There is often collaboration between smaller training centres and university hospitals in order to cover all aspects of urology for the resident. The order of different rotations is something you may decide in agreement with your tutor and your head of department at the beginning of a residency, and you may sign a formal contract.

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During urology training in Sweden residents take an active part working in the emergency room (ER). We share on-call service with the residents in surgery. Most hospitals now require that you take the ATLS (Advanced Trauma Life Support) course. In addition there are one or two specialist competence courses per year for residents in urology in Sweden. These courses are for 3-5 days, and cover most aspects of urology. They are arranged so as to allow for everyone to take advantage of them at some time during residency. Often we are required to have had at least six courses. The separate regions in Sweden also organise day courses for residents and we usually try to invite all residents from all regions, even though only 15-20 normally will be able to participate each time.

We are expected to work full-time with patients in the wards, in the out-patient clinic, in the operating theatre and in the ER, thus gradually acquiring an understanding of, and familiarity with, the care for urological patients and surgical techniques. We also have a responsibility to teach residents and students

during the every-day-work. The Swedish Association of Urology, SUF (Svensk Urologisk Förening) has established a list of the competence to be achieved for becoming a qualified urologist. It is the responsibility of the tutor and the head of department to supervise that these goals are met with.

Our training is of one of continuous control and we do not have a compulsory Swedish exam in urology. This matter is, however, very much discussed at the moment and we might get a Swedish version of the EBU exam in the future. Currently, we are encouraged to sit the EBU exam. Those who have successfully passed the EBU exam will even get a grant of 5,000 SEK (a little more than 500 €) from SUF. After having completed the residency with written consent from the heads of the departments where you have trained, your qualification is issued by the National Board of Health and Welfare.

BUS is a democratic branch organisation of SUF, but independent, with an executive committee of its own. There are several important tasks for BUS. We try to register all new residents as well as those who are aspiring to become residents. All are welcome to our meetings, but to be a fully fledged member, you also have to be a member of SUF, which is achieved by two older colleagues recommending you. One cannot become a member of ESRU without being a combined member of SUF and BUS. One member from the executive committee of BUS, normally the chairman, is on the board of SUF and another member sits in the educational office of SUF. We have two National Communicating Officers (NCOs) for ESRU and usually one member on the organisational committee of "Kalmarmunionen". The latter is a meeting for residents together with their tutors concerning prostatic diseases. Meetings are held annually in the town of Kalmar. Activities include hands-on training on real life patients with transrectal ultrasound of the prostate and also biopsies from relevant cases. The residents are urged to bring cases for presentation to the auditorium. Another important part of this meeting is the annual discussion concerning tutoring and how to improve the education for residents. BUS organises one meeting every year for its members. Such meetings have a scientific programme in the morning, a meeting in the afternoon to discuss the activities of the executive committee during the year, the activities in the different regions, and an open discussion about important events in urology in Sweden, suggested measures to improve education, courses, salary etc. We normally close the day with a social event and a nice dinner. This is important for the creation/maintenance of a professional network - and for gossiping, that goes without saying.

Urology has hitherto been regarded as a speciality in Sweden. After being its own speciality for about 50 years, the Ministry of Health and Social Affairs now has decided to make urology a sub-speciality

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of general surgery. The Ministry of Health and Social Affairs commissioned the National Board of Health and Welfare to minimise the number of medical disciplines. This happened at the beginning of 2003. Other specialities, such as Rheumatology, have also been at stake. Despite massive protests and loads of work for countering this proposal, the decision has now been taken. From July 1st, 2006 first, one has to specialise in surgery and subsequently in urology. This implies about two years of additional education which does not include urological training. Those who have started their training before this date can, however, in the end qualify as urologists. We are deeply concerned, and we foresee difficulties in recruiting new and eager urologists as well as repercussions on research. We continue our struggle and believe in a promising future.



EUSP clinical fellowship at Santo Antonio General Hospital, Oporto, Portugal

A common dilemma for those planning a fellowship through the European Urological Scholarship Programme (EUSP) is represented by the choice of the host Institution. Of course, major European referral Centres might represent a good option, even if they are generally very crowded and one usually becomes one fellow among many others.



Myself and the colleagues at HGSA

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Since my aim was to gain as much practical experience as I could in a relatively short time it made more sense to spend this period in a place where I could feel comfortable right from the start. Taking all of the above-mentioned into consideration, Santo Antonio General Hospital (HGSA) in Oporto clearly seemed the right place for me.

My contact with colleagues from HGSA began already in 2001 when I was still a resident in Urology, spending 3 months at the Department of Urology of the São Paulo University in Brazil. There I met a Portuguese colleague, Dr. Estevão Lima, who was training in laparoscopy at that Institution. We became good friends, staying in contact over the following years. Last year in June Dr. Lima invited me to join the APU (Portuguese Association of Urology) Congress, organized in Oporto. There, I had the opportunity to meet all the medical staff members from HGSA during what was clearly a beautiful social and high quality scientific event.

Nowadays, the Service of Urology at HGSA definitely represents a Centre of excellence for Urology in Portugal. The department is housed in a new building of the Hospital, whose original "body" is part of the



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historic city centre. It offers 35 beds in the ward, a uro-imaging room, an SWL room, an outpatient clinic with an endoscopy room and another for urodynamics. The OR is located in the central operating theatre and weekly eight 5 hour periods of surgical interventions are scheduled. There is another operating theatre in the Ambulatory Department for minor urological surgery. The HGSA is part of the University and undergraduate and postgraduate teaching is provided. I was impressed with the modern technical equipment in the wards and the OR and by the organisation of the daily clinical activities with all urological fields

being covered by different specialists' teams in order to offer the best possible assistance to the community. The current head of the department is Prof. Dr. Filinto Marcelo who also coordinates the Uro-oncology Unit and is the Portuguese representative in the EORTC Genitourinary Group. Other functional Units are: Urolithiasis, Endourology, Laparoscopy, Urogynaecology and Neuro-urology, Andrology, Kidney Transplantation and the recently established Paediatric Urology unit. Finally, a urology team (one specialist and one resident) are assigned to the Emergency Room team 7 days a week. A standard working day at HGSA starts with a meeting at 8.30am, when the assistants deliver their reports from the night duty and from the ward rounds. Operation are scheduled in the morning, from 9 am to 2 pm, and in the afternoon, from 3 pm to 8 pm. On Thursdays, after the weekly grand rounds in the ward, there is a meeting in the conference (and library) room. At this meeting the surgical schedule for the coming week is planned, the most challenging cases are debated, lectures are given and any sort of problem can be discussed, including budget and

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