

Urological training in Germany

European tour of residencies



Dr. med. David Lazica
NCO of Germany
Wuppertal (DE)

Introduction

The aim of this article is to provide some insight into urological training and care in Germany. In addition, I shall describe the role and the aims of the German society of residents in urology (GeSRU).

As the German system uses clearly defined terminology concerning the positions and functions of doctors, I have chosen to use these terms rather than provide often misleading translations. For example, it is impossible to simply translate the German term "Assistenzarzt" into "resident", since the Assistenzarzt can be both still in training as well as a board certified urologist while working in a hospital. Therefore, the term "Assistenzarzt" refers to a position within the hierarchy in the hospital rather than his training skills.

The dual system

The major difference of the German system compared to other European countries is the provision of a dual "Facharztversorgung" (i.e. dual urological care). On the one hand, there is the office urologist (in Germany approx. 2,800 of which around 200 are women) who provides basic urological care in his/her surgery/office. Considering Germany's population of about 80 million, this translates into a ratio of about 1 office urologist per 28,000 inhabitants. One becomes a board certified urologist after his/her examination, and only very few office urologists have access to beds (so called "Belegbetten") in a hospital nearby, where they can operate on and provide postoperative care for their private patients. Mostly they only perform cystoscopies, prostate biopsies and other minor surgical procedures such as circumcisions or vasectomies. For any major surgery, such as complex examinations or treatments which cannot be performed outside hospital they admit the patient to a hospital or a urological clinic.

The second kind of urologist within the dual system is the urologist working fulltime in a hospital. Any additional medical activities beside the hospital job in order to compliment one's salary is not permitted, unlike in other European countries. The urological departments in German hospitals are independently functioning clinics. Historically speaking for about the past 100 years they have not been a subdivision of any other main surgical unit. The hierarchy within a urological clinic is rather strict and clearly defined compared to that in other countries. There is one "Chefarzt" who is the head of the clinic. Depending on the size of the clinic, he/she has approx. 2 to 5 "Oberärzte" working for him/her. These are usually experienced board certified urologists who lead the wards and other sub-sections in the clinic. They also perform major surgery such as radical prostatectomies etc. in addition to training the "Assistenzärzte". In departments where training is not so common they perform most of the operations, such as the endoscopic procedures, e.g. TUR-P or TUR-B. The next level down in the hierarchy is the so-called "Assistenzärzte", which – as stated above – refers to a urologist position in a hospital and not to the level of training or certification. They deal with all common duties in the wards and the emergency room, take blood etc. and carry out administrative tasks. Depending on their training, they also operate – either under the supervision of an "Oberarzt" – or independently, if they are board certified. A significant number of the "Assistenzärzte" are board certified, and continue training in order to qualify for a position as "Oberarzt". However there are some urologists who remain "Assistenzärzte" for quite a number of years. A second group within the "Assistenzärzte" is still in training, comparable with the position of a resident in other European countries. Approximately 1,900 board certified urologists (of which about 200 are women) work in the hospitals across Germany as "Chefarzt, Oberarzt and Assistenzarzt" and around 1,500 "Assistenzärzte" are still in training. However, the exact number of the "Assistenzärzte" still in training is difficult to estimate since there are no formal statistical data available.

Urological training

Training at university (medical school) lasts for 6 years and is divided into three stages: the first 2 pre-clinical years, followed by 3 clinical years and the final year, which is the "praktisches Jahr", i.e. an internship or practice year in a hospital. During this year, a student serves 3 turns of 4 months each in a surgical department, in internal medicine, and a chosen favourite discipline. At the end of these 6 years, students finish medical school by passing a final –

state controlled – exam, the "Staatsexamen". Thereafter they can apply for a position as "Assistenzarzt" in a hospital of their choice. These positions are not managed or assigned centrally, but applications are handled directly by the hospitals. In order to become a board certified urologist, a doctor has to undergo at least another 5 years of training, which can either be spent entirely at a hospital or for a 12 month period with an office urologist. This training period does not include completion of surgical training. Up to one year of surgical training in another discipline can be accredited. Following a minimum of 5 years (with a minimum number of defined operations and treatments) one can apply for the board examination. This is an oral examination, lasting 20 to 50 minutes, conducted by the "Ärtekammer". The EBU examination is optional and is regarded as a mark of excellence, it does not replace the German board exam. After the exam one could theoretically start in an ambulant urological office (depending on a number of other formal criteria), but usually one stays a few years longer in a hospital to gain sufficient expertise.

Traditionally, the surgical disciplines in Germany have no formal or official training programmes. Structured training tracks, such as for example fellowships, are not established practice in Germany. Training is performed as an on-going process via daily work routines, assisting in surgical procedures, as well as performing supervised operations. In addition, self study, workshops within a unit and external training programmes and congresses. Examples are the GeSRU workshops held regularly at Garmisch-Partenkirchen or the EUREP-course in Prague. One of the GeSRU's contributions to quality management in urological training is the log-book, with is offered to all members. In this log, all training steps and goals are clearly defined, training plans are structured and all special qualifications are documented together with annual training plans discussed with supervising doctors.

Urological residents work 40 hours per week and receive a base salary of approximately 3,400 – 4,000 euros per month, depending on the number of years they have been in training. The above sum represents the gross income. After tax and social security contributions which are deducted from the gross salary the net income for a single (unmarried) person will amount to about 1,700 – 2,200 euros. This income can be supplemented with compensation for on-call duties, but this option is now limited, as current legislation allows "only" a maximum of a 48-hour workload per week.

The German society of residents in urology / GeSRU
Founded in 1999, the GeSRU is an independent organisation of urological "Assistenzärzte" in training, with an executive committee of its own. The main aims are

- Optimising and supporting urological training in Germany
- Establishing a personal network amongst the residents
- Organising quality-controlled stages and workshops addressing the residents' special interests and needs.
- Creating a vision for the urology of tomorrow

The GeSRU sends representatives to the boards of the Deutsche Gesellschaft für Urologie (DGU) – the largest German urological association with approx. 4,000 members – thus giving voice to the interests of the residents on a political level. An active member of the GeSRU is elected as national communication officer (NCO) tasked with coordinating contacts and cooperation with the European Society of Residents in Urology (ESRU).

Apart from the log-book already mentioned and maintaining and updating the homepage (www.gesru.de), the GeSRU co-organises scientific meetings at regional and national German congresses. The association also offers excellent workshops specifically aimed at residents, as well as preparatory seminars for residents to assist in their preparation for the board exam. In addition, the GeSRU runs a resident exchange programme similar to the fellowship-grants offered by the EUSP. A new project is the recently established mentoring programme. Within this programme, residents in small teams supported by an experienced professor meet regularly to exchange experiences and plan projects. This way residents can benefit from the experience of an expert as well as focus their career plans at an early stage.

Considering current political debate in Germany, it can be expected that the health system in Germany will change in the near future, and this will also affect urologists. The dual system described in this article may, for example, be affected by such changes. For example, closer cooperation between hospitals and ambulant/office urologists is one of the topics currently discussed within the federal government. One can only hope that any future developments will be a contribution to further optimise medical, and especially urological, training.

Residents Corner

Urological training in Bucharest Centre of Excellence

European tour of residencies



Cristian Surcel, MD
Teaching Assistant,
UMF Carol Davila,
Bucharest
Chairman of the
Romanian Society of
Residents in Urology
Bucharest (RO)

My name is Cristian Surcel and I work as urologist in the "Center of Urological Surgery, Dialysis and Renal Transplantation" of the "Fundeni" Clinical Institute, Bucharest, Romania. As a resident I had the honour to be elected Chairman of the Romanian Society of Residents in Urology.

Our clinical institute includes all urological subspecialties and is renowned for its medical expertise in oncologic and reconstructive surgery as well as for renal transplantation. Most of the present, excellent results can be contributed to the efforts of Prof. Dr. I. Sinescu, head of the "Urological Surgery Dialysis and Renal Transplantation Centre", who is a remarkable personality, an excellent doctor and a very gifted professor. He is also the chairman of the Romanian Association of Urology.

The Urological Clinic provides excellent hospitalisation conditions due to its updated infrastructure and highly qualified medical staff. The 25 doctors (urologists, nephrologists, anaesthetists, immunologists) who work here have extensive medical experience and they all attended both national and international training courses in specialised departments. Our centre is also well known for its didactic activities and specialised training is provided to residents in urology, new graduates and students interested in clinical activity and research.

Because of the availability of advanced technology the "Fundeni" Clinical Institute can offer high level medical assessment, a wide range of treatment modalities alongside extensive in-patient hospital care. With its 200 beds distributed over the three departments of General Urology and one special department of Renal Transplantation, our clinical institute is one of the largest in Europe.

The hospital qualified for the highly regarded title of Centre of Clinical Excellence and is rightly considered the terminus station for the treatment of the most difficult urological cases. Every year an impressive number of operations are performed; about 280 renal tumours, 220 cystectomies for infiltrative bladder tumours with urinary diversions, 20 penile tumours, RPLND for testicular tumours, radical prostatectomies for all stages of localised prostate cancer. Over 100 renal transplantations – from both cadaveric and living donors – are scheduled annually. And in 2006 – out of a total number of 4,000 endoscopic procedures

performed by department staff – almost 400 TURBs were done for non-invasive bladder tumours, and 550 TURPs for BPH.

Our center is an active Research Centre accredited by the Romanian Ministry of Education and Research and, in March 2002, by the National Council for Research in Higher Education and it has always been a Centre of Excellence for postgraduate training of specialist surgeons.

In the "Fundeni" Clinical Institute there are currently 25 urological residents in urology and 10 residents who attend training courses in urology as part of their overall training in other specialities, such as general surgery, gynaecology and vascular surgery.

Over the 40-month training period in urology, the residents' activities are continually assessed by Prof. Dr. I. Sinescu together with the other members of the medical staff.

In our department, resident doctors are, on a rotating basis, involved in all urological specialities:

- oncology
- renal transplantation
- reconstructive surgery
- stone department (ESWL, endoscopy, PNL, laparoscopy, complex open stone surgery)
- urinary incontinence – urodynamics
- laparoscopic surgery
- andrology
- BPH, UTI
- paediatric urology
- urological imaging department



Prof. Dr. I. Sinescu

A standard number of operations are to be carried out by residents on a yearly basis under the constant supervision of experienced medical staff. Resident doctors independently perform abdominal ultrasounds which are evaluated by senior doctors and radiologists. The Romanian Association of Residents in Urology drew up a list of residents' responsibilities, a document which has been approved by Prof. Dr. I. Sinescu, RAU chairman. The document states residents' rights and responsibilities, study requirements also related to their participation in national and international lectures, congresses or training courses. Included in the residents' curriculum is writing articles and reviews – assessed by our scientific board – for publication in the Romanian Journal of Urology.

Residents Corner

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All residents and senior doctors are EAU and ESRU junior and senior members respectively and they also belong to the Romanian Association of Urology. The Romanian Association of Urology supports resident doctors' and young specialists' participation in FEBU exams, EBU in-service assessment but also in EUREP and ESU courses.

Resident doctors work on duty shifts as of their first year of training since in our Institute there are two on-call lines covered by both residents and senior members of the medical staff.

Our centre is well equipped with a lecture room where debates, presentations, meetings and lectures are scheduled and everyone has free access to ICT technology and is encouraged to use the comprehensive medical and research databases.

Residents also perform consultations in the outpatient clinics, which is an opportunity to gain experience in minimum invasive procedures involving local or regional anaesthesia. Every day, early in the morning, Prof.Dr. I. Sinescu discusses medical cases and procedures with the resident doctors but residents are free to examine patients and propose a treatment modality they consider most appropriate. There are daily rounds of the general urology, transplantation and intensive therapy wards.

Our department regularly hosts guests from abroad, who are involved in all teaching and medical activities. The language used is English and all members of staff and resident doctors are fluent in English and some also speak French, German and Italian.

The National Urological PhD Programme, under the supervision of the "Carol Davila" Medicine University



of Bucharest, is implemented in our centre, realised by a range of fundamental and clinical research programmes. Special statistics courses for residents are offered with the aim to improve the accuracy of research and published articles. We are proud that the results achieved so far are recognised by our distinguished visitors and are internationally acknowledged.

Working in a Urological Reference Centre, with wide national and international coverage, is a tremendous professional opportunity for any young doctor. The set up of our hospital not only stimulated my interest in clinical activities but also in the theoretical, academic field, since I have been constantly encouraged to study and enhance my knowledge. I was therefore provided with a solid background which proved very useful when - between September 1st-November 31st 2006 - I had the opportunity to attend a training course in uro-oncology at the Medical School of the Catholic University of Leuven, Belgium. It was an exceptionally fruitful period which helped me realize once more that the high-level professional opportunities I was offered through this course would not have been possible without the rewarding years spent in my Department at the "Fundeni", Clinical Institute, Bucharest, Romania.