Arab Journal of Urology

ISSN: (Print) 2090-598X (Online) Journal homepage: https://www.tandfonline.com/loi/taju20

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To cite this article: Tet Yap (2014) What do I want from my urology training?, Arab Journal of Urology, 12:1, 2-5, DOI: 10.1016/j.aju.2013.08.012

To link to this article: https://doi.org/10.1016/j.aju.2013.08.012

Arab Journal of Urology (2014) **12**, 2–5

Arab Journal of Urology
(Official Journal of the Arab Association of Urology)

www.sciencedirect.com

MINI-REVIEW

What do I want from my urology training?

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Received 19 June 2013, Received in revised form 12 August 2013, Accepted 15 August 2013
Available online 13 October 2013

KEYWORDS

Urology training;
Registrar;
Academic urology

ABBREVIATIONS

SHO, Senior House Officer;
SpR, specialist registrar

Abstract ***Introduction:*** The basic aims of a urology trainee are broadly similar, with the need to be trained to a competent level of surgical and clinical skill being a general theme.

Aim: In this article I provide a short list of what I felt were and are the most important elements in my training as I enter my final 5 years of specialist registrar training, having completed 3 years of research for an MD, 3 years as a surgery/urology Senior House Officer, a year as a House Officer and 6 years in medical school. Some of the points will, of course, be more personal, but hopefully this will give some perspective to the exciting early years in a young urologist's career.

Introduction

Urology training and training in general in the UK, has changed significantly since I embarked on a surgical career. I am a final-year trainee in urology from the London Deanery, and the trainee representative for the North Thames on the Specialist Training Committee. My path is very typical of urology registrars before me, but I was part of the last batch of trainees to be interviewed for a specific region (e.g. London) in a variant of the Calman training programme, rather than for national/pan-UK selection [1,2]. In addition, the introduction of a 'run-through' system from Senior House Officer (SHO) to specialist registrar (SpR) meant that the conventional 'bottleneck' of entry to 'numbered' SpR training was shifted to the SHO (now called FY2) level, with doctors expected to decide in their second year of training what specialty to apply for [3,4]. Appendix 1 shows the current path for urology trainees. Also, the introduction of academic 'numbers' to facilitate research during training, and the further reorganisation of training and service provision as a whole within the National Health Service, expected soon, have made the training landscape very different from when I began my SpR posts [5,6]. However, the needs of a urology trainee remain broadly the same, and this is a retrospec-

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Peer review under responsibility of Arab Association of Urology.

Production and hosting by Elsevier

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http://dx.doi.org/10.1016/j.aju.2013.08.012

tive personal opinion (i.e., probably below level-5 evidence) of what I aimed to achieve by the end of my training, and how I planned for this to happen.

Aiming for excellence

My primary aim was to work to the highest standards of clinical, academic and surgical practice for the good of my patients. In short, I wanted to become a surgeon to whom I could be confident to refer my own family. I felt it was a privilege to be in such a competitive training programme, and that I needed to make the best use of what it had to offer, and reciprocate in kind. I knew I had to reach certain milestones, e.g., the FRCS (Urol) examinations at the end of my training, as well as the annual assessments of competency that allow trainees to progress to the next year of training. The latter includes a quota of computer-based assessments, mainly by the trainers, about the clinical examination, problem solving, communication and operative skills. I also knew that I had 5 years of core urology training, and the acquisition of any skill and knowledge had to be a constant process. For this I felt that we had an outstanding teaching schedule that helped us, i.e., a 'teaching' day for all London trainees every alternate Friday at University College London during term time, and that dovetailed into our clinical work. Equally as beneficial were the simulation training courses at the Royal London Hospital, which were time-tabled into our training, to allow us to refine our endoscopic, laparoscopic and open procedures (robotics was nascent when I started!). These courses were a direct result of our progressive programme director at the time, observing and gathering feedback from his SpRs in what skills we felt we needed to be trained. This combination of a dedicated trainer-mentor and a strong academic department, that encouraged constant feedback on the quality of training, meant that the opportunities for learning were well supplied.

Mentors and colleagues

In terms of the surgical skill set, I knew I needed core operative competencies (now formalised into a target number, depending on procedure) before progressing to subspecialty surgery. I took every opportunity available to observe, operate and then (when competent) to teach a procedure, and I learnt from errors, appreciating and soliciting feedback. Again I was grateful that I had good trainee mentors, but I was also fortunate to have had excellent senior and junior colleagues who understood that we were basically working towards the same goal. Having access to a simulation centre was a great help, but again, a strong, motivated faculty that encouraged training opportunities was priceless. Remember the anaesthetist who attempted to hurry you through all your learner cases ('*You have five minutes to do this circumcision*')? Did your trainer intervene? If he or she did, how? All these questions provide an insight into the mindset of the faculty for which you are working.

Learning from trainers

I wanted to be trained well, and in turn, I aimed to be a good trainee. I knew that my fellow trainees were also individuals who had formed opinions that might differ from mine. The diplomacy, courtesy and respect you display often reflect how you want to be treated. From each of my trainers, I wanted to acquire an outstanding part of their non-surgical skills: How to manage a team of highly skilled individuals, how to resolve high-level conflict, how to deal with an impending human resource issue, how to organise a regional meeting of urologists; commonplace things that are often a part of your role as a consultant. So I was happy to volunteer when opportunities arose that I felt would add to my skills, like organising regional debating forums, running departmental audits and helping to revamp a medical publication, i.e., things I felt were interesting but allowed me to learn alternative skills. '*Can you organise a conference room please? For 200 delegates? Tomorrow*?' refers to a particularly challenging situation that used this alternative but vital skill set and that can be universally applied to any profession.

Clinical research: 'Inject the methylene blue there!'

I had completed an MD in urological research before getting my 'number', but I still wanted to be a part of active relevant urological research. So, knowing the academic interests of the departments I work in was essential; there will always be an outstanding question or topic that needs an SpR to investigate! I wanted to continue presenting at regional and national conferences, and generate publications, so I approached the consultants whose research I felt was most relevant to my interests, often continuing research work with them after leaving the post. For example, I helped to compile the penile cancer database at St George's Hospital in my first SpR post, now one of the largest in the penile cancer community, as part of my interest in andrology. This included contributing to landmark papers on sentinel-node biopsies that are now amongst quoted guidelines (hence the methylene blue). These opportunities are present everywhere, but the hard part is doing something you find interesting and rewarding; otherwise you might eventually resent its imposition on your clinical work. So know what you want (roughly), and seek out the research, if you are so inclined.

Leadership and communication

Communication and 'people skills', contrary to what many believe, can and should be acquired [7]. To know and understand how it feels on the other side of the consultation table might not seem like the 'Eureka moment' of your career, but it might be one of the most important. The combination of professionalism and empathy is a true skill to hone. By accepting difficult situations (both with patients and co-workers) as challenges, you learn very fast how to react to the most stressful of situations. This adaptive skill was something I knew I needed, and my urology training allowed me opportunities to help both colleagues and patients beyond just the obvious issue. Never underestimate the impact that a simple 'thank you' has; sincere gratitude, from and to patients and colleagues alike, can make even the toughest days into good ones. It also helped me to gain confidence in my abilities to lead and manage a team. There are leadership and management courses that offer these excellent adjuncts to traditional training, and I see this as being an integral part of future urology training [8].

Training, the law and the future

There are a few other things I wanted from my training, most of which I have sought in some form. I wanted to successfully address the training needs of the urology SpRs who I am representing; I wanted to know more about the details of medico-legal law in this increasing litigious era, something in which many pre-consultants feel they lack training [9], and most of all I wanted to enjoy a singularly exciting profession that has allowed me an opportunity to develop at my pace whilst working with the most inspiring individuals. In the first, I am currently actively involved in various forms; the second, I am starting to delve into, and the third… well I would not be here typing this if it were not the case.

Conflict of interest

None.

Source of Funding

None.

Appendix 1

The current pathway for training in urology in the UK, 2013. (modified from British Association of Urological Surgeons webpage, 'Career path of a Urologist': http://www.baus.org.uk/EducationAndTraining/urology-careers).

Graduation from Medical School in the UK

Foundation training

This is a paid training job of 2 years' duration (FY1 and FY2). It usually takes place in a hospital, or other medical setting, and incorporates a range of medical and surgical specialties. Applications are made through the Foundation Programme, with medical students matching to recognised placings.

Core training

This is a paid training job of 2 years' duration (CT1 and CT2). It is usually hospital-based and 'themed' within a surgical specialty. Applications to this training programme are made via regional deaneries and require satisfactory completion of the foundation programme competencies. During this training programme, the doctor would be expected to complete the Membership of the Royal Colleges of Surgeons (MRCS) examination.

Fixed-term specialty training appointments

These appointments are available at CT1 and CT2 level to provide a fixed-term, educationally approved, training post. Such posts are limited to a 12-month duration and a maximum of two posts may be completed. These posts may help to boost a portfolio or provide training whilst awaiting the subsequent recruitment round for the next level of training. This is now where the 'bottleneck' of trainees lies, as they await a numbered specialty training post.

Specialty training

This is usually a 5-year training post (ST1-5). This post is hospital-based and provides a focused training in urology. Recruitment to these posts is via a National Selection scheme which takes place twice each year.

Upon completion of this training scheme, a Certificate of Completion of Training is awarded and the candidate is eligible to apply for a senior urology appointment. It is a requirement that the Intercollegiate Examination in Urology (FRCS) is completed as part of this training scheme, before the candidate is able to take up a senior appointment.

Senior appointments

Following the award of a Certificate of Completion of Training trainees proceed to senior appointments, e.g., consultant or locum consultant posts or Fellowships, which are usually in centres of excellence providing additional training at a subspecialty level.

References

[1] Biggs J. New arrangements for specialist training in Britain. *BMJ* 1995;**311**:1242–3.

[2] Anonymous. 'Specialty Training' Available at: <www.mmc.nhs.uk> [accessed 01.05.13].

[3] Mehmood S, Anwar S, Ahmed J, Tayyab M, O'Regan D. A survey of UK surgical trainees and trainers. *Surgeon* 2012;**10**:9–15.

[4] Islam S, Deekes A, Lee A, Hoffman G, Isgar B. Junior doctor titles following the introduction of modernising medical careers. *JRSM Short Report* 2011;**2**:22.

[5] Anonymous. 'Academic Medicine' Available at: <www.medicalcareers.nhs.uk> [accessed 01.05.13].

[6] 'Changes to Medical Education in London' NHS Health Education, May 2013. Available at: <www.londondeanery.ac.uk>.

[7] Ha J, Longnecker N. Doctor-patient communication: a review. *Ochsner J* 2010;**10**:38–43.

[8] Anonymous. 'Short courses/learning centre' Available at: <www.leadership.londondeanery.ac.uk/home/short-courses> [accessed 01.05.13].

[9] Shaw BN, Stenson BJ, Fenton AC, Morrow G, Brown J. Subspecialty neonatal trainees views on being prepared for the consultant role. *Arch Dis Child Educ Pract* 2012;**97**:68–71.