Developing multinational urological courses throughout Asia

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Currently, Urological Association of Asia (UAA) has 20 national members covering large area with approximately 20,000 urologists. It is obvious that there are many diversities amongst each nation such as culture, health problems, socio-economic, public health system, manpower and education system.

As the objectives of UAA were to promote urology and improve the care of urological patients in Asia, we need to continuously improve the knowledge and skill of our members.

In pursing of this aim, urological course throughout Asia should be organized and this task was given to Asian School of Urology (ASU) as the educational arm of UAA. ASU was officially formed in 1998 with Dr. Pichai Bunyaratavei as its first Director.

It started with courses and workshops for new technologies in urology such as PCNL and URS in several countries. This activity was followed by a basic course for trainees as to have a similar platform.

These courses were participated and supported by faculty members from various countries.

As the scope and problems in urological field are broadening eg. not only surgery but also medical treatment is emerging in benign as well as malignant diseases. ASU took the initiative to organize more courses in cooperation with and run during a national annual meeting.

Recently, a MoU between UAA and EAU was signed in respect for educational purposes and the first joint ASU & EAU course was organized in Bali December 2009. Faculty members, 2 from ESU and 4 from ASU work hand in hand together with the local urologist to deliver lectures and discussions in topics proposed by the national association based on their needs. Urologists from the neighboring countries could also take part since they tend to have similar problems and they don’t have to travel far away.

At this moment, ASU has a list of prominent speakers from all of its members covering many aspects of urological diseases.

These speakers, currently in collaboration with Europeans could bring the latest information in the management of urological diseases throughout Asia.

Setting standards and resource pooling

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Some of the major developments of the last century have been in areas of information dissemination and human mobility. This has often been referred to as a ‘shrinking world’. In the field of medicine, this has resulted in increasing patient awareness about their treatment options and their willingness to travel outside their home areas to be treated. For physicians, this has meant increasing need to be well versed with the latest developments, maintaining a basic skill set and being aware of disease conditions that are no longer limited by geography. It has also resulted in increased travel to different centres around the world to seek advanced training.

This geographical mixing has made it essential that a common baseline standard exist both in training and in practice of medicine. A number of educational authorities have accomplished standards development and accreditation in training. Some of these include the ACGME of the USA and the SpR training system in the UK. Implementation of standards in training ensures a minimum basic skill set in all qualified practitioners. The second set of standards is clinical guidelines for the management of a large number of diseases. Clinical guidelines help provide a quick reference of the basic minimum management expected and minimize deviation based on individual training or resources.

Asia, with its rapidly expanding economy, mobility and aspirations is ideally suited for the development of these two standards. Urology is a relatively new specialty in most Asian countries with limited availability of teachers and learning opportunities. Variations in these opportunities at teaching centres predisposes to selective training and ‘black holes’ in the skills developed by trainees. Limited resources and language minimizes opportunities to travel to Western nations to complete their training. However, within Asia, regions often share common cultures and languages, making it easier for trainees to travel to better developed centres.

Implementing such standards requires resource pooling. This could be in the form of providing training opportunities to rotating residents, sending teachers to less developed centres, adopting remote institutions to improve health care delivery, conducting educational programs and collaborating for data collection and registry maintenance. The future of urology in Asia lies in exploiting its geographical proximity to achieve the above aims.