



ORIGINAL ARTICLE

Urology training in the developing world: The trainees' perspective in Kurdistan, Iraq



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Residency;
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ABBREVIATION

EBM, evidence-based
medicine

Abstract Objective: To analyse the advanced systems of urology residency in the developed world, to compare them to a system in the developing world, and thereby identify the shortcomings and make recommendations to improve residency programmes for urology in the Kurdistan Region of Iraq.

Methods: A survey was conducted amongst the urology Residents (55) in the three governorates of the Kurdistan Region of Iraq, to assess the accessibility of the training programme, the types of the residency programmes, skills acquisition, the use of modern technology for teaching and assessment, the environment of the settings of practice, and the status of research in their training.

Results: An overwhelming majority (88%) of trainees reported difficulty in securing a training position. A high proportion (43%) felt disappointed at the beginning of their training. There is no unified curriculum of training, and more than two-thirds of the respondents reported a lack of a proper evidence-based medical education. There is no formal subspecialty training programme. Of the respondents, 65% referred to the difficulties in the environment for training, and that there was a low level of research involvement (12%).

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Conclusions: Urology training is not easily accessible, there is no unified programme of residency, there are limited facilities, and a minimal assessment of practical skills. The environment for practice needs enormous improvements and a strong foundation for research should be created.

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Introduction

The specialty of urology in the Kurdistan Region of Iraq now is an entirely independent and established branch of surgery, and although it is <25 years old it has progressed markedly over the period. Most types of operations are performed, except for robotic surgery. The Kurdistan Region is an example of 'the developing world', and has started to advance, this being largely attributable to economic improvement and relative political stability. Currently, three University-affiliated hospitals, along with numerous public and private hospitals, provide care for patients with urological problems. These settings also serve as a basis for the training of Residents in urology. The training system in the Kurdistan Region follows various pathways and it is very different from many other programmes in the world. After graduating from a 6-year course in a medical school the graduates undertake foundation training for 2 years in various departments of medicine. They have to serve for 1 or 2 complementary years in non-training positions in the areas of need. They then enter a competitive examination to be admitted to formal urology training. There are three pathways of training in the country, i.e. Practitioners, a Masters and a Board training programme. The responsibilities, training curricula and job descriptions differ greatly from each other. These three types of training programmes are devised to meet the needs of urban centres as well as other areas of need (areas remote from the major cities). They are not the final destinations in patient treatment, as those urological conditions that are more difficult to treat are usually referred by the urologists in the areas of need to the tertiary centres in the main cities. The areas of need are usually covered by the urologists trained in the Master's or Practitioner's schemes, whereas those who have completed the Board scheme serve mostly in the main centres, and even if they are drafted to the areas of need, their stay will be shorter. The urology Practitioners, after completing 2 years of training, are able to work independently in areas of need, performing minor surgical procedures. Practitioners can follow further training if they wish, by applying for the other two programmes, but they are required to sit the corresponding competitive examinations.

The Masters training programme is a 2-year full-time work and training post. It has a curriculum comprising both theoretical lectures and practical training, and a

research project is required at the end of the course for the trainee to graduate. This particular scheme of residency offers the graduates a greater ability than the Practitioners in carrying out common urological operations. The Board training programme is a 5-year full-time work and training post with a 1-year pre-admission training in urology. Only the Board trainees have to do 1 year of training in general surgery and 3–9 months of training in branches such as nephrology, cardiothoracic surgery, and neurosurgery.

With this background of the three different training pathways, we assessed aspects of urology practice and training in the Kurdistan Region as an example of a system in the developing world.

Methods

This study was based on questionnaires sent to the three major residency training centres in the Kurdistan Region of Iraq, in each of the three comprising governorates of the Region, Sulaimani, Hawler and Duhok. These training centres are all affiliated to the State Universities in corresponding cities. The questionnaires were directly distributed in the Sulaimani Teaching Hospital to the urology trainees, and completed in a direct interview, whereas those of Hawler and Duhok were sent by e-mail to representatives of the residents, and they printed the questionnaires and distributed them amongst the trainees. The survey comprised 31 questions designed to be easily understandable and with clear (closed) answers. No identifying information was kept from the questionnaires, to ensure the anonymity of the respondents, and participation was voluntary. The study is descriptive and the results are presented as proportions.

Results

In all, 55 questionnaires were distributed, of which 31 (56%) were returned; 17 were distributed in Sulaimani and all of them were returned, 28 in Hawler and eight were returned, and 10 in Duhok with six returned. Of all Residents, 41% were training as Practitioners, 22% as Masters or High Diploma students, and 38% as Board students.

All the forms returned were answered completely; the full results are given in [Table 1](#). An overwhelming majority (88%) of respondents stated clearly that obtaining a urology training position was not easy. Even

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