

BJU International (2002), 89(Suppl. 1), 11–12

UROLINK – benefits for trainees from both sides

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Introduction

Dramatic changes have occurred in urological training over the past few decades. In the developed world, ‘super-specialization’ has become *de rigueur*, with the demise of the generalist. Biomedical technology has burgeoned, with significant changes to surgical practice; drugs now cure or ameliorate ailments previously managed by surgery. Minimally invasive techniques are constantly being developed, often at great expense and with poor initial assessment and no large randomized trials. This

facilities and equipment. Even essential requirements, e.g. adequate asepsis, suture materials and working diathermy equipment, are luxuries. They are faced with patients who are poorly educated and fear visiting the hospital. Many believe that illnesses are caused by ‘curses’ and often visit their local traditional healers in the first instance; thus presentation with advanced pathology is the norm. Doctors quickly have to become adaptable ‘open surgical technicians’ able to ‘deal’ with all parts of the body, usually in life-threatening situations. Assistance, let alone training, from more experi-