

What The Urology Foundation does for urological trainees – Global urology

Steve Payne, the BAUS Urolink secretary talks about the work of The Urology Foundation and Urolink in supporting the development of UK urological professionals by facilitating their experience in low income countries.

Since its inception in 1995, one of The Urology Foundation’s core goals has been to give UK urologists the skills, knowledge, and networks to enable individuals to be the best urological professionals they can. Although having funded cutting-edge research for over twenty years, together with clinical visits abroad, its role in enhancing UK trainees experiences in other domains is not as well known. This, the first of two articles about The Urology Foundation’s role in helping UK trainee’s development, looks at its support by facilitating their experience in low income countries (LICs), helping develop urological services as well as professional development working in healthcare systems when the annual per capita income is less than \$1,135 a year.

In 2020 The Urology Foundation, in partnership with Urolink, a BAUS committee, provided four fellowships to enable UK trainees to help foster Urolink’s activities in training and mentoring surgeons in resource poor countries, and to enhance care provision for predominant local urological problems. The healthcare environment is very different in these countries; 22 of 26 LICs are in southern Africa and the demographic is distinct with children <14 years of age making up >50% of the population. Access to healthcare is generally very poor; universal health coverage (UHC), the NHS-type of care we have in the UK, is often unavailable. Diseases, and complications, present late and a lack of organisation, facilities, personnel and the technology to effect treatment come together to constitute a ‘Three delays framework’ in patient’s care.

Factors responsible for impeding the delivery of high quality healthcare. The Three Delays Framework.

Type of delay	Type of delay	Factors in causation
First delay	Delay in seeking care	Finance Distance from care Culture/Belief Access to education Low confidence in the medical system
Second delay	Delay in reaching care	Distance from care Scarce medical capacity Poor transportation systems
Third delay	Delay in receiving care	Availability of appropriate levels of care Lack of personnel Lack of diagnostic equipment Lack of surgical equipment Infrastructural support e.g. blood supplies

The first wave of The Urology Foundation/Urolink fellows, appointed in 2020, could not leave the UK until late 2022 due to the Covid pandemic.

Nishant Bedi (pictured below) visited the University Teaching Hospital in central Lusaka, Zambia to run a workshop teaching trans-perineal prostatic biopsy. He disseminated his expertise to five consultants and 15 registrars of varying levels of seniority. This technique could facilitate earlier prostate cancer diagnosis; a significant problem in the central African region.



Prostate Cancer Quick Facts



Prostate cancer is the most common cancer in men

Simon Huf (pictured right) went to rural Kisiizi in Uganda to help with a bootcamp teaching trans-urethral prostatectomy (TURP), a minimally invasive way of alleviating the obstructed bladder. 25 cases were taught at this remote mission hospital in the week, enhancing the local surgeon's knowledge of, and ability to perform, this procedure independently.



Katie Brodie and **Rory Ferguson**, our most junior fellow to date, are due to travel to KCMC to continue the evolution of urological teaching programmes, and Danni Whiting is going there later this year to help develop endoscopic stone surgery, a desperately needed innovation.

All of our The Urology Foundation/Urolink fellows have found their experiences to be illuminating and, perhaps, the start of a long-term relationship with the centres they visited. Matt Trail's comment, perhaps, best summarises the opportunity The Urology Foundation has afforded them:

"Such an experience undoubtedly deepens one's appreciation and gratitude for the privilege of training, and practicing, in the UK. Witnessing first-hand the challenges faced by healthcare professionals in resource-limited settings, and the dedication with which they deliver care, instils a profound sense of humility. This exposure fosters a greater understanding of global healthcare and the pressing need for collaboration and support to bridge the healthcare disparities around the world."

Working in resource poor environments has been shown to have a myriad of benefits to healthcare professionals working in the UK. Our Fellow's experiences have all happened as a consequence of The Urology Foundation's generosity and will, inevitably, enrich the care that can be provided for urological patients now they are back home.

Steve Payne is a retired urologist from Manchester and the BAUS Urolink secretary. More information about Urolink, and its activities, can be found on its home page: https://www.baus.org.uk/professionals/urolink/urolink_home.aspx



Matt Trail (pictured left) went to progress under and post-graduate education at Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania. KCMC

is Urolink's oldest partner and a major centre for dissemination of urological expertise in the region. Matt devised a programme focused on core topics in the MMed and COSECSA postgraduate exams, fostering a dynamic learning environment and enhancing quality of care provision to those he taught.



Wilson To (third from left above) went as part of the team at a workshop on adult and paediatric reconstruction at KCMC. He was exposed to a large number of very complex surgical procedures as an integral part of a video-linked Masterclass of operative technique to over 70 delegates from seven countries. This facilitated learning which most delegates felt could be translated back into their local practice.

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