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The Future of Irish Urology - Are We Planning Ahead Appropriately?

P. Rohan[1], C. O'Connell[2], GJ. Nason[3], KJ. O'Malley[4]

1. Department of Surgery, Wexford General Hospital, Ireland
2. Department of Urology, Tallaght University Hospital, Ireland
3. Division of Urology, Sunnybrook Health Sciences Center, Toronto, Ontario, Canada
4. Department of Urology, Mater Misericordiae University Hospital, Dublin 7, Ireland

Dear Sir,

It has been well documented that there are significant difficulties in retaining Irish trainees and appointing consultants in Ireland[1]. Urology is one of the most under resourced specialities yet the 4th busiest surgical speciality[2,3]. Ireland has one of lowest ratios of public urologist per population in Europe at one per 127,027. In comparison, Denmark and New Zealand, two similar sized economies with similar populations have 1:38,000 and 1:22,500 respectively. We are currently on par with Jamaica at 1:130,000. Waiting lists are unmanageable and the current service provision is not sufficient to meet an ever-growing demand[3].

A survey of Specialist Registrars and Fellows which was awarded the best poster at the Irish Society of Urology in September 2019 provides useful insight into the career intentions of urology trainees. With a response rate of 84.6% (n=22), all trainees wish to work in Ireland. Of concern, only 15.8% (n=3) express a desire to work outside of Dublin. All Specialist Registrars wish to pursue sub-specialist fellowships abroad with uro-oncology and endourology being most popular. Of the current fellows abroad, none had a formal job offer on completion of higher surgical training in Ireland.

This survey highlights issues which are likely similar across other surgical disciplines. Irish trainees want to work in Ireland. Only a few trainees want to work outside Dublin. Trainees are pursuing sub-specialist training, with a view to working in model 4 hospitals.

To provide and improve our speciality for the future we need to harness these trainees' desires to work in Ireland. We need however to be cognisant of the needs of our health service – it is not practical for all trainees to sub-specialise in two fields of urology and be appointed to large Dublin hospitals. Only a third of Ireland's population live in Dublin and with plans to even further centralise cancer care there is significant need for 'a general urologist'. The most common conditions such as urinary tract symptoms, haematuria, infections and diagnostic procedures such as cystoscopy and uroflowmetry, which make up the great bulk of urology waiting lists, could all be provided outside of the large urology centres in model 2-3 hospitals[3].

Fellowship training should be encouraged for those who desire it. Trainees can learn new skills in high volume centres and experience working in an alternate health system. Trainees will hopefully still be attracted to return to Ireland with their well-honed skill set. Fellowships do not need to be mandatory. Some trainees may not wish to move abroad at a time when many have a spouse or young children. Furthermore, the personal and financial burden associated with a fellowship after completing six years of higher surgical training may not appeal to everyone. There needs to be an alternative – and the role of a general urologist or office urologist may be a better fit[4].

There must be foresight into the future needs of our population and health service and surgical training needs to consider this.

Corresponding Author:
Dr. Pat Rohan,
Department of Surgery,
Wexford General Hospital,
Ireland
Email: pat.rohan@ucdconnect.ie

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