

# u r o l i n k

*The overseas activities of the College are for the benefit of Fellows and Members everywhere and are largely facilitated through overseas examinations and inspection and recognition of training programmes. Here, Council member Christine Evans describes how another organisation, The British Association of Urological Surgeons (BAUS), has developed links between individual urologists through the activities of UROLINK, of which she was Chairman from 2000 to 2001.*

**'It can no longer be acceptable to ignore the health problems of those who do not have access to even basic medical care.'**

The late Professor Geoffrey Chisholm, when President of BAUS, stated in 1989, "It can no longer be acceptable to ignore the health problems of those who do not have access to even basic medical care." British urologists responded by forming UROLINK, which began in 1990 as a working party of BAUS. In the original mission statement, UROLINK's objectives were to promote and encourage the provision of appropriate urological expertise and education worldwide with emphasis on the materially disadvantaged.

## urolink development

There are many excellent international urological organisations, but UROLINK has never sought to compete with these. It started under the chairmanship of Neville Harrison, and the overseas teaching visits commenced. Centres were visited at a personal level to find out on a smaller scale what was required in the way of surgical equipment, training for their surgical staff and, equally importantly, what they had to offer for teaching our urological trainees from the UK. So this model is one UK urology department linking with an overseas department, the result of letters of invitation and visits from Consultants and trainees to units or meetings. Thus firing one's enthusiasm, the process starts. It is crucial to maintain links, in order to keep the interest going on both sides. Regular visits are needed; the most effective model is a teaching faculty of two to four Consultants and an SpR, preferably including a paediatric urologist, visiting for up to fourteen days. If surgery is to be undertaken, the prior arrival of the trainee a few days earlier helps with the organisation of the cases.

Many of the units in the developing countries have little or no working endoscopic equipment so this is often brought by the visitors. However, others are well equipped and offer excellent experience, especially to the SpRs in open surgical techniques that may be less frequently practiced in the UK and the developed world.

## urolink in practice

The Kilimanjaro Christian Medical Centre (KCMC) in Moshi, Tanzania was established as a link in 1995 and offers excellent training. The hospital was set up in 1991 as a training centre by an American Urologist, Dr. Lester Eshleman, and he, together with The Association of Surgeons of East Africa (ASEA), developed a training programme for surgeons in the area. More than twenty surgeons from seven East African countries have now been through the one-year urology course. UROLINK, through Neville Harrison, has been closely associated with KCMC by providing a biennial teaching faculty. UK trainees spend three months or more in East Africa, and Consultants go over to teach and examine in the MSc in Urology now awarded from Tumaini University. Dr. Eshleman was awarded the St. Paul's medal at BAUS in 1999 in recognition of his work.

## centres visited

*Other centres have been visited regularly since 1994 including the following (with details of the visit in parentheses):*

Patan Hospital Nepal (John Ward and Paul Carter 1996).

Kagando Hospital, Uganda.

Holdsworth Hospital, Mysore, India (Frank Schweitzer 1997).

Mnazi Moja Hospital, Zanzibar (Ru McDonagh 1998).

San Fernando General Hospital, Trinidad (Raj Persad 1998).

Royal Victoria Hospital, Banjul, The Gambia (George Fowles 2001).

Mulago Hospital, Kampala, Uganda (Bill Dunsmuir 2001).

University Hospital, Lusaka, Zambia (Christine Evans 2001).

Fistula Hospital, Addis Ababa, Ethiopia (Gordon Williams).

## urolink mission statement:

### Short Term Goals

Promote the provision of appropriate urological expertise and education worldwide. Encourage development of training opportunities. Provide advice to overseas trainees. Advise BAUS Council on the developing world.

### Medium Term Goals

Help co-ordinate the development of links, as defined by BAUS Council, with both national and international urological associations in the 'developed' world, e.g. with Europe and North America.

### Long Term Goals

To maintain the high standing of British urology within the world arena.

## an expanding urolink

The exchange of personnel has now broadened to pathologists, nurses and other technical staff.

Scholarships and bursaries for up to one year are awarded by the British Urological Foundation (BUF) and the British Journal of Urology International (BJ U Int) to sponsor overseas doctors to train in the UK.

In 1999 UROLINK became a standing Committee of BAUS, and it aims to establish more overseas links and twinning programmes. It has formed an equipment committee which distributes usable equipment, and there is an open session at the annual BAUS meeting

during which the previous year's and future activities are presented. UROLINK is growing, and there is considerable enthusiasm for continuing this venture.

A Faculty has been set up of interested urologists both home and abroad. There are now 85 Faculty members who are notified of forthcoming visits overseas and invited to join in. They are encouraged to keep in touch, invite overseas urologists to visit and also to donate any equipment that is in adequate working order.

I would like to thank Neville Harrison, the original UROLINK founder and chairman, for his enthusiasm and for providing me with much of the information in this article.

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