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The SAC will agree to up to one year of retrospective recognition for time spent in full time research provided it can be shown to have been productive (with an MD/PhD or a portfolio of peer-reviewed publications).

5.2 Academic Endings

The number of academic departments of urology continues to be small. Trainees who want to carry out training in academic urology should talk to one of the Urological Professors. There are a small number of academic training posts (Lecturer or First Assistant) that are approved for HST. Such posts are structured to allow a greater amount of time available for research and the university will expect results in terms of grants and papers. Such posts are challenging to carry out, but rewarding for the right person. It may be that the SAC will recommend a slightly longer period of training to take into account the extra time in research. This will be based on discussion between the Programme Director, the Academic Department and the SAC.

5.3 Ethical training in more detail

Training will consist of a mixture of types of exposure including:

- Clinical and technical training 'on the job'
- In house educational activities (X-ray and pathological meetings)
- The weekly teaching programme
- Personal study, research and audit

• Occasional attendance at external courses. All trainees should expect to go to the annual meeting of BAUS (or if this is not possible to another large meeting such as the AUA or EAU) and the Urological Research Society. Attendance at one Basic Science Course is **required**. On site training in spinal injuries and management skills is not found on every rotation and if this is not available the trainee must plan to go to an approved external course. Training in renal transplantation is not compulsory but recommended. Training in paediatric urology will involve attending 12 operating sessions, 12 non-patient sessions and 12 clinical sessions during the course of that training segment. Attendance at these courses should be spread out over the course of four years.

6. Clinical Training

The quality of clinical hands-on training is paramount. The principle is one of progressive and more delegated, but supervised training.

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