

# Global urology: A survey of members of the British Association of Urological Surgeons

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BAUS Urolink

## Abstract

**Objective:** The objective of this article is to establish current levels of activity and interest in global urology amongst British urologists, in order to inform BAUS Urolink and guide future strategic decision making.

**Subjects and methods:** Voluntary online surveys were sent to all BAUS members in May 2014.

**Results:** This survey demonstrated a significant level of interest and engagement by BAUS members in global urology. Over 40% of respondents had participated in overseas work, predominantly in the form of short-term visits. Motivating factors for involvement included a desire to help, but personal and organisational benefits were also noted.

**Conclusion:** There was consensus that Urolink represents an important part of BAUS, with a clear desire for improvements in dissemination of opportunities to widen engagement amongst the BAUS membership.

## Keywords

Urology, global surgery, survey

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## Introduction

Estimates suggest that surgical conditions account for between 11% and 30% of the global burden of disease and, in Africa, 25 million disability-adjusted life years (DALYs). Sub-Saharan Africa has the most severe health disparities, with a chronic shortage of clinicians who can provide urological care and the highest concentration of surgical DALYs (38/1,000 population).<sup>1</sup> Worldwide, 2 billion people lack access to surgical care, with the poorest third receiving only 3.5% of all operations performed worldwide. A significant proportion of the surgical burden of disease is urological and trends suggest that this will continue to increase.

British urology has a strong tradition of engaging in educational and training initiatives with colleagues overseas in resource-poor settings. Some of this activity over the last 20 years has been co-ordinated under the

auspices of Urolink, although many British urologists also undertake these activities independently. Published literature on this activity is scarce in terms of who gets

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**Table 1.** Urolink's key areas of activity.

AREA	ACTIVITY
Links	Encouraging the establishment of links between individuals, departments and organisations
Visits	Encouraging and facilitating professional visits to work with colleagues overseas
Training	Supporting appropriate urological training of surgeons in their countries, and in the UK
Equipment	Assisting with the provision of books, journals and equipment where needed
Advising	Providing BAUS Council with advice on overseas matters relating particularly to the developing world

UK: United Kingdom; BAUS: British Association of Urological Surgeons.

involved, the reasons why they participate and other factors such as the provision of leave as well as barriers to involvement.

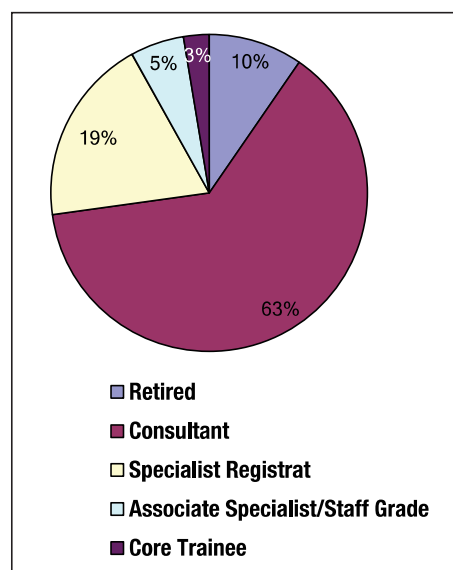
The year 2015 represented the 25th anniversary of Urolink as a sub-committee of the British Association of Urological Surgeons (BAUS). The original Urolink mission statement to promote and encourage the provision of appropriate urological expertise and education worldwide with particular emphasis on the materially disadvantaged remains pertinent today as there is increasing international recognition of the importance of surgery as the 'neglected step-child of global public health'.<sup>2</sup>

Urolink's key areas of activity are described in Table 1, and traditionally there has been a strong emphasis on the development of 'links' or collaboration on a personal level to develop and maintain successful and mutually beneficial projects.<sup>3</sup>

In order to plan the future strategic activities of Urolink, the Executive Committee commissioned a survey of BAUS members to help understand the nature and volume of British urological activity overseas and to seek members' views on how Urolink could best facilitate this work going forward.

## Materials and methods

In May 2014, all members of the BAUS were invited to take part in a survey regarding urological care in resource-poor settings. Members were contacted by email and asked to complete an online, anonymous survey ([www.surveymonkey.com/s/urolink](http://www.surveymonkey.com/s/urolink)). The survey was voluntary to complete. Members were asked to provide details of any overseas work in resource-poor settings that they had been involved with, to establish past and current activity. The objectives of the survey were to attempt to understand reasons for involvement in overseas work and assess potential barriers, as well as seeking views on how Urolink should deliver surgical education and training. The survey was designed to help inform the strategic decision making on the future role of Urolink and its key activities over the next 10 years, as well as possible strategies for encouraging wider engagement with BAUS

**Figure 1.** Level of survey respondents.

members. Analysis of the survey data was performed using spreadsheets in Microsoft Excel and graphs generated by [surveymonkey.com](http://surveymonkey.com).

## Results

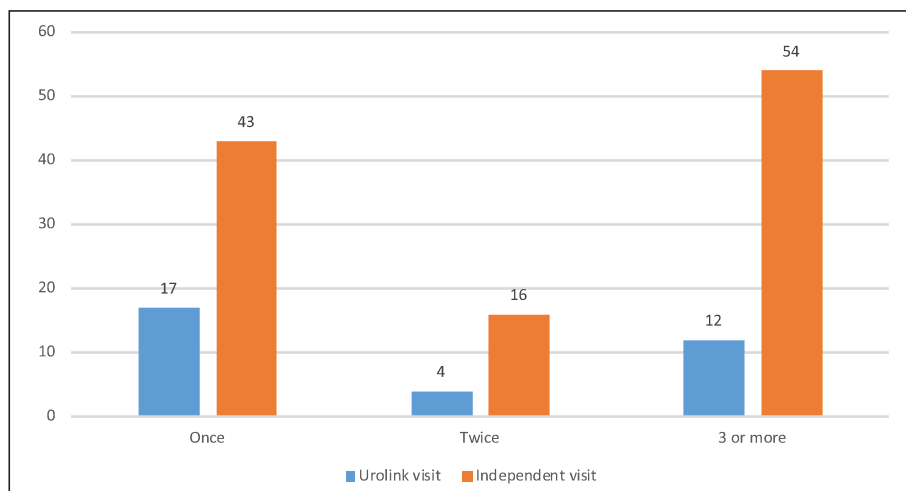
In total, 354 of 1363 (26%) BAUS members completed the survey. Eighty-five per cent of respondents were male ( $n = 297$ ). The majority of respondents were currently practicing consultants (Figure 1). Of those that responded to the survey, 147 (41.5%) had participated in at least one overseas visit or worked in a resource-poor country.

### Duration of visits

Of those members who had worked overseas, 39.2% of visits undertaken were short-term working trips of two weeks' duration or less. A further 36.9% of respondents had spent between two weeks and three months working in a resource-poor setting on one single trip whilst 10% had worked for a period of between three months and one year.



**Figure 2.** Location of working visits undertaken by British urologists.



**Figure 3.** Frequency of visits.

In total, 18 respondents (13.8%) had spent a period exceeding one year working overseas.

#### *Location of visits*

Respondents had undertaken work in a wide variety of locations across the world. There was a notable focus on visits/work in sub-Saharan Africa. See Figure 2.

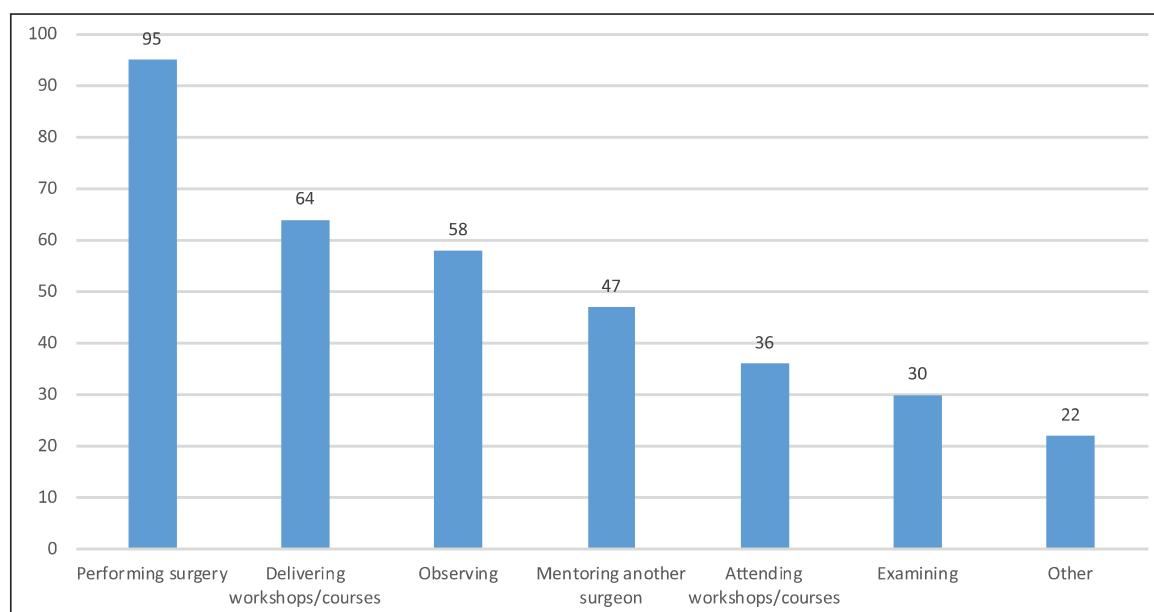
#### *Frequency of visits*

The majority of trips to resource-poor settings were undertaken outside the auspices of Urolink. Of those that answered the question, 33 respondents indicated that they

had been on trips with Urolink on at least one occasion compared to 113 respondents who undertook independent visits. Of those who were involved with independent work overseas, most had been on three or more visits (Figure 3). Of those who had undertaken visits, the majority used annual leave ( $n = 72$ ) compared to study or professional leave ( $n = 37$  and  $n = 42$ , respectively) and 83% planned on undertaking further visits in the future.

#### *Roles undertaken*

Respondents undertook a wide range of roles (Figure 4), with 95 respondents indicating that they performed surgery during visits.



**Figure 4.** Roles undertaken during overseas visits.

### Motivation for visits

Respondents cited multiple common motivating factors for undertaking overseas work. A 'desire to help', a 'direct request for assistance' and 'to gain experience working overseas' (Table 2) were the three most commonly cited reasons that motivated respondents to undertake a visit.

### Exposure to surgery

Educational benefits to undertaking visits were also noted. Twenty per cent of respondents listed the opportunity to 'see different pathology' or 'increase surgical exposure' as a motivating factor. Of those respondents who had worked in resource-poor settings, it was noted that there was significant exposure to surgical procedures that were not routinely seen in the National Health Service (NHS) (Figure 5).

### Perceived benefits

Amongst 126 respondents who answered the question, a wide range of other benefits to undertaking overseas work were also noted, including a better understanding of different cultures ( $n = 107$ ), greater desire to train/teach others ( $n = 78$ ) and renewed energy/motivation ( $n = 69$ ) (Table 3).

### Interest in global urology

A total of 86.4% of all respondents indicated that they would be interested to receive a regular quarterly newsletter with updates of Urolink activity and opportunities. Eighty-nine per cent of respondents indicated that they

**Table 2.** Motivating factors to undertake visits.

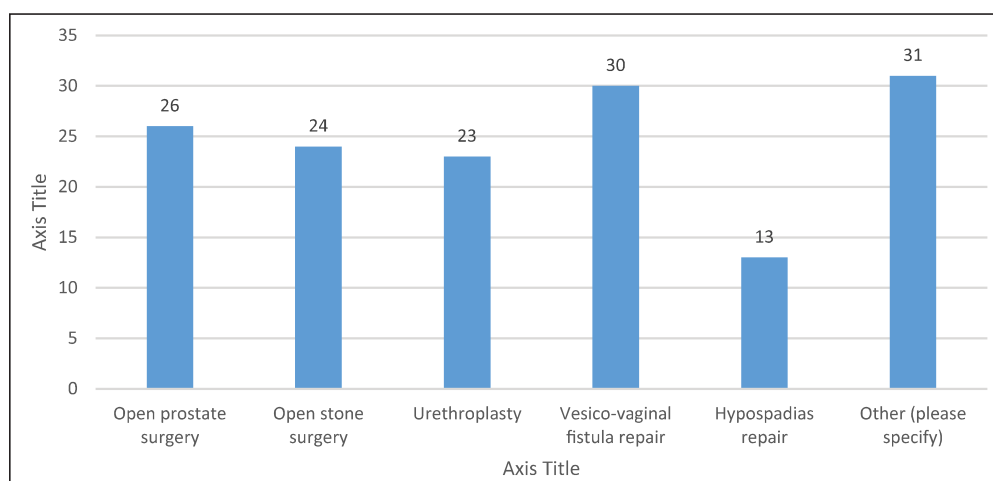
MOTIVATING FACTOR TO UNDERTAKE VISIT	%
Desire to help	22
To gain experience working overseas	14
Direct request for assistance	12
To increase own surgical exposure	11
To see different pathology	9
Travel opportunities	9
Personal reasons (e.g. friends or family)	6
Break from day-to-day NHS work	6
Other	5
To enhance CV	3
Research opportunity	3

NHS: National Health Service; CV: *curriculum vitae*.

would like to undertake an overseas visit at some point in their career.

### Barriers to involvement

Barriers to involvement with either Urolink or overseas work in general can be seen in Figure 6. Family commitments ( $n = 189$ ) was the top reason indicated as a barrier to involvement with Urolink work. The second highest barrier cited was 'unsure how to get involved', rated as a significant



**Figure 5.** Exposure to operative procedures not routinely seen in National Health Service (NHS) practice.

**Table 3.** Perceived benefits.

PERCEIVED BENEFITS	RESPONSE COUNT
Better understanding of different cultures	107
Greater desire to train/teach others	78
More open-minded	76
Renewed energy and motivation	69
Better operative skills	51
More innovative in approach to service delivery	51
Greater confidence in clinical decision making	48
Increased awareness of distribution of NHS resources	44
Enhanced communication skills	43
Enhanced leadership skills	35

NHS: National Health Service.

or very significant factor by 142 respondents. Using annual leave was noted to be a significant barrier and the ability to use professional or study leave, if it were possible, would help facilitate making a visit for 87% respondents.

### Future role of Urolink

Opinion was sought on the future role of Urolink. Respondents were asked to rank options from 1 (not at all) to 5 (extremely important). Education ( $n = 211$ ), teaching surgical skills ( $n = 162$ ) and mentoring surgeons overseas ( $n = 139$ ) were ranked highest in terms of activity that BAUS members felt Urolink should be involved with,

with more respondents indicating that these functions were 'very important' compared to 'partnerships or links with single institutions' ( $n = 101$ ) (Figure 7). Of those that responded ( $n = 308$ ), 75% felt that Urolink was either 'important' or 'very important' as part of BAUS, with only three respondents indicating 'not at all'.

Overall there was consensus that Urolink was an important or very important part of BAUS. Some respondents suggested in free text comments that the current activity of Urolink could be improved by engaging with a wider BAUS membership. There was clearly a desire for wider participation and sharing of information regarding Urolink's activities. Whilst it must be acknowledged that those responding to the survey may represent a self-selected group with a pre-existing interest in 'global health', the large number of responses alone indicates that there is substantial interest amongst BAUS members in global urological care. Fifty-nine per cent ( $n = 180$ ) of participants indicated that research articles on global urological issues were either 'important' or 'very important' in British urology journals, and nearly 90% of members who replied to the survey indicated that they would like to participate in a visit at some stage in their career.

### Discussion

There is very limited published evidence on the level of engagement or interest amongst British urologists undertaking voluntary work outside of the NHS in resource-poor countries. The current survey demonstrates a significant level of interest and engagement by BAUS members, with the highest response rate for any BAUS survey to our knowledge to date. Furthermore, 75% of respondents indicated that Urolink was either 'important' or 'very important' as a faculty of BAUS.

This study also confirms that there is a substantial level of activity amongst BAUS members in undertaking

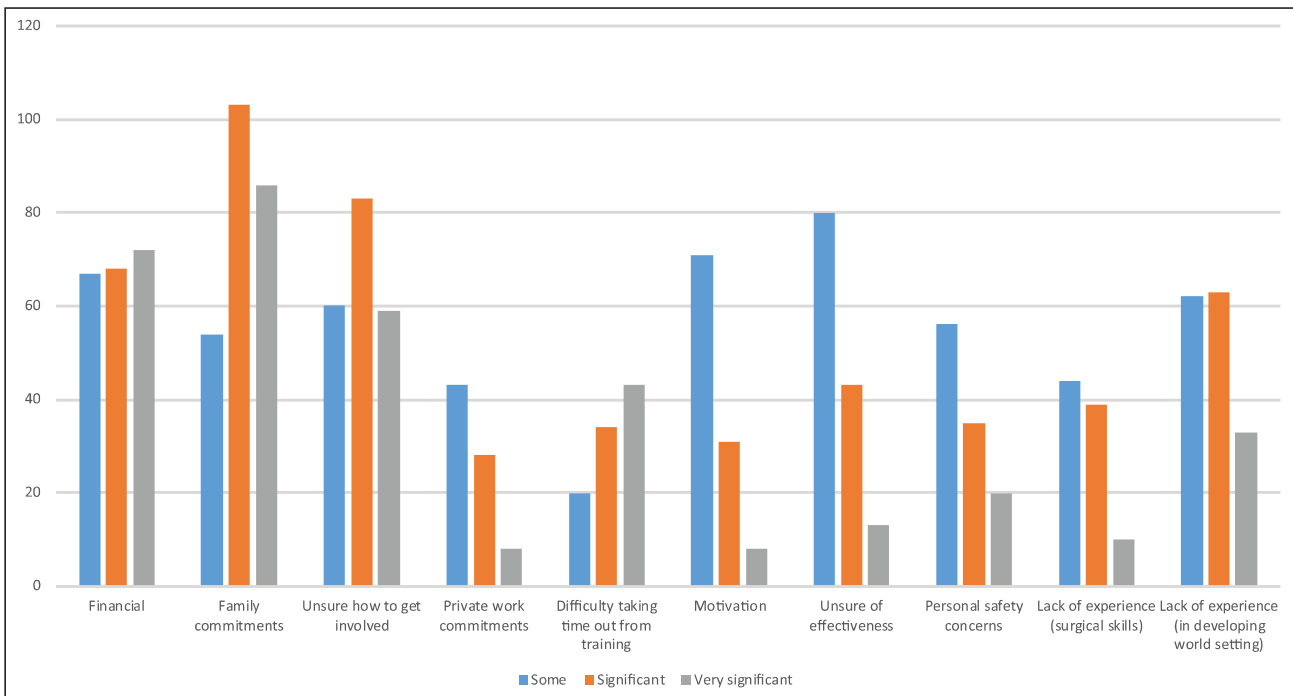


Figure 6. Barriers to involvement.

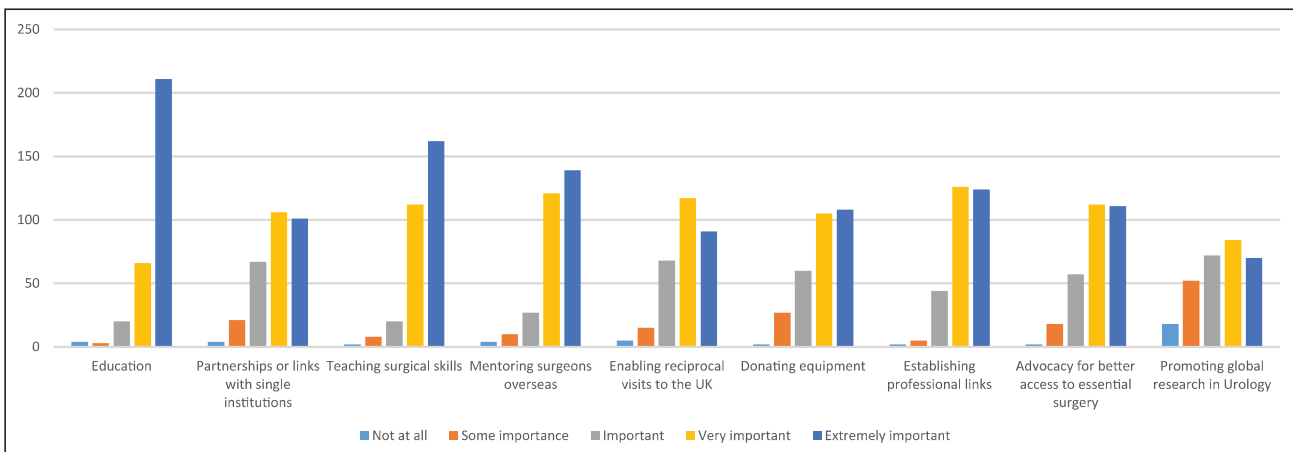


Figure 7. Opinions on future role of Urolink.

voluntary work overseas, with over 40% of respondents having either worked overseas or participated in a visit to a resource-poor country. The majority of that activity is independent and occurs outside of the auspices of BAUS Urolink. Most visits tend to be short term, with a focus on performing surgery or teaching, often in the form of workshops or courses.

The core values for undertaking visits amongst British urologists are largely the same, with altruistic motivating factors cited by over one-third of respondents. Opportunities to travel and see different medical pathologies also represented a significant reason for undertaking work. Visits may play a role in experiencing health care

outside of one’s usual NHS practice, but there was a wide range of other benefits noted, including an enhanced desire to teach and train others.

Urolink has traditionally favoured ‘links’ between institutions or individuals to foster collaboration and allow the benefits of ongoing longitudinal support.<sup>4</sup> Acknowledging that it is difficult for many BAUS members to have a sustained or repeated commitment to undertaking overseas visits, Urolink could attempt to better promote and facilitate carefully planned visits. By ensuring clear and locally relevant objectives are in place with a smaller number of ‘link’ centres in low-income countries (where there is a clear training need and request



for assistance), it may be possible to encourage wider engagement of BAUS members. There are many surgeons and urologists working in low-income countries who ask for specific support, ranging from urologists attempting to establish endoscopic services in urban centres through to 'general surgeons' in rural areas requesting mentoring to improve their management of common urological emergencies. Urolink could act as a conduit to match those areas where specific skills are needed and provide support and training for that purpose.

There is an increasing recognition of the importance of 'global surgery' in the international health domain, and 2015 represented the launch of the *Lancet* commission on global surgery. Urinary outflow obstruction has been identified as one of 15 essential surgical conditions for which a basic surgical procedure (suprapubic catheterisation of appropriate quality and safety) can save lives and prevent life-threatening complications and should be accessible at all times and affordable to the community.<sup>5</sup> There are likely to be increasing efforts globally by governments, funders and non-governmental organisations (NGOs) to improve access to safe essential surgical care. Urolink could act as an advisory body on behalf of British urology to help advise and engage with this process. In addition, supporting urological colleagues overseas in specific specialist training can hopefully continue and, with improvements in technology, United Kingdom (UK)-based urologists may be able to play a more significant role in supporting this endeavour. Promoting exchange visits and bursaries for attendance at BAUS for overseas urologists could also be promoted further, as many respondents indicated that this should be an important function of Urolink.

There was a high overall response rate to this survey and the fact that a majority expressed interest in receiving regular updates of Urolink activity, as well as respondents indicating that global urology issues were important/very important in British urology journals, suggests a significant demand for improved dissemination of matters of interest within this field. Urolink should look to develop different avenues of communication, for example, a dedicated BAUS global urology Twitter feed. This may allow further dialogue regarding global urological issues and encourage wider participation of BAUS members.

For trainees embarking on an overseas visit or placement for the first time, Urolink could look to facilitate this process by providing dedicated training days or core educational literature and resources for use overseas, and support in obtaining time out from training in the form of Out Of Programme Educational experiences (OOPEs). If there were sufficient interest, training days could be organised either at the BAUS annual meeting or as a stand-alone event to attempt to share and utilise the collated experience and resources of the many BAUS members who are already involved with this type of work. Urolink could also attempt to assist with British urologists interested in

setting up independent links with overseas organisations. Guidelines already exist for developing projects in low-income countries,<sup>6</sup> but open engagement between BAUS members may also help to facilitate this process, avoid duplication of work and help share experiences and resources.

## Summary

This survey demonstrates a large volume of experience and interest from BAUS members in undertaking work overseas in low-income countries. Whilst it remains entirely feasible and appropriate to undertake this work outside of the confines of organisations such as Urolink, the committee should look at ways to increase their engagement with and support for BAUS members. Improving communication and dissemination of activities and opportunities could be a key area to focus on, and the Urolink committee could act as an 'umbrella' organisation to signpost and co-ordinate opportunities for undertaking overseas work.

Many different individuals and organisations are involved with delivering educational activity overseas, and there is a need in future to better co-ordinate visits so we can learn from each other, avoid duplication and share resources and experience gained. By improving dissemination of planned activity and focussing on a smaller number of 'link' centres, Urolink hopes to maximise the effectiveness of such endeavours.

Overall it is heartening to learn of the enormous interest the majority of UK urologists have in global urology. The challenge facing Urolink is to harness this interest in the future and to expand the work of Urolink to benefit global urological practice.

## Conflicting interests

The authors declare that there is no conflict of interest.

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## Ethical approval

Not applicable.

## Informed consent

Not applicable.

## Guarantor

NC.

## Contributorship

RPM and JSM conceived the study, reviewed and edited the manuscript. NJC conceived the study, collected and analysed the

data, drafted and revised the manuscript. SV and CSB reviewed and edited the manuscript.

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