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УРОЛОГІЯ

What we know about outpatient urology in Europe

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SUMMARY

Information on office urology and outpatient urology performed by urologists in main profession is scarce. The 2017 founded EAU Section ESUO of outpatient and office urologists has inquired through two questionnaires the number of outpatient urologists, the methods of outpatient urology (26 countries, 53 response items) and the working conditions of outpatient urologists (16 countries, 53 response items), in, in sum, 26 European countries and 106 response items. The questions covered the number of outpatient urologists, the role of subspecialties, own inpatient treatment, diagnostic methods (laboratory, imaging, instrumental diagnostics), non-oncological and oncological drug therapies, instrumental therapy, and outpatient surgery. The kind of employment, the institution of work of outpatient urologists and the sources of their salary were explored, as well as the extent of permits needed to fulfil their medical work and the nature of paces patients use to visit them.

The results show a total of 16,532 outpatient urologists in the 26 European countries from which information is already received. Thus, outpatient urology is an ever growing part of urology in Europe. A great variety and country-specific differences is seen in the methods outpatient urologists use to care for their patients. The evaluation of the data shows that “office urology” is only one of several ways in which outpatients are treated in Europe. These differences can be explained by the history and development of urology in the individual countries and country-specific demarcations against other specialties. The role of international organizations like the EAU in in promoting a common path is discussed. Outpatient urologists are as well employed as self-employed in offices, medical centres or hospitals. In different proportions, their salary comes from public and private health insurances and from the individual patient. Medicine is highly regulated by authorities, the individual workplace and by cooperating physicians with the need to obtain permits in different numbers.

The paths of patients to the urologist are described in relation to the sources of salary and the extent of cooperation among physicians, with surprising results. The tasks of outpatient urology in its role of a link between general medicine and urological clinic and an algorithm to allocate patients to the respective institution of care are discussed. Finally a view is given to recent developments in outpatient urology.

INTRODUCTION

Whereas clinical urology including outpatient departments is well represented in the urological literature, information on office urology and outpatient urology performed by urologists as amain profession is scarce. Our knowledge of office urology in Europe is based on two surveys conducted by the European Board of Urology (EBU) Manpower Committee published in 2000 [1] and 2007 [2]. In 1998, the number office urologists in Europe was estimated 4.200, mostly located in Central Europe, Italy and Greece.

In 2017, the EAU founded the ESUO section, being designated the "EAU Section of Urologists in Office". One of its tasks was to investigate the essence of office urology in Europe through questionnaires processed by section members and contacts in different European countries. The results showed that the designation "office" was not comprehensive enough to describe the different ways in which the treatment of outpatients is organised in each country. In order to see whether office urology represents a separate field in the spectrum of outpatient urology, the current data of the countries in which the EBU surveys [1-3] between 2000 and 2007 described a relevant number (> 100) of office urologists were compared with those that reported no or only a small number of office urologists at that time. With these urologists, predominantly either self-employed in an own office or employed in medical centres, a tendency is seen to treat in a broader therapeutic spectrum than with the urologists in the countries without office urology described at that time. However, there are no fundamental differences between the two groups that would be a unique distinguishing feature of office urology. So, office urology is therefore obviously not an independent entity in outpatient urology but only one of several ways in which outpatients are treated in Europe. Regarding this, an extension of the section's definition became necessary.

The new definition focuses to urologists who treat outpatients as their main profession in more than 50 % of their working time, within a context of an established professional profile and not only temporarily, and independently of the type of their employment and whether they do it in office, medical centre or hospital. Consequently, in 2019 the section's designation was re-named as the "EAU Section of outpatient and office urology" [4].

In the following text outpatient and office urology/urologists are referred to as "outpatient urology/urologists".

THE ESUO PROJECT AND ITS RESULTS

Since 2017 the ESUO has explored the situation of outpatient urology in Europe through two newly designed questionnaires (questionnaire I and questionnaire II). Questionnaire I enquired the relevant numbers of urologists and the professional content of this sector in urology, questionnaire II the working conditions of outpatient urologists. The questionnaires were processed by section members or other contacts in the individual countries by estimating the situation in their country typical for outpatient urologists. The responders were asked to describe the typical situation of the majority of outpatient urologists in their country and comment all procedures approved by their country's rules for outpatient urology.

Because no Europe-wide comparable statistics are available on all items inquired the authors rely on the information provided by the contact persons. As the project is still in progress they appreciate updates and corrections, if necessary.

Questionnaire I has been processed in 26 countries, Questionnaire II in 16 countries (fig. 1).

Questionnaire I addressed the numbers of outpatient urologists, the urologic subspecialties, and the fields of diagnostics and therapy.

Number of outpatient and office urologists. Today 16,532 (55 %) out of the 30,299 urologists (in general) in the twenty-six replying countries are working in an outpatient way according to the ESUO definition. 54 % of these, in the varying extent of 10 % to 100 %, treat inpatients in addition to their outpatient work, 46 % are "outpatient-only" urologists. The countries with the greatest absolute numbers of outpatient urologists are Russia (4,000), Germany (3,200) and Turkey (3,000). Special training to become an outpatient urologist is not required in any of the twenty-six replying countries.

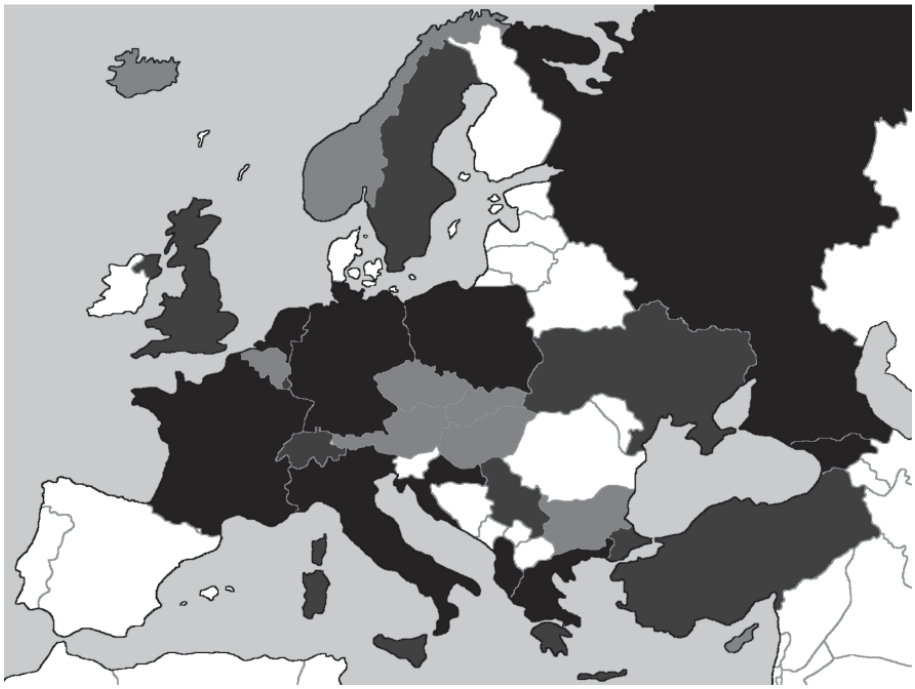

FIGURE 1. Replying countries: questionnaire I only (grey), questionnaire I and II (black)

Even in 2018 with the limited information from only 12 countries and under the former designation "office" more than 7.000 office urologists in Europe were counted[4].

Compared to the EBU data from 20 years ago outpatient and office urology is an ever evolving part of urology in Europe and by this also will be a protection against claims of other specialties on the contents of urology, in particular in border areas.

Subspecialties. Not all of the specific urological subspecialties are part of urology in all countries but in part in the hands of other specialties (e.g. oncology, pediatric surgery, gynaecology) with consequences for the fields of urology's activity in these respective countries (table 1).

The medical methods used in outpatient urology. Urology is one of the many organ-centred specialties and – besides its own methods, e.g. cystoscopy, prostate biopsy, urodynamics – it uses techniques of the method-centred specialties, like radiology, laboratory medicine or surgery. Urology's definition and demarcation against other specialties traditionally differed from country to country. These differences have been levelled by the internationalization of medicine responsible to international organizations like the EAU or the EBU and the FEBU exam.

TABLE 1. Subspecialties as integral part of urology

	% of countries
Uro-oncology	92
Andrology	84
Female urology	84
Neurourology	80
Pediatric urology	76

Nevertheless, country-specific features have survived and cannot be explained by the essence of the specialty alone but also by the organizational conditions the specialty or parts of it (e.g. outpatient urology) take place. Concerning the methods used it is crucial whether outpatient urology is performed in typical offices located in private premises, in outpatient centres or hospitals where other specialties cooperate next door. If the practice is located in multi-specialty centres or in hospitals the institution's infrastructure,equipment and the support of other specialties can be used cost-effectively. In typical offices extra-investments are necessary but e.g. the ultrasound probe can be handled as swiftly as the cardiologist's stethoscope: an advantage in time-effectiveness.

Usually offices (and medical centres) are nearer to the patient's home than hospitals.

Regardless of where and by whom the methods are performed technically the urologist should be able to interpret the results in detail. The knowledge about the different methods will have consequences for education to become an urologist, for life-long education and training, for permits and possible investments on the one hand and social development and political decisions on the other (table 2).

The range of diagnostic and therapeutic methods. The use of 44 diagnostic and therapeutic methods

TABLE 2. Diagnostic methods in outpatient urology in Europe

Laboratory tests	% of countries	Imaging	% of countries	Instrumental diagnostics	% of countries
urinalysis	65	transrectal sonography (TRUS)	84	uroflowmetry	100
blood tests	53	abdominal sonography	73	urethrocystoscopy	84
PSA	50	duplex sonography	69	urodynamics	76
sperm analysis	50	urethrography	26	prostate biopsy	73
urine culture & antibiogram	42	voiding cysturethrogram	23	bladder biopsies	57
smear diagnostics for STD	38	urography	19		
erythrocytes' morphology	34	retrograde urography	19		
urine cytology	19				

related to outpatient urology was inquired. Germany (42 methods) is the country with the broadest spectrum, followed by Switzerland (38), Ukraine (36), Austria (33), and Albania (32). The smallest range is seen in Croatia (15 methods), Norway (17), Estonia (18), and Belgium (19).

The use of 8 laboratory tests was asked. In 8 countries outpatient urology completely waives own laboratory tests and these are done by GPs, clinics or laboratory physicians. In 6 other countries 1 – 3 methods are performed, most frequently urinalysis. 4 countries (DE, GE, PL, UA) use all 8 methods. Tests related to andrology, like STD-diagnostics and sperm analysis, are carried out in about one half of the countries in outpatient institutions.

Imaging is predominantly done by ultrasound in nearly all countries (22), conventional

radiography in only 7 of the countries as an outpatient urology procedure.

Transrectal ultrasound (TRUS) is the most common ultrasound method used in outpatient urology. Even as a prerequisite of prostate biopsy it is performed as an inpatient procedure (like prostate biopsy itself in 27 %) in 7 of the 26 countries. Patients for abdominal sonography are sent to the radiologist in one fifth of the countries.

Radiographic methods, e.g. imaging of bladder and urethra,which need additional equipment are performed in hospitals in all but 6 countries.

Instrumental dignostics. Endoscopy is regarded as inpatient procedure in a part of the countries, urethrocystoscopy in 4 and bladder biopsy in 15 of the 26 countries.

Prostate biopsy is performed in 6 of the countries as an inpatient procedure.

Uroflowmetry is only procedure that is done in outpatient institutions in all countries, urodynamics in 20 of them.

Non-oncoclogical drug therapy. Non-oncological diseases, except tuberculosis, are uniformly treated by outpatient urologists in nearly all countries. The treatment of urinary tract infections (UTI), benign prostate syndrome (BPS), erectile dysfunction (ED) as key tasks in urology is done in all countries but one: in Great Britain BPS is treated by General Practitioners,maybe after consultation of urologists, and ED is cared for in so called Genito-Urinary Medical Centres without participation of urologists probably due to the predominantly surgical tradition of British urology. In 6 of the 26 countries sexually transmitted diseases (STD) are not treated by outpatient urologists but in some by dermatologists. 30 years ago it was the same in Germany but meanwhile there has been a shift toward urology, at least for the different forms of urethritis and balanitis, incl. HPV.

In one third of the countries psychotherapy is regarded as task of outpatient urologists.

Drug therapy of tumours is organized differently in the various European countries. In sum, 96 % of the responders state that therapy of prostate cancer is the task of their country's outpatient urology. But the methods used vary significantly from country to country possibly due to their different allocation to GPs, outpatient urologists, clinical urologists and oncologists. The basic treatment (ADT) by LHRH and anti-androgenes is very common in outpatient urology with a percentage of about 80 %, in the UK it is task of General Practitioners. The use of new substances (ARI) like enzalutamide and abiraterone is performed in only 60 % of the countries in outpatient urology. The same extent is with instillation therapy in bladder cancer which is otherwise done in hospitals. Therapy with new substances in renal cancer and chemotherapy in general is rare in outpatient urology, mostly performed by urological clinics or oncologists. In Germany and the UK outpatient urologists are allowed to treat their patients by chemotherapy and new substances in progressive prostate and bladder cancer and renal cell carcinoma (RCC) if they and their staff have passed an appropriate

education and have got a special permit, in Ukraine they may use new substances in RCC. Supportive care by bisphosphonates is regarded as a task of outpatient urologists in nearly half of the countries, in the others of urological clinics, oncologists or GPs.

Instrumental therapy is focused to urethral dilatation, ureteral stents are managed in an outpatient setting in nearly 40 % of the countries, otherwise in urological hospitals.

Outpatient surgery is common in ... of the countries.

The management of catheters and cystostomies is mostly performed in outpatient urology, but is task of GPs in some countries, of hospitals in others (table 3).

WORKING CONDITIONS OF OUTPATIENT UROLOGISTS

In one half of the 16 countries we have information from outpatient urologists are hospital-based, in 6 countries fully employed by hospitals or in 2 by the state. In 3 countries they are based and employed in medical centres, in 5 countries self-employed in an own office, in two of these in addition to an employment in hospital.

In Croatia, Germany, and Luxembourg outpatient urology is completely performed by self-employed urologists, in Germany nearly exclusively in own offices, in Luxembourg in hospitals. In Greece and Serbia there is a mixed system with urologists who are employed in hospital as well as self-employed in their own office. France works with employed urologists in medical centres and treating inpatients in co-operating clinics. In Italy, the Netherlands, Poland, Russia, Switzerland, and the United Kingdom outpatient urologists are employed by and based in hospitals, in Albania, Turkey and Ukraine in hospital and employed by the state (fig. 2).

The income of outpatient urologists is, on average, in 57 % derived from public health insurances, in 18 % from private health insurances, in 21 % from the individual patient, in 2 % from hospitals, varying for each of these items in a proportion of 0% to 100 %, and in 2 % (0 – 30 %) from others. The chart shows an extremely diverse picture behind the bare averages, suggesting completely different national traditions, regulations and influences on outpatient urology (fig. 3).

Urological networks. In half of the surveyed countries outpatient urologists are united in local networks, most of them with close contacts to GPs.

TABLE 3. Therapeutic methods in outpatient urology in Europe

non-oncological therapy	% of countries	drug therapy of tumours	% of countries	other therapies	% of countries
of urinary tract infections	100	of prostate cancer	96	urethral dilatation	88
spasmolytic therapy	96	LHRH	84	catheter/cystostomy	73
of BPH	96	antiandrogenes	80	outpatient surgery	73
testosterone substitution	96	enzalutamide	53	ureteral stents	38
of E.D	96	abiraterone acetat	42	psychotherapy	30
analgesic therapy	88	instillation therapy (BC)	46		
chemical litholysis	88	bisphosphonates	42		
of STD	73	of RCC (new substances)	19		
local therapy with estrogens	73	chemotherapy	8		
of tuberculosis	26				

FIGURE 2. Forms of employment of outpatient urologists in Europe

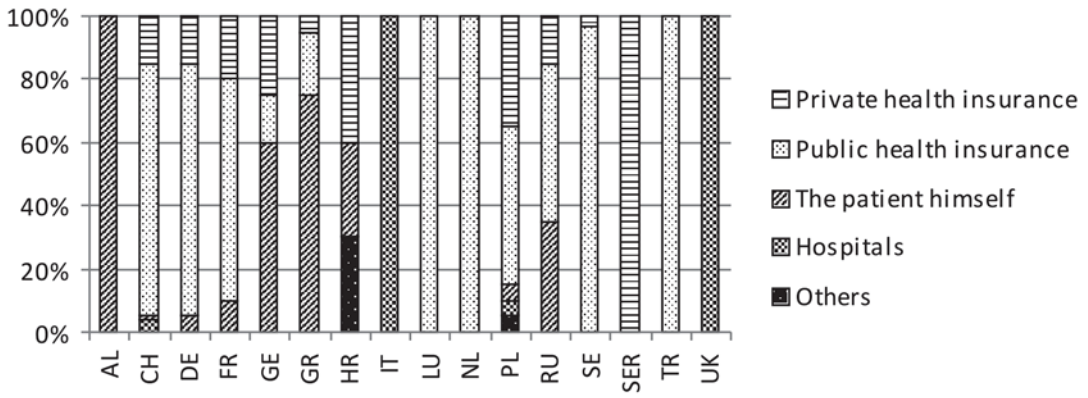

FIGURE 3. The sources of payment for outpatient urologists

In addition to their national societies two countries have founded nationwide associations of outpatient and office urologists: the SIUT (Societa Italiana Urologia Territoriale) in Italy and the SPUF (Association of the Swedish private urologists) in Sweden.

Regulations and permits needed. The professional field of medicine usually is highly regulated by rules of authorities and determined by the type of workplace and cooperating colleagues. To settle down and to use medical methods and equipment urologists often need permits from health insurances, medical self-administration, government administration, local hospitals, or other local urologists. The extent and number of permits needed depend on the intended field of work: working place, oncological or non-oncological drug treatment, outpatient surgery, treatment in hospital or medical devices.

On average, the most regulated therapeutic field is the oncological drug therapy: only 4 countries require no permit, in the others at least 2 permits are required. The most liberal therapeutic field is the non-oncological drug therapy with no permit necessary in 9 countries and in the others 1.66 on average.

Regarding these six criteria: the smallest number (0 - 2) of permits is needed in Turkey, Greece, Russia, Serbia, their largest number (13 - 14) in the UK und Poland (table 4).

The paths of patients. Considering all patients from all countries, 49 % of them attend their outpatient urologist by their own decision, 34 % are referred by General Practitioners, 12 % by other specialists, and 5 % come from other reasons.

It is interesting to relate these figures to the question of whether in the individual countries close contacts exist to General Practitioners by local networks. In countries with such local networks 46 % of the patients are referred by General Practitioners, in those without networks in 25 %. Vice versa, in countries without networks 71 % of the patients visit their urologist by their own decision and only 37 % are referred by GP. Concerning the referral from other specialist there is no difference.

In countries in which more than 40 % of the outpatient urologist's patients are referred by GP 91 % of the urologist's payment comes from public institutions (public health insurances, hospitals, state). Vice versa, in those with a GP-referral rate below 40 % only 34 % of the payment stem from public institutions, the rest from either private health insurances or from the patient himself.

If large public institutions like public health insurances are the source of physicians' payment they can use rules to influence the way physicians co-operate. For instance, in Germany the association of Public Health Insurances have launched a program

TABLE 4. The role of permits in European outpatient urology

Permit necessary?	Number of countries (average number of permits required/country)	
	no	yes
Place of work	10	6 (1.66)
Oncological drug treatment	4	12 (2.01)
Non-oncological drug treatment	9	7 (1.57)
Outpatient surgery	7	9 (1.66)
Treatment in hospital	4	12 (1.66)
Medical equipment	11	5 (1.00)

of "Hausarzt (= GP)-centred care": patients have to visit their GP first who will decide whether he himself can care for the patient's specific disease. If not, he refers the patient to an outpatient specialist. Most of these patients can be treated in the outpatient institution. If their problem is too complex, severe or needs special equipment or skills they are sent to inpatient treatment. This rule, scored with the extent of disease (minor: > GP, moderate: > outpatient specialist, severe: > clinic) may be bypassed in the case of emergency or the need of inpatient equipment and surgery (table 5).

The consequence of this system is a disease-related diversion of labour among the three institutions which is regarded cost-effective. Own inquiries (HH) in this system [6] suggest that 1 in 50 patients with a current urological diagnosis need to be treated in hospital because of the severity of the disease or the need for surgery. Around 80 % of patients can be successfully treated by the general practitioner and another 20 % by the outpatient urologist. This division of labour is directed by the extent of the disease (minor, moderate, severe).

DISCUSSION

Until recently the essence of European outpatient urology largely has been a blindspot on urology's map. Our knowledge is still incomplete as we have not yet got information from all European countries, but we are informed about the large countries in which the EBU surveys from twenty years ago have described remarkable numbers of office urologists.

Through our questionnaire we have seen that the designation "office" is not comprehensive enough to describe the work of all urologists who treat outpatients in their main-profession over many years or life-long and not characteristic enough to justify an independent signification. Consequently, we now designate this part of urology "outpatient and office urology" to distinguish from clinical outpatient departments in which young urologists primarily work for a short time to change to inpatient treatment as their actual career target.

Although all outpatient urologists generally treat patients with the same, the moderate, degree of disease our surveys show different contents and a great variety in the organization of outpatient urology in the individual European countries. This can be due to individual history, medical traditions, social developments, rules and laws, as well as the country's own view of urology, and must be appreciated. But sharing information about conditions in other countries will widen the perspective and might be the key of thinking about changes in the own country.

Outpatient urology fulfils an important task in the medical landscape as the institutionalized link between general medicine and urological inpatient treatment. Patients with a minor degree of disease may be treated by the GP, those with moderate degree by outpatient urologists and only a small proportion of them with severe disease or intended surgery is in need of inpatient treatment. Each institution refers patients who need a more complex care to the next higher one, from general medicine to urological clinic.

Outpatient urology's task is the nearer-to-home treatment (nearer than in hospitals, usually) by an educated urologist, experienced in outpatient diagnostics, conservative therapy and outpatient surgery. Outpatient urologist's treatment in these patients will be more knowledge-based and skilful than the GP's and less expensive than in hospital.

This design describes an institutionalized division of labour and tasks between GP, outpatient urologist and urological clinic, based on the medical algorithm of different degrees of disease. The co-operation should be accompanied by close contacts, not only between outpatient urologist and hospital as usual, but also between outpatient urologist and local GPs by case conferences, education and also technical interfaces for legally compliant and swift communication [7, 8].

Recent changes in outpatient urology may be indications of future developments.

In Germany, being one of the homelands of office urology and having an office-tradition of more than 100 years a trend is seen toward employment in urological medical centres because the younger urologists dread the risks of self-employment.

In the Netherlands, where all outpatient urologists

TABLE 5. Whose decision leads patients to outpatient urologists' treatment?

	Local networks with GPs?	
	yes	no
Patients'own decision (49 %)	37 %	71 %
Referred by their general practitioner (34 %)	46 %	25 %
Referred by other specialists (12 %)	13 %	10 %
Other reasons (5 %)	–	–

were hospital-based and employed by the clinics, we see currently the advancement of "Network Urology" as being the beacon of rapidly developing outpatient centres for e.g. prostate cancer, bladder cancer, or pelvic floor diseases.

Due mostly to the commercialisation of medicine and a trend toward "as much as possible in an outpatient way", at least in Germany, some traditional hospitals are closed and replaced by outpatient centres in which urology may play an important role.

Thus, knowledge of the contents, forms of organization, and future opportunities of outpatient urology is demanded, must be updated regularily, and information has to be inquired from the yet unexplored countries.

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РЕФЕРАТ

Що відомо про амбулаторну урологію в Європі

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Інформація про офісну урологію та амбулаторну урологію, яку виконують урологи, обмежена. Заснована в 2017 р. Секція EAU ESUO амбулаторних та офісних урологів за допомогою двох анкет провела опитування щодо кількості амбулаторних урологів, методи амбулаторної урології (26 країн, 53 запитання) та умови роботи амбулаторних урологів (16 країн, 53 запитання). Загалом, у 26 європейських країнах та 106 питаннях. Питання охоплювали кількість амбулаторних урологів, роль субспеціальності, власне стаціонарне лікування, діагностичні методи (лабораторія, візуалізація, інструментальна діагностика), неонкологічну та онкологічну медикаментозну терапію, інструментальну терапію та амбулаторну хірургію. Були вивчені види зайнятості, інститут роботи амбулаторних урологів та

Что мы знаем об амбулаторной урологии в Европе

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Информация об офисной урологии и амбулаторной урологии ограничено. Основанная в 2017 г. секция EAU ESUO амбулаторных и офисных урологов с помощью двух анкет провела опрос по количеству амбулаторных урологов, методы амбулаторной урологии (26 стран, 53 вопроса) и условия работы амбулаторных урологов (16 стран, 53 вопроса). В общем, в 26 европейских странах и по 106 вопросам. Вопросы охватывали количество амбулаторных урологов, роль субспециальности, собственно стационарное лечение, диагностические методы (лаборатория, визуализация, инструментальная диагностика), неонкологическую и онкологическую медикаментозную терапию, инструментальную терапию и амбулаторную хирургию. Были изучены виды занятости, инсти-

джерела їх заробітної плати, а також обсяг дозволів, необхідних для виконання медичної роботи, та кількість пацієнтів.

Результати показали загалом 16 532 амбулаторних урологів у 26 європейських країнах. Таким чином, амбулаторна урологія є постійно зростаючою частиною урології в Європі. Велике розмаїття та різниця в конкретних країнах спостерігається в методах, які амбулаторні урологи використовують для догляду за своїми пацієнтами. Оцінка даних показує, що «офісна урологія» є лише одним із декількох способів лікування амбулаторних пацієнтів у Європі. Ці відмінності можуть бути пояснені історією та розвитком урології в окремих країнах та розмежуванням конкретних країн щодо інших спеціальностей. Обговорюється роль міжнародних організацій, таких як ЄАУ, у просуванні спільного шляху. Амбулаторні урологи працюють так само, як самозайняті в офісах, медичних центрах або лікарнях. У різних пропорціях їхня зарплата надходить від державного та приватного медичного страхування та від окремого пацієнта. Медицина високо регулюється органами влади необхідністю отримання дозволів.

Направлення пацієнтів до уролога описуються стосовно джерел заробітної плати та обсягу співпраці між лікарями з дивовижними результатами. Обговорено завдання амбулаторної урології в її ролі зв'язку між загальною медициною, урологічною клінікою та алгоритмом розподілу пацієнтів до відповідного закладу допомоги.

Ключові слова: амбулаторна урологія, офісна урологія, ЄАУ, ЄСУО.

тут работы амбулаторных урологов и источники их заработной платы, а также объем разрешений, необходимых для выполнения медицинской работы, и количество пациентов.

Результаты показывают в целом 16 532 амбулаторных урологов в 26 европейских странах, из которых информация уже получена. Таким образом, амбулаторная урология является растущей частью урологии в Европе. Большое разнообразие и разница в конкретных странах наблюдается в методах, которые амбулаторные урологи используют для ухода за своими пациентами. Оценка данных показывает, что «офисная урология» является лишь одним из нескольких способов лечения амбулаторных пациентов в Европе. Эти различия могут быть объяснены историей и развитием урологии в отдельных странах и разграничением конкретных стран в отношении других специальностей. Обсуждается роль международных организаций, таких как ЕАУ, в продвижении совместной работы. Амбулаторные урологи заняты в офисах, медицинских центрах или больницах. В разных пропорциях их зарплата поступает от государственного и частного медицинского страхования и от отдельного пациента. Медицина сильно регулируется органами власти необходимостью получения разрешений.

Пути пациентов к урологу описываются относительно источников заработной платы и объема сотрудничества между врачами с удивительными результатами. Обговорены задачи амбулаторной урологии в ее роли связи между общей медициной и урологической клиникой и алгоритмом распределения пациентов в соответствующие учреждения.

Ключевые слова: амбулаторная урология, офисная урология, ЕАУ, ЕСУО.