

GUEST EDITORIAL

Urology care in South Africa: A call for collaboration

Approximately 10% of all patient consultations in general practice are urological, and urology cases comprise approximately 25% of acute hospital surgical referrals.^[1-3] This demand for urological services is increasing and the pattern of disease is changing, especially in patients aged over 65 years. Despite frequent patient encounters for the non-urologist, the current training platform for junior doctors, which includes a 2-year internship and a year of community service, has highlighted significant areas of weakness in subspecialties such as urology, otorhinolaryngology and ophthalmology.^[4,5] This lack of exposure to clinical urology was further highlighted in a recent survey of 104 interns that showed that urological exposure and training at internship level is below the standard at which it needs to be to produce proficient and competent doctors able to practise efficiently during community service and beyond.^[6] It is therefore of paramount importance that primary care physicians (PCPs) are empowered to manage common urological pathologies, which is of particular importance in the public sector in South Africa (SA). According to the registry on the Health Professions Council of South Africa website,^[7] SA has 347 active urologists registered with the Council, which equates to a urologist-to-population ratio of 0.56 per 100 000. What is worse is that the 52 million South Africans who fall outside the medical aid net^[8] – 84 out of every 100 – are largely dependent on just 50 full-time urologists in the public sector across the country (Fig. 1). The situation in other parts of Africa is even more dire. The College of Surgeons of East, Central and Southern Africa, which currently operates in 14 countries in the sub-Saharan region, and the West African College of Surgeons have urologist-to-population ratios of 0.025 and 0.015 per 100 000, respectively.^[9] To put these numbers in perspective, the USA has 13 976 urologists (4.21 per 100 000 population).^[10]

For these reasons, urologists should seek to engage and empower family practitioners and PCPs to help shoulder our burden. The imminent National Health Insurance, which aims to provide equitable access to healthcare, is in response to the global call for universal health coverage. Family practitioners and PCPs will be at the forefront in delivering high-quality, cost-effective care more rapidly and closer to home, offering patients considerable advantages, and together with strong, appropriate referral management and community-orientated approaches to case management and prevention, may reduce the burden for specialists. The urology pathways in this issue of CME,^[11] which are in line with international and national guidelines,^[12-15] are easy to follow, and, except for a small number of advanced imaging requirements, can be implemented at all levels of care. They provide insights into the decision-making processes for the management of some common urological presentations, including visible and non-visible haematuria, acute urinary retention, male lower urinary tract symptoms, female urinary incontinence, male urethral discharge, acute scrotal pain, and an approach to elevated prostate-specific antigen detected during screening. Although various guidelines and guideline overviews have been published in an SA urology context,^[16-18] these are by far the most practical. They received a national endorsement from the South African Urology Association. We hope that they will be implemented across emergency departments and primary referral centres.

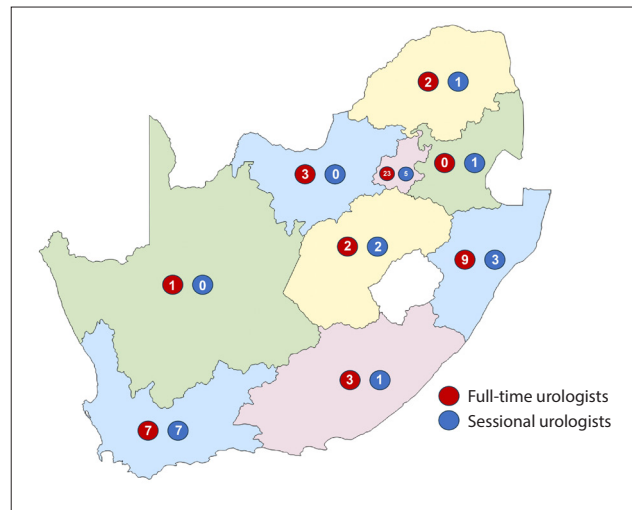


Fig. 1. Map showing the distribution of full-time and sessional urologists across the provinces of South Africa.

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