

Course Title:

USANZ Trainee Week 2025, Masonic Centre, Sydney, Australia, 16th November 2025 to 20th November 2025

Submitted by:

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A) Background

The Urological Society of Australia and New Zealand (USANZ) Trainee Week 2025 was held in Sydney, New South Wales, Australia, from 16–20 November 2025. This event remains a cornerstone of the urology training calendar annually, provided a comprehensive lecture and professional development platform for urology trainees in Australia and New Zealand.

The program integrated examination preparation, subspecialty-focused teaching, multidisciplinary discussions, and professional networking, creating an immersive environment that extended beyond conventional classroom learning.

On this year, Trainee Week Exchange Program was attended by international delegation from Urological Association of Asia (UAA: India, Indonesia, Japan, Thailand), European Urological Association (EAU: Armenia and South Africa), Canadian Urological Association (CUA), and BAUS Section of Trainees (BSoT).

B) Program objectives

From a participant's perspective, the program aimed not only to enhance technical knowledge and examination preparedness, but also to cultivate reflective clinical reasoning and professional maturity. The exposure to diverse subspecialties—ranging from female urology and oncology to trauma, andrology, and artificial intelligence—aligned with the objective of broadening clinical perspectives. Equally important was the program's emphasis on communication skills, ethical considerations, and adaptability in a rapidly evolving medical landscape.

As an international participant, the delegation at this program had a valuable opportunity to observe and engage with advanced urology training frameworks in Australia and New Zealand, and made broad connection and brainstorming to other, offering trainees valuable perspectives on the evolving landscape of urological practice.

C) Lessons learnt

One of the most significant lessons gained was the importance of structured clinical thinking, particularly in high-stakes examination and complex case scenarios during Vivas preparation. The discussions reinforced the need for clarity, prioritization, and evidence-based justification in clinical decision-making.

Compared to Indonesian National Board Examination, Vivas has least examination stations, consisted of structured oral examination (SOE), operative and procedural skills assessment (OPSA), pathology (Path); office, investigations and management (OIM). The four stations assess candidates' ability of clinical judgment, surgical knowledge, intra-operative thinking, histopathology and oncological interpretation, clinic-based decision-making and investigation.

Beyond technical knowledge, sessions addressing emerging topics such as artificial intelligence, transgender medicine, and multidisciplinary cancer care highlighted the expanding role of urologists as collaborators, communicators, and advocates for patient-centred care. These sessions prompted reflection on how future urological practice must balance innovation with ethical responsibility and cultural sensitivity.

In Indonesia, transgender medicine is still regarded as a sensitive and often taboo area of practice, shaped by sociocultural norms and limited formal education; however, in Australia, transgender healthcare is more openly discussed, systematically taught, and incorporated into standard clinical pathways, supported by multidisciplinary and patient-centred transgender healthcare.

Indonesian trainees may have less exposure to robotic-assisted surgery compared with those in other countries. However, trainees from other countries also reported limited experience with open surgical procedures and expressed interest in learning how open nephrolithotomy is performed in Indonesia. This difference in operative exposure suggests that Indonesian trainees should not be discouraged, as they may develop strong proficiency in open surgical techniques. At the same time, it underscores the importance of continued advancement in technology and infrastructure in Indonesia to avoid being left behind.

D) Networking

The program offered meaningful opportunities for professional networking with trainees from Australia, New Zealand, United Kingdom, Canada, Armenia, South Africa, India, Japan, and Thailand. Several social events managed by the committee helped us to strengthen the relation not only in medical field, but also informally.

Informal interactions during social events complemented academic sessions, allowing for open discussions about training pathways, healthcare systems, and shared challenges in urology education. These connections fostered a sense of belonging to a global urology community and opened avenues for future academic collaboration, mentorship, and potential exchange opportunities.

Discussions with international colleagues encouraged reflection on my own training environment and emphasised the influence of sociocultural and institutional factors on clinical practice.

E) Benefits

Participation in this program significantly contributed to both professional and personal development. Academically, it strengthened understanding of contemporary urological practice and examination standards. Professionally, it enhanced confidence in engaging in international academic forums and articulating clinical perspectives. On a broader level, the experience reinforced the value of global exposure in shaping adaptable, reflective clinicians who can translate international best practices into local healthcare contexts, to continually improve myself as a trainee and how I see myself as a urologist in the future and bring international standards in local healthcare services.

F) Recommendations

Based on this experience, continued support for international training exposure through grant funding is strongly recommended. Such programs provide high-impact learning that cannot be replicated solely through local training. Future participants are encouraged to engage actively in discussions, reflect critically on differences in practice, and identify strategies for applying acquired knowledge within their home institutions. Sustained investment in international educational exchange will contribute to the development of globally minded urologists committed to excellence, collaboration, and continuous improvement in patient care.

G) Photographs with captions



Figure 1. International delegates with Scott Leslie
(Convenor of USANZ Trainee Week 2025)



Figure 2. Major sponsors and sponsors dinner at Kingsleys with other trainees



Figure 3. UAA delegates during intermission

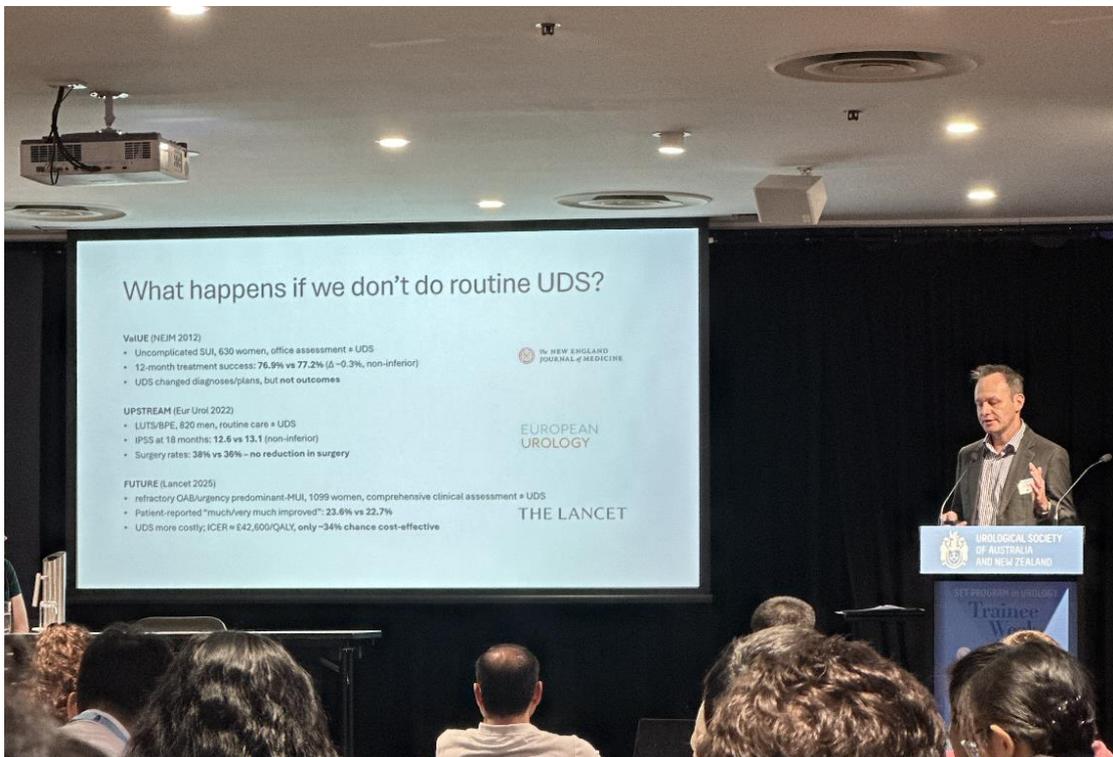


Figure 4. Lecture by Tom Jarvis, with the topic of Urodynamic Case Studies



Figure 5. Quiz Masters



Figure 6. Certificate and Australian souvenirs from USANZ committee

H) Any other Comments

The program was conducted in a well-structured and organised manner. I would like to express my sincere gratitude to **Prof. dr. Agus Rizal A. H. Hamid, Sp.U(K), Ph.D.**, Head of the Urology Study Program at Universitas Indonesia, who encouraged me to apply for this grant during the final application period. I also extend my appreciation to **InaUA** and **UAA** for selecting me as the Indonesian and Asian representative. This grant has had a significant and meaningful impact on my professional development.

I would also like to convey my deep appreciation to **USANZ** for organising such a special and welcoming event. I will fondly remember the warm reception, excellent organisation, and exceptional hospitality provided by the committee, including comfortable accommodation, well-planned social events, and high-quality meals throughout the program. The friendliness and inclusiveness of the participants were remarkable; many local trainees welcomed me into their social circles, making me feel truly valued. I sincerely hope that the strong relationship between **USANZ** and the **UAA** will continue and strengthen in the years to come.