UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

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UEMS 2012/32

Requirements for the Speciality of

Plastic, Reconstructive and Aesthetic Surgery

Chapter 6, Charter on Training of Medical Specialists in the EU

Adopted by the UEMS Council in Larnaca, Cyprus on 19th October 2012

Definition of the speciality

Plastic, Reconstructive and Aesthetic Surgery is a speciality concerned with the care of patients with defects or deformities which may be congenital or acquired. Acquired defects can result from disease, trauma, burns, tumours, degeneration or ageing. The aim of the speciality is to restore or improve function and appearance by corrective and/or reconstructive procedures.

Article 1. Introduction

This document aims to provide guidelines to harmonise training programmes in Plastic, Reconstructive and Aesthetic Surgery in UEMS member states and to establish defined standards of knowledge, skills and attitudes required to practice Plastic, Reconstructive and Aesthetic Surgery at specialist level. A European Board of Plastic, Reconstructive and Aesthetic Surgery (EBOPRAS) has been established as a working group for Plastic Surgery at European level. EBOPRAS is composed of representatives of the national professional plastic surgery organisations and promotes co-operation between training institutions and the harmonisation of plastic surgery training programmes in Europe. It is important to emphasize that this document serves as a guideline to facilitate national implementation. It is hoped that all national programmes for specialized training in Plastic Reconstructive and Aesthetic Surgery will follow these Guidelines closely in order to support the principle of harmonization and encourage free movement of trainees and specialists.

Article 2. Contents of training

Upon completion of training a trainee is expected to have acquired knowledge of all theoretical and practical aspects of the speciality including the current literature.

2.1 Basic science

- Genetics and embryology related to the development of congenital malformations relevant to the speciality
- Surgical anatomy
- Applied Physiology and Biochemistry including the physiological principles of fluid balance and nutrition
- Pathology including the principles of immunology and microbiology
- Pharmacology including effects of drugs commonly used in perioperative care and in the management of critically ill patients
- Epidemiology and statistics relevant to Plastic Surgery

2.2 Professional skills and attitude

2.2.1 Communication and behaviour

- Clinical contact with the patient. Ability to take a history from the patient or family and carry out a clinical examination.
- Counselling and communication. Ability to counsel patients and health professionals in clinical situations such as information about realistic expectations of surgery, complications and long term results. Ability to communicate in stressful circumstances e.g. critically ill and dying patients. Knowledge of trans-cultural communication, including information via an interpreter.
- Team working. Understanding the role of staff management and cooperation with allied disciplines in complex clinical situations. Knowledge of the indications for appropriate referrals to colleagues with specific expertise or national centres for

specified treatment of rare conditions.

2.2.2 Management

- Management skills. Acquire management skills in running a Plastic Surgery unit.
- Understand socioeconomic and legal aspects. Demonstrates the ability to deal with medical, legal and ethical aspects of the speciality.

2.2.3 Teaching and research

- Acquire teaching experience. Demonstrates the ability to teach medical and paramedical staff by experience and attending specific courses.

- Develop research experience. Training in the analysis of data, understanding of the

principles and practice of clinical research and review of the literature.

2.2.4 Quality control

- Understand the value of audit methodology and specific outcome measures and risk management.

2.4 Plastic Surgery Syllabus

See UEMS 2012.32 – annex - syllabus

Article 3. Training programme

3.1 Access

Access to training in the speciality is determined according to national regulations. The selection procedure must be transparent and non-discriminatory. Applications must be open to all persons who have completed at least two years of common trunk in the generality of surgery.

3.2 Duration

The duration of training in the speciality should be at least four years, after completion of the common trunk. Consideration should be given to extending the duration of training due to the reduction in training time as a consequence of the "European Working Time Directive". The trainee must achieve all defined competencies within their programme. Training is therefore competency-based and not purely time-based.

3.3 Structure

A basic training programme should be incorporated in the early years of the training programme during which the trainee shall acquire a central core of knowledge embracing surgical anatomy and physiology, trauma, wound healing, shock and resuscitation and intensive care.

The following years should be a step wise progression in a modular manner to achieve knowledge and skills in all different aspects of the speciality. Active participation in a structured programme of formal lectures, seminars, journal clubs, clinical and audit meetings should be an essential part of training Trainees should be encouraged to participate in basic and clinical-based research. 'Time-out' for formal research will depend on local circumstances.

3.4 Minimal requirements

The training programme must expose the trainee to a sufficient number of patients and procedures of sufficient diversity and complexity. Trainees must demonstrate competence in a number of areas. The trainer will determine the degree of competence. Four levels of competence for each procedure should be identified:

1. Has observed/assisted with
2. Can do with assistance
3. Competent to do without assistance
4. Competent to do procedures and deal with complications

By the end of the training programme candidates should reach appropriate levels: 1 for highly specialized procedures, 2 for average procedures and 3 for common procedures and 4 for minor procedures detailed in the trainee's log-book.

3.5 Monitoring and examination

Trainees must acquire experience in each of the areas detailed in the syllabus. Operative experience should be documented in the log-book, modelled according to the standard model developed by the EBOPRAS. The log-book should be countersigned by the trainer. Knowledge is assessed by yearly assessment or similar suitable methods. Skills are evaluated on the basis of the content in the log-book when the minimal requirement has been attained. The Certificate of Completion of Training (CCT) will be awarded according to national regulations. The examination run by EBOPRAS is complementary to or replaces the national examinations where they exist. This examination is intended to be both a quality mark, and to help in the harmonization of standards in UEMS member states. Passing the EBOPRAS Examination does not give a right to work in a member country of the UEMS. The national Authority in each country grants such rights. European countries are increasingly adopting the EBOPRAS examination as a component of their national assessment.

3.6 Quality assurance

National Monitoring Authorities together with the assigned educational supervisors and training institutions shall implement quality assurance of training programmes. This includes inspection visits, assessments during training, monitoring of log-books and/or other means. Visitation of training institutions by the National Monitoring Authority shall be conducted in a structured manner, according to the UEMS charter on site visits.

Article 4. Training Institutions

4.1 Recognition

Training must take place in an institution or group of institutions, preferentially based in a university hospital or associated with a university, which together offer the trainee practice in the full range of the specialty. These institutions must be formally recognized by the National Monitoring Authority and can acquire further recognition by EBOPRAS. Sub specialized institutions may be recognized by the National Monitoring Authority for a limited period of training up to one year.

4.2 Requirements

Training institutions should include facilities for inpatient care, day-care and ambulatory care, and shall be staffed by at least three specialists. Related specialties should be present to a sufficient extent to provide the trainees with the opportunity of developing their skills in a team approach to patient care. Consultations and operative procedures should be varied and quantitatively and qualitatively sufficient to meet the requirement defined at #3.4

In addition to patient care, training institutions should provide trainees with educational and research facilities, access to adequate national and international professional literature as well as space and equipment for practical training of techniques in a laboratory setting. Since it is not expected that every training institution will cover all aspects of the specialty cooperation among accredited training institutions to allow for trainee rotations is to be encouraged. It is recommended that at least two training institutions should participate in a single training programme.

4.3 Quality assurance

The training institution must have an internal system of surgical audit/quality assurance including mortality and morbidity conferences and structured incident-reporting procedures. Furthermore, various hospital activities in the field of quality control such as infection control, drugs and therapeutic committees should exist. Visitation of training institutions by the National Monitoring Authority and/or EBOPRAS shall be conducted in a structured manner.

Article 5. Trainers

5.1 Programme Directors

Programme Directors should be practicing plastic surgery for at least five years after speciality accreditation and must have been recognized by the National Monitoring Authority. The chief of the training programme and his training staff should be actively practicing plastic surgery.

5.2 Training staff

Trainers should be accredited by the National Authority and preferably with a teaching assignment to a university. The ratio between the number of trainers on the teaching staff and the number of trainees at any given moment shall be tailored so as to provide adequate exposure of the trainee to sufficient practical work. Minimal ratio is considered to be one trainer to every trainee

Article 6. Trainees

6.1 Requirements

To build up his/her experience the trainee shall be involved in the treatment of a sufficient number of patients and perform a sufficient number of practical procedures of sufficient diversity in order to be able to practice unsupervised and safely after completion of training. The trainee will be required to keep his/her personal log-book up-to date according to National Guidelines and EBOPRAS recommendations. The trainee should provide evidence of attendance at local, regional and national meetings. Attendance at international meetings is encouraged. Presentations at these meetings are strongly encouraged. The trainee must have sufficient linguistic ability to be able to communicate with patients, to study international literature and to communicate with foreign colleagues.

6.2 Trainer/Trainee relationship

The Programme Director will meet trainees at the beginning of the programme to define the educational schedule and needs for each trainee. Progress review should take place at regular intervals. An annual competency-based assessment should be undertaken. Assessments should be detailed and contain statements of theoretical and practical experience accumulated by the trainee. It is expected that the trainee will also provide an account of the training received and problems encountered. Reports will be submitted to the Programme Director.

6.3 Training abroad

Trainees should have the opportunity to be partly trained in recognized training institutions, both in other member states of EU, as well as outside the EU. These training periods must be approved by the relevant National Authority. EBOPRAS shall maintain a list of training centres in the EU, accredited at European level, willing to exchange trainees.