

The Jeronimo Concept as presented in Lisbon: Possible negative effects on Surgical Trainees in Malta (and not just Malta)

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Surgical training and attainment of CSST (CCT) in Malta

- *Foundation Programme* – 2 years immediately following graduation
- *BST appointment*: 2 years following the successful completion of the Foundation Programme
- Our trainees currently do MRCS at BST level
- HST appointment: 6 years, the last two of which are done at a University Hospital abroad.
- Training with 6 monthly assessments
- Competence based Log book (Entrustable Professional Activities)
- EBSQ in General Surgery - (Exit exam) FEBS (or other internationally recognised Exit Exam)
- CCST (CCT) in Malta

Our trainees will obtain CCST (CCT) when:

- They have completed training successfully with favourable assessments
- Successfully passed the Exit Exam (FEBS, FRCS, FACS, FRACS etc.)
- Minimum 10 years after graduation

Internationally recognised specialist qualifications

- The concept of a National Exit Exam has been discarded in favour of internationally recognised specialist qualifications.
- More equity and fairness
- Does not go against the EU Principle of Subsidiarity (or any other principle)

Problems arising from the Jeronimo Concept as presented in Lisbon

1. CCST (CCT) stands for Certificate of *Completion* of Specialist Training. It would be senseless to award it after passing the online General Surgery MCQ Exam (which would be equivalent to an MRCS) earlier on in training – ref. to Slide 16 and 17 in the Lisbon presentation.
2. If CCST is expected prior to sitting the EBSQ our trainees will not be eligible to sit it.
3. What benefit are the trainees going to get from FEBS if they had CCST awarded before sitting the Examination, apart from the paper Diploma.
4. A lot of emphasis has been placed on National Exams. Many countries do not have a National Exam.
5. Our aim should be to encourage a robust International Exit Exam which countries would choose to adopt as one of their recognised qualifications.
6. Countries who have adopted the EBSQ exam as an Exit Examination and have been the most loyal and enthusiastic, are being punished.
7. Instead of harmonisation the training this is going to have the opposite effect because national exams or evaluations will gain more importance to the detriment to EBSQ.

Possible adverse effects

1. Countries which are adversely affected will adopt their national exams or exams from other European institutions such as the JCIE FRCS of the British Colleges.
2. It would not allow non-EU trainees to sit for an exam because they would not have CCST.
3. Trainees from countries which do not have a National Exam would be barred.
4. FEBS will consequently lose its importance

Solutions

- National exams or assessments should give way to a standardized European exam eventually in a phased manner. The first step would be to recognise the FEBS and include it in their respective the European Qualifications Framework (EQF)
- Countries should be encouraged to adopt these exams but should be left free to decide at the local level (subsidiarity). This is a ‘bottom-up’ approach.
- The EBSQ General Surgery MCQs, preferably in the electronic format, could be organised at an earlier level of training (e.g. at the end of BST level) and possibly in multiple centres. This would include a reasonable chunk of Basic Sciences in the Blueprint. This is not the level to award CCST (CCT).
- A possible two-rail system is proposed where countries can choose to adopt EBSQ exam as an exit exam to get CCT (CCST) leading to Specialist registration, or to award CCT (CCST) at the end of training and then trainees will be able to sit the EBSQ and subsequently apply for Specialist registration.
- Adoption of the EBSQ exam as an exit exam increases its profile and importance.

Any questions?

Thank you

The EU Principle of Subsidiarity

- The EU must not undertake or regulate what can be managed or regulated more efficiently at national or regional levels, whereby the EU does not take action (except in the areas that fall within its exclusive competence), ***unless it is more effective than action taken at national, regional or local level.***