The Future of Surgical Training in Europe

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NO DISCLOSURES

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What is Europe?

- Geography
- Countries
- Culture
- History
- Religion
- Language
- Politics
- Economics
- Migration
Where people live & work
... and migrate to
European Union

1957: 6 countries
2016: 28 countries
European Union

- 28 countries
- > 500 million inhabitants
- largest peacekeeping project in Europe ever

- principle of "freedom of movement, labour and services"
- principle of "subsidiarity"
- principle of "mutual recognition of diploma"
U.E.M.S.
Union of the European Medical Specialists

- 1958 - 6 members
  - NGO & NPO
- 2015: 37 member states
  - 28 EU countries
  - Non-EU: Norway, Switzerland, Iceland
  - associate member: Armenia, Israel, Turkey
  - observer status: Georgia, Lebanon, Morocco
- covers all "Medical Professional Authorities" (1.6 mio M.D.s)
  - Medical Chambers
  - Scientific Societies
  - Professional Boards
- website: www.uems.eu
U.E.M.S. Tasks
Section, Divisions and Boards

- Promote "free movement"
  - make labour markets more flexible & further liberalise the provision of services
  - encourage automatic recognition of qualifications and simplify administrative procedures
- Harmonisation and standardisation of the highest level of specialist training and medical care
  - Postgraduate specialist medical training (Syllabus, LogBook)
  - Standards for specialist qualifications
  - Quality Assurance in specialist medical practice
  - CME-CPD – Continuing Medical Education and Professional Development
  - Clinical Guidelines (not: CEN)
- E.B.S.Q. (European Board of Surgery Qualifications)
  - Examinations for "transferable competencies"
  - Title for Qualification (Fellow of the European Board of Surgery - F.E.B.S.)
- Cooperation with Scientific Societies
- Accreditation of training centers/institutions

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U.E.M.S. main objectives

- Harmonisation
- Standardisation
- Validation & Accreditation
U.E.M.S. Tasks

- Harmonisation ... of what?
  - denominations?
  - contents?
- Standardisation ... of what?
  - structures (training centers)
  - processes
  - quality
- Validation & Accreditation ... of what?
  - examination
  - accreditation of training centers
  - accreditation of trainers & examiners
General Surgery: "automatic mutual recognition" in the Directive
- no motivation for E.U. surgeons

all other (sub)specialisations: "general system"
- motivation to show qualification
- development of multiple Divisions within the Section Surgery

harmonisation process would lead to a very low common denominator: useless
- definitively no motivation
About 85% of surgery is GenSurg
- Who else does the emergencies?

Regional differences
- Population density
- Geography

Different demands
- University Clinic
- District hospitals

Different national regulations

Jeopardy: harmonisation at the lowest common denominator

Settings standards, definitions & qualifications
"Division & Board of General Surgery" within the "Section of Surgery"

Definition & Rationale of GenSurg

Syllabus (far beyond CCST contents, no residency program!)
- Theoretical Knowledge
- Knowledge & Skills

Curriculum (=LogBook)
- Interventions, Procedures & Operations (=mandatory numbers)
- SOPs & provisional rules (national characteristics)

Requirements for trainers & institutions

Board Fellowship (Eligibility & Examination)
Implementation of EBS Documents

- European Training Requirements (General Surgery)
- Assessment Quality Requirements (Version 3.0)
European Board of Surgery
Fellowships in "Transferable Competencies"

- General Surgery
- Coloproctology
- Endocrine Surgery
- Surgical Oncology
- Thoracic Surgery
- Transplantation
- Trauma Surgery
- Breast Surgery
- HPB Surgery
- Hand Surgery
- Esophagus, Cardia & Stomach Surgery (2015)
- Emergency Surgery (2016)
- Minimal Invasive Surgery (2017)
- Metabolic & Bariatric Surgery (2017)
- Endoscopy & GI-Functional Diagnostics (2017)
- Basic Sciences (2017)
The House of Surgery

European Board of Surgery

- Endocrine
- Coloproct.
- Tx
- General
- Vascular
- Oncology
- ECS
- Heart
- Breast
- Hand
- HBP
- Emerg
- Thoracic
- MBS
- MIS
- Plastick
- Pediatric
- MIS
- Orthop.
- OMF
- Basic
- Emerg
- Common Trunc/Basic Surgery
Transferable Competencies

- draw back from **denominations**
  - omit jungle of different names for the same contents
  - (e.g. GI-surgery and visceral surgery)
  - omit same name for different contents
    (e.g. emergency)
  - omit harmonisation and low common denominator (=never ending story)

- switch to **competencies**
  - honest logbooks from different institutions
  - enhance rotation
  - individualised combinations of fellowships
European Training Requirements for all "Transferable Competencies"

- Definition & Rationale of the "Transferable Competency (=TC)"
- Criteria for Training Institutions, Centers and Trainers
- Syllabus (catalogue of competencies within TC)
  - Theoretical Knowledge
  - Knowledge & Skills
- Curriculum (=LogBook)
  - Intervention, Procedures, Operations (numbers!)
- Eligibility Criteria for the "TC Board Fellowship"
  - incl. CME, CEX, DOPS, courses, hospitations, publications
- Board Examination
  - "electronic" examination & "oral" examination
Transferable Competencies

- consider national peculiarities of contents
  - e.g. thyroid surgery, breast cancer, endoscopy
- allow variable duration of training
- consider national structural requirements
  - e.g. Finland versus Greece (geography)
- allow individual programs and combinations
- enhance migration based on contents, competencies and qualifications
- full legal acceptance and automatic mutual recognition following the EU-principle of subsidiarity as final goal
Transferable Competencies

- Robust and clearcut standardisation and validation of certain specialist qualifications
- Free combination of multiple TCs possible
- TCs also between Sections (e.g. Vasc, Thoracic)
- Board Fellowship is no entrance ticket into the EU
- Enhancing migration within EU system supporting the Maastricht criteria
- Facilitate selection of applicants on the labour market (also from abroad)
- Increase employability on the labour market
The European Perspective

10 important steps

1. work hour limitations (amend/relax EWTR)
2. legalisation of UEMS documents on training standards (scheduled program, logbooks)
3. legalisation of UEMS qualifications (=Transferable Competencies) (Board Examinations with TC modules and stepwise in-training assessment)
4. training based on contents (modules, not denominations & time)
5. shift & eliminate non-professional activities
6. definition of time in training & clinical service (training not prioritised over service)
7. sufficient funding of training
8. enhance simulation & training centers
9. create working force plan
10. Board Fellowship to control quality for migration from external countries to Europe