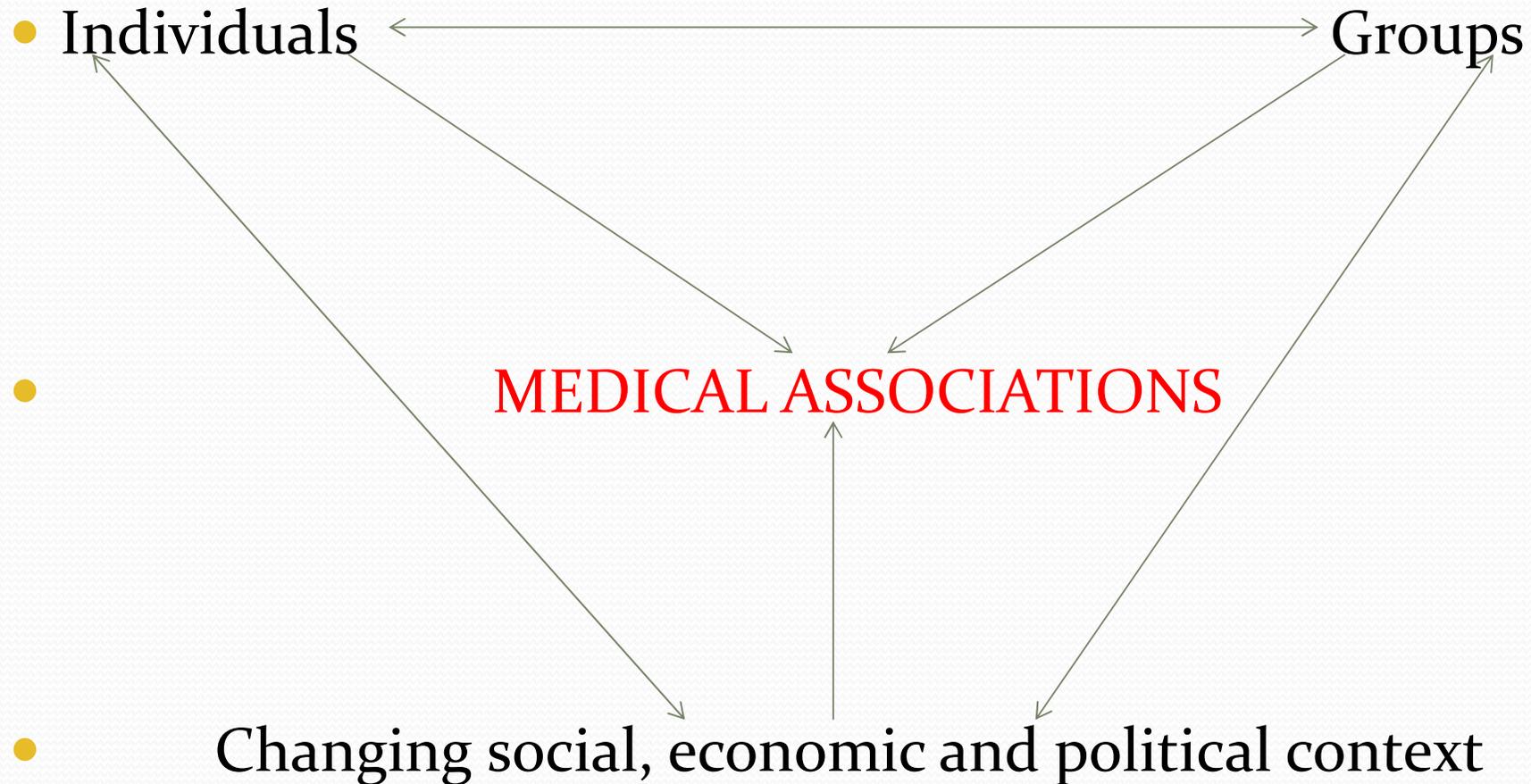


Intellectual Equity and dialogue in the Division of General Surgery



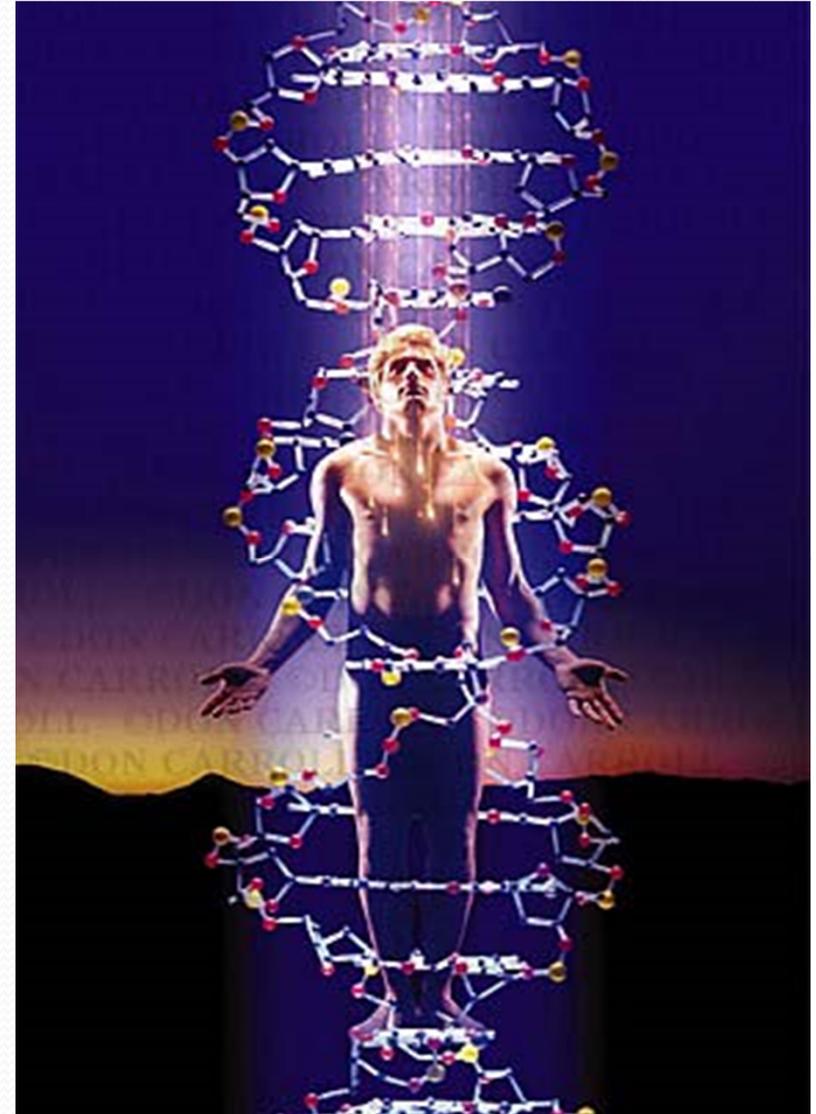
Arthur Felice, MD, MSc, FRCSEd, FEBS.
University of Malta

History: Formation



The structure of an organization reflects its:

- Values
- Character
- Evolution

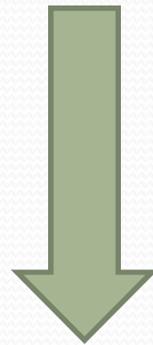


Should Medical Associations Evolve?

.....Yes!!

- Need for flexibility
- Need for transparency
- Need for dynamism (A fossil is dead)
- Increased complexity
- Inherent uncertainty

Priority:



Intellectual equity

Definition

- Intellectual equity (IE) is the aggregate total of the organization's intellectual capabilities:

Team talent

+

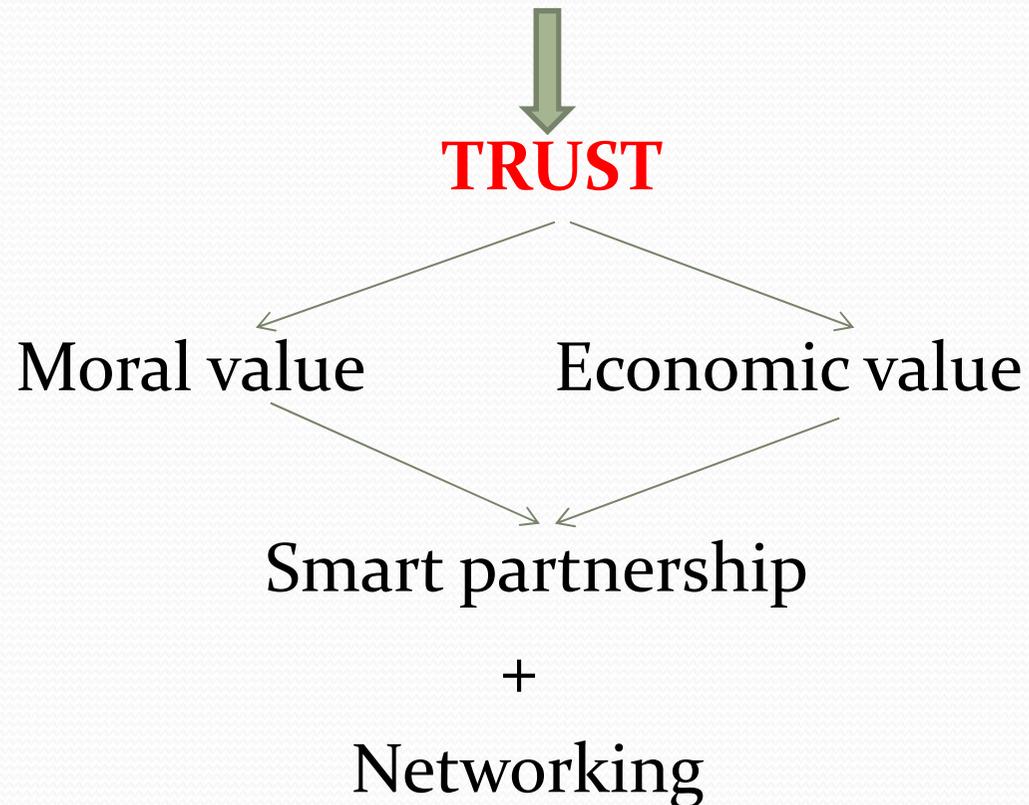
Individual talent

X

Factor of internal systems and procedures

Whatever is adopted by the Divison should be done by...

- **Consensus** leading to agreed ethical guidelines of conduct

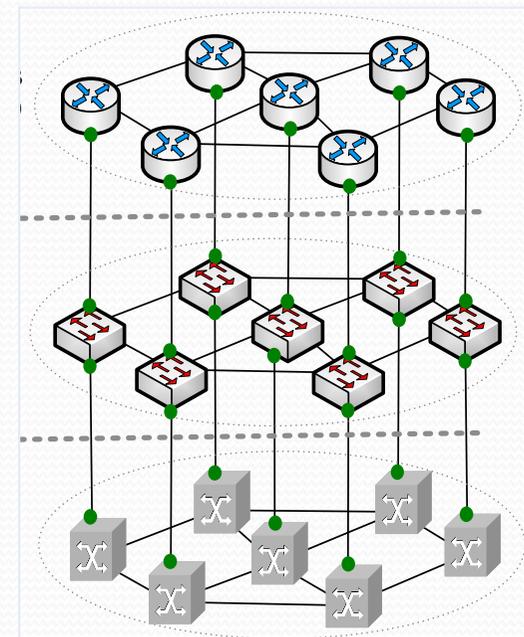
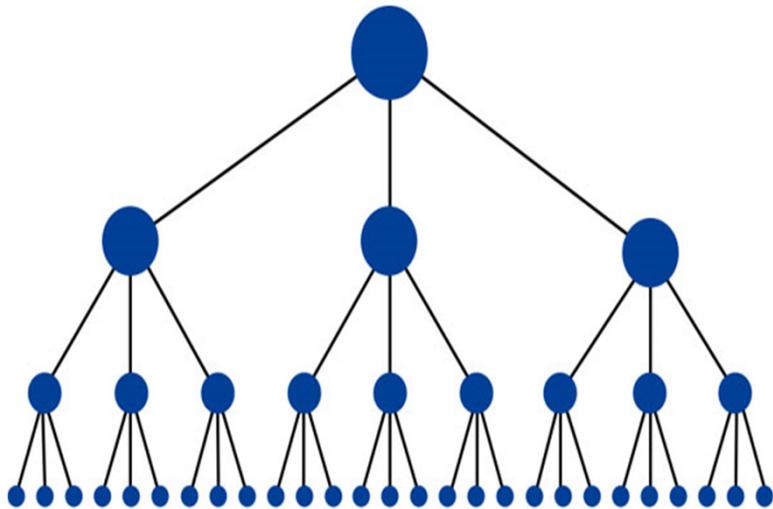


Essential factors for networking:

- Establish connections and rapports as a two-way process
- Establish goals
- Engage – Keep contact and stay visible
- Work toward becoming a strong resource
- Awareness of how others can help
- Prompt action on issues
- Active dialogue
- Ready availability of the members

Infrastructure

- Wider spread
- Not pyramidal but multi-layered and flat – decisions taken at nodes where there is maximal information flow



Reasons for the multi-layer paradigm

- higher efficiency
- lower costs
- service flexibility and network agility
- better service guarantees

Possible disadvantages:

Confusion regarding boundaries of:

- ❑ responsibility
- ❑ competence



Intended cultural implications:

- Strengthen cultural diversity
- Pluralism
- Solidarity
- Tolerance
- Gender equity
- The common good



Financial / Commercial implications

- Transparency
- Accountability
- Audit

Requires a paradigm shift

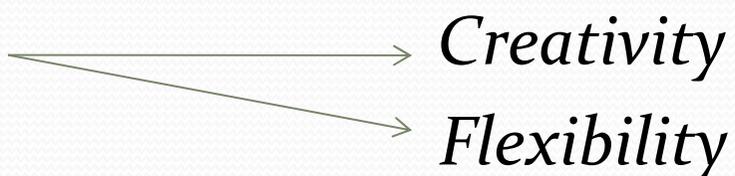
- Hierarchical driven  Collective member driven



Teamwork helps by:

- Optimizing use of changing internal and external resources
- Collaboration
- Developing interfaces
- Improving design of structures
- Identifying innovation

To improve Intellectual Equity....

- Careful choice and changes in membership
- Synergy of teams
- Improvement of processes 

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graph LR; A[Improvement of processes] --> B[Creativity]; A --> C[Flexibility]
```
- Improvement in the managing of members
- Retaining key people and shedding dead weights

Proposed demographic shift:

- Wider nationality base - but retaining identity
- Wider age base – increasing active life span
- Wider gender base – reflecting changes in grass roots

To sustain Intellectual Equity.....

- Recruit
- Orient
- Train
- Create a CPD culture
- Assess performance
- Retain knowledge and expertise
- Reward



The flat multi-layered structure encourages debate





Debate: A definition

A discussion between people in which they express different opinions about something.

What have we been debating?

- Yearly subscription
- Staged pathway to FEBS
- Extra resources
- Verification of documents
- Live clinical cases for EBSQ OSCEs
- Recognition of EBSQ General Surgery in European States
- Recognition of EBSQ General Surgery outside Europe

Involvement



- Only 10 members involved themselves in the debate
- Number fell far short of what was intended
- Number of participants insufficient for robust conclusions
- We cannot assume that silence means assent
- We have to find ways to encourage members to be more active

Getting surgeons involved

- Doctors, and especially surgeons, are less attracted to involvement in organizations than managers.
- Inclusion of management of organizations in postgraduate training programmes may be one answer
- Rewarding

Analysis of the debate



Yearly subscription



- Only two members were in favour

Staged pathway to FEBS



- One member suggested the introduction of an MEBS leading to FEBS;
- Another member suggested that candidates should first pass MCQ test and only subsequently sit the OSCE part.

Extra resources to generate funding

- EU Commission funding – difficult but possible and reasonable
- Examination fees
- Pre- examination courses / seminars
- Economize: As far as possible communicate rather than commute
- ? Yearly subscription
- ? Contribution from ESS Conference profits

Verification of documents

- All ten members who took part in the debate recognised this is a real and thorny problem.
- Two members suggested we employ an agency to verify the documents submitted.
- Other members suggested consulting the official local body or authority where present or reliable contacts in the region where there is no constituted body

Live clinical cases for EBSQ OSCEs

- One member was in favour



- Four members considered this suggestion impractical

Recognition of EBSQ General Surgery in European States: Problems

- **Technical:**
 1. Language
 2. Diverse emphasis and attitudes
- **Political:**
 1. Euro-scepticism
 2. Neo-nationalism
 3. Defeatist attitudes
 4. Determination of 'local authorities' to retain total control of career structure, advancement and allocation of posts, in part aided by the rigid pyramidal structure of their system.

Solutions to the problems:

- Language:**
1. Lingua franca e.g. English (at the moment)
 2. Lingua franca with 'escape clause' i.e. mainly English but with the possibility to use another language, providing translators
 3. Any language, with translators (already adopted e.g. in Anaesthesiology)
 4. Leaving it to the Divisions of the various specialties to decide (Passing the buck)

Diverse emphasis in different member states' Curricula:

1. Correct degree of flexibility
2. Competence based assessments

Future developments should be done in a phased approach:



- I. Establishing and consolidating Exit Exams in all specialties
- II. All National Authorities to recognize European Postgraduate Qualifications
- III. All National Authorities to abandon their National Exit Exam in favour of the European one.
- IV. Convergence with the Bologna Process three cycles, with the development of a separate rail in the Third Cycle (i.e. the one leading to a Doctorate), adapted for the longer period of Postgraduate Medical Training



Recognition of Exam outside Europe

There was wide consensus on the following points:

- Recognise the regions where the EBSQ General Surgery is exciting interest
- Develop and maintain contact with the appropriate persons and bodies in those regions (Personal contact at some stage)
- Render the Exam more robust in structure, content and Quality Assurance
- Improve 'advertising'. – Reaching out

Conclusion

- An Organization that engages the best talent, within correct structure systems, processes and development, is more likely to remain vibrant *and attract even more talent.*

Organization of this talent through flat multi-strata networks (rather than pyramidal), would be a commendable step forward for the Division of General Surgery.

Any Questions?



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