



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif International non-profit organisation

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Training Requirements for the Specialty of ENDOCRINE SURGERY

European Standards of Postgraduate Medical Specialist Training

(old chapter 6)

Preamble

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 39 national associations and operating through 43 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

It is the UEMS' conviction that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Therefore, the UEMS committed itself to contribute to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines. No matter where doctors are trained, they should have at least the same core competencies.

In 1994, the UEMS adopted its Charter on Post Graduate Training aiming at providing the recommendations at the European level for good medical training. Made up of six chapters, this Charter set the basis for the European approach in the field of Post Graduate Training. With five chapters being common to all specialties, this Charter provided a sixth chapter, known as "Chapter 6", that each Specialist Section was to complete according to the specific needs of their discipline.

More than a decade after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In doing so, the UEMS Specialist Sections and European Boards did not aim to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

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At the European level, the legal mechanism ensuring the free movement of doctors through the recognition of their qualifications was established back in the 1970s by the European Union. Sectorial Directives were adopted, and one Directive addressed specifically the issue of medical Training at the European level. However, in 2005, the European Commission proposed to the European Parliament and Council to have a unique legal framework for the recognition of the Professional Qualifications to facilitate and improve the mobility of all workers throughout Europe. This Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as *“the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”*¹. While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

This document derives from the previous Chapter 6 of the Training Charter and provides definitions of specialist competencies and procedures as well as how to document and assess them. For the sake of transparency and coherence, it has been renamed as *“Training Requirements for the Specialty of ENDOCRINE SURGERY”*. This document aims to provide the basic Training Requirements for each specialty and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of this documents reflects the UEMS approach to have a coherent pragmatic document not only for medical specialists but also for decision-makers at the National and European level interested in knowing more about medical specialist training.

Introduction and historic background of the Division of Endocrine Surgery

The Division of Endocrine Surgery (DES) was founded in 1999. Standards for the examinations were defined in collaboration with members of the European Society of Endocrine Surgeons (ESES). The Endocrine Surgery Syllabus comprehensively describes theoretical knowledge and practical and clinical skills mandatory for the qualification as a Fellow of the European Board of Surgery (FEBS) in Endocrine Surgery. In 2003, examination of the first examiners took place. Since 2004, various examinations in Endocrine Surgery are organized in conjunction with the meetings of ESES.

The present document has been written on the basis of what detailed in the above-mentioned Syllabus: it is therefore intended to present - in a concise and non-exhaustive way - the optimal standards for training in Endocrine Surgery throughout Europe and has to be intended as a reference

¹ Defining and Assessing Professional Competence, Dr Ronald M. Epstein and Dr Edward M. Houndert, Journal of American Medical Association, January 9, 2002, Vol 287 No 2

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document reflecting the general criteria laid down in the charter on training of medical specialists in the EU, to be read in conjunction with the existing national programmes. Emphasis has been placed on topic characteristic of the discipline, entrusting to the UEMS documents the presentation of the general principles of ethics and professionalism common to the medical profession as such.

Through a clear definition of the contents of training, the professional skills and attitudes requested to become an Endocrine Surgeon, the characteristics and requirements of trainers, training institutions and trainees, this document is designed to:

- 1) harmonise training programmes in Endocrine Surgery between different European countries;
- 2) establish defined standards of knowledge, skills and attitude required to practice Endocrine Surgery at secondary and tertiary care level;
- 3) improve the level of surgical care for patients with endocrine diseases, and to thereby further enhance the European contribution to clinical and academic Endocrine Surgery worldwide.

This document is intended as a work in progress, in a continuous process of updating to keep up with the continuous development of the discipline.

I. TRAINING REQUIREMENTS FOR TRAINEES

1. Content of training and learning outcome

The field of Endocrine Surgery encompasses the surgical care of organs producing hormones. It requires specialised knowledge and skills in managing endocrine diseases to be treated by surgical methods, including management, peri-operative care and rehabilitation. The pituitary gland is generally not part of Endocrine Surgery but rather belongs to neurosurgery. Neuroendocrine tumours of the lungs are generally treated by thoracic surgeons. Depending on national and local traditions, overlap may even exist with a variety of other specialist such as upper gastrointestinal surgeons, colorectal surgeons, abdominal surgeons, urologists, and ear-nose-throat (ENT) physicians.

It is recognized that some endocrine surgeons treat the entire spectrum of endocrine diseases as described, some are limited to the neck and the adrenals while others are limited to the neck. Therefore, three different examinations exist: Neck Endocrine Surgery, Neck Endocrine and Adrenal Surgery and Endocrine Surgery. As outlined in the eligibility criteria, surgeons who have carried out their surgical training are generally eligible to take the Neck Endocrine and Adrenal Surgery as well as the Endocrine Surgery exam. Both surgeons and ENT physicians who have carried out their training are generally eligible to take the Neck Endocrine Surgery exam.

Endocrine Surgery core activity includes deep knowledge of sporadic and hereditary diseases, knowledge of the principles of operative medicine (including minimally invasive surgery) as well as knowledge of the theoretical approach to anaesthesia and intensive care in. Candidates for accreditation in Endocrine Surgery must have a proper knowledge and experience of the principles and practice of surgical procedures and techniques in general. In addition, they must have

- a firm grounding in the basic and clinical science aspects of the organs and diseases of which they should be familiar with,
- a training in an Endocrine Surgery or respective ENT unit for a minimum of 2 years.

Training Portfolio and Logbook

The trainee must keep a Training Portfolio, which should include an up-to-date curriculum vitae incorporating:

- details of previous training positions, dates, duration, and trainers
- list of publications with copies of published first page or abstract
- list of research presentations at local, national, and international meetings
- list of courses attended
- Logbook

The Logbook must meet the standards of the UEMS logbook for documentation of operative experience. The trainee will have to demonstrate that he/she has assisted a wide range of cases which should include a balance of trainer assisted and personal cases under

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supervision. Logbook entries must be monitored by regular inspection and signed off by the appropriate trainer. The logbook must be available when applying for the Board Examination.

a. Theoretical knowledge

The specialty of Endocrine Surgery requires knowledge regarding basic and clinical science:

Basic science

- Understanding of the development of the endocrine glands and a detailed knowledge of their anatomy including variations in position
- Endocrine physiology as outlined below and pathogenesis of endocrine tumours
- Possibilities and limitations of detection devices used clinically and in research including knowledge in molecular biology and assay methods

Clinical science

- Understanding of the principles of endocrine investigation (including history, clinical examination and biochemical, radiological, isotopic, cytologic and histological investigations and its limitations)
- Knowledge in interpretation of cervical ultrasound findings
- Strategies for minimizing intervention and costs
- Knowledge of actual controversies in indication and extent of endocrine procedures

In-depth knowledge of

- physiology and pathophysiology,
- embryology, pathology, cytology, classifications, genetics,
- clinical presentation and clinical workup,
- perioperative management,
- indications, operative techniques, management of complications, of the thyroid (all exams), parathyroids (all exams), adrenal glands (Neck Endocrine and Adrenal Surgery as well as Endocrine Surgery exam) and the diffuse endocrine system of the gastro-entero-pancreatic tract (Endocrine Surgery exam) is mandatory.

Regarding the pituitary gland, knowledge regarding its role in thyroid (all exams) and adrenal (Neck Endocrine and Adrenal Surgery as well as Endocrine Surgery exam) function and their feedback is mandatory.

b. Practical and clinical skills

Trainees must be exposed to the below specified spectrum of Endocrine Surgery procedures during their training. This may require a tutorship by more than one trainer, and it is advisable that the scope of the training is broadened by working in or visiting different training centres.

The tables below list the minimum numbers of procedures that trainees should have performed at completion of their training. If the minimum number of one key procedure is not fully met, it may be counterbalanced by a comparable key

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procedure of the same area. It is expected that minimum operative totals of each area are attained. Trainees should have been directly involved in the pre- and post-operative management of these patients and should have a detailed understanding of the preoperative diagnostic investigations.

In addition to the list of key procedures, there are more complicated or rare procedures that the trainee should have assisted (or partly performed), e.g., reoperations.

The Endocrine Training Record lists the cumulative operative totals actually done by a trainee.

At the end of the training, both the trainer and the national training authority certify that the information provided by the applicant concerning his/her training experience is correct.

Neck Endocrine Surgery	Performed	Assisted
Operations		
Thyroid resections	50	50
Recurrent thyroid operation	2	5
Central/lateral compartmental lymph node clearance	10	10
Parathyroidectomy in HPT	15*	20*
*) at least 5 bilateral explorations demanded		

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Neck Endocrine and Adrenal Surgery	Performed	Assisted
Operations		
Thyroid resections	50	50
Recurrent thyroid operation	2	5
Central/lateral compartmental lymph node clearance	10	10
Parathyroidectomy in HPT	15*	20*
Adrenalectomy	5	10

*) at least 5 bilateral explorations demanded

Endocrine Surgery	Performed	Assisted
Operations		
Thyroid resections	50	50
Recurrent thyroid operation	2	5
Central/lateral compartmental lymph node clearance	10	10
Parathyroidectomy in HPT	15*	20*
Adrenalectomy	5	10

*) at least 5 bilateral explorations demanded

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c. Competences

The European Board of Surgery (EBS) believes that their certificates carry an obligation for ethical behaviour and professionalism in all conduct. The exhibition of unethical behaviour or lack of professionalism by a candidate may therefore prevent the certification of the applicant or may result in the suspension or revocation of certification. All such determinations shall be at the sole discretion of the EBS. Unethical and unprofessional behaviour is denoted by any dishonest behaviour, including: cheating, lying, falsifying information, misrepresenting one's educational background, certification status and/or professional experience and failure to report misconduct.

The EBS has adopted a "zero tolerance" policy toward these behaviours, and individuals exhibiting such behaviours may be permanently banned from certification, reported to state medical boards, and/or legally prosecuted for copyright or other violations if identified.

This also extends to sharing examination information or discussing an examination while still in progress.

With regard to endocrine surgery, the trainee must demonstrate the ability to record and convey patient details of history, examination and investigation findings to senior staff. The trainee must clearly consent patients for operative procedures detailing the reasons for performing the procedure and the risks involved. The trainee must communicate with patients and relatives and must be able to pass on distressing information (e.g., malignancy or bereavement) in a sensitive and caring manner.

Moreover, medical professionalism includes knowledge of aspects of health care management, hospital management, and safeguarding vulnerable patients.

The DES encourages attitudes such as:

- Respect towards colleagues and junior staff
- Abiding by the values of honesty, confidentiality, and altruism
- Maintenance of competence throughout our careers
- Improving care by evaluating its processes and outcomes
- Providing care irrespective of age, gender, race, disability, religion, social or financial status
- Delivering best quality care in a compassionate, caring, and respectful way

2. Organisation of training

a. Schedule of training

Training must cover the full range of the specialty and lead to the ability for independent practice on completion of training. Training must be of 2 years minimum duration.

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b. Curriculum of training

A Training Curriculum should be designed to provide a diversified and balanced quality (theoretical and practical) of Endocrine Surgery education describing the contents and aims in each year of training. Emphasis should be placed on adequate time allocation for study and tuition independent of clinical duties. It may be necessary for some departments to formally organize specific training periods in associated surgery/ENT units, if adequate experience cannot be provided internally.

There should be established rotation periods covering all main areas of Endocrine Surgery. These rotations should be organized in such a way as to give trainees increasing responsibility as they progress through their training with regard to patient care and surgical experience. Rotations may include other clinical disciplines and research in Endocrine Surgery, depending on requirements, local availability, and the department's emphasis. Some institutions may wish to use a structured Surgical Training Plan. The main idea of this is a continuous and systemic escalation of surgical responsibilities and competence through subsequent training years.

The programme of training should be planned to maintain an ongoing scholarly activity including:

- Weekly clinical discussions and rounds
- Regular programme of teaching
- Regular journal clubs
- Regular clinical and experimental research conferences
- Discussions of morbidity and mortality

There must be protected time for study and tuition. Trainees should be encouraged and are expected to develop an understanding of research methodology. All trainees are expected to be able to assess published work. In academic programmes, the opportunity for clinical and/or basic research should be available to the trainee with appropriate faculty supervision. An appropriately qualified person should supervise specific research projects if applicable. There should be a protected period of time within a 2-year-programme where a trainee can participate in a specific research project.

It is recommended that trainees attend at least the meetings of the national endocrine surgical or ENT society (or an equivalent meeting). If possible, trainees should participate in the meetings organized by the European Society of Endocrine Surgery (ESES). During their training, they should also attend scientific meetings and hands-on-courses.

c. Assessment and evaluation

The National Authority is the responsible body for recognition/certification of medical specialties in each member state of the EC/EFTA. The majority of these countries now have a compulsory Board Examination (consisting of an oral exam, a written exam or both) to assess knowledge, clinical judgement and the candidate's thought processes.

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National bodies should note the existence of the DES examination. However, this does not constitute a license to practice Endocrine Surgery in any European country, which is the responsibility of the National Authority. The DES examination may be a useful tool which could be assimilated by countries that do not have board certification examination arrangements in place.

Eligibility criteria

Applicants who have carried out their surgery/ENT training in one of the European Union countries, a UEMS country (i.e. Iceland, Norway and Switzerland) or associated UEMS countries are generally eligible.

Applicants who have carried out their surgical training outside the European Union or UEMS countries must provide a letter of recommendation from the National Surgical Association certifying the candidates CV. In addition, two letters of recommendation from two members of the ESES, at least one of whom should hold an EBSQ in Endocrine Surgery, are mandatory. Incomplete applications will not be processed. Of note, passing the exam is not a license to practice within the EU.

Language

The examination will be taken in English.

Format for examination

Part 1 will be an evaluation of application and registration in the official EBSQ office.

Part 2 will be conducted in English and consists of two or three viva voce sessions, each session to be adjudicated by two examiners. The sessions will include basic science and clinical issues as well as scientific problems. The location of the part 2 examination can be seen on the application form.

Application

Application must be done using the provided application form. In addition, a Training Portfolio, the surgical procedures logbook, the evidence of competence level logbook, the CCST and two abstracts/publications must be provided. The Training Portfolio should include training positions, courses, and scientific activities (attendance of at least 4 specialist meetings or postgraduate courses in endocrine surgery is required). A signed original application together with other required files must be attached during the online application process.

Logbook of surgical procedures

The logbook addendum should include a minimum of the procedures defined in the curriculum and follow these notes. a) Record the date of each procedure performed together with the patient's hospital number and birth year b) An "assisted" procedure is defined as an operation where you assisted a Specialist Endocrine Surgeon. c) A "performed" procedure is defined as an operation performed by you with the assistance of your Specialist trainer. d) Your Trainer must sign the relevant space indicating that you acted as first assistant or performed the operation to a

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satisfactory standard. Eligibility to sit the UEMS examination for Board Certification in Endocrine Surgery is dependent upon completion of all the procedures listed, assisted and performed, in the number as indicated in the curriculum.

Evidence of competence level logbook including Entrustable Professional Activity

This document is a very important part of the application for eligibility. An Entrustable Professional Activity (EPA) is a critical part of professional work that can be identified as a unit to be entrusted to a trainee once sufficient competence has been reached. The key factor is Entrustment. The trainee is not only capable of tackling the particular procedures or units independently but he can be trusted to do this by his tutor(s). The units listed include the competencies that surround these procedures that are further explained in the Syllabus. The 5 levels of competence can be found in the Curriculum.

Certificate of completion of specialist training

Candidates must provide a certified copy of a valid Certificate of Completion of Specialist Training (CCST) in general surgery or equivalent certificate issued by the relevant body governing the legal CCST. Candidates must also show that a minimum of 2 years have been spent in approved endocrine surgical training posts. The training should be approved by the national training authority (see application form).

Fees

Candidates are requested to pay fees to cover administrative and examination costs. 550 Euro (375 Euro in the case of re-exam) must be paid to the EBSQ office online. 1st payment of 175 Euro for the Eligibility assessment must be made at the time of the application by Paypal. After positive verification examinee will receive email regarding his/her eligibility information and will be asked to perform 2nd payment of 375 Euro for the Examination. Payment can be done from particular application details page by Paypal. This sum is to cover total costs for the part 1 application, official registration and the part 2 examination. In the event of that the candidate does not pass the part 1 examination (evaluation of application) and part 2 examination (oral examination), the paid fee will not be refunded.

Failure to pass

Participation in any examination process always encompasses the possibility of failure. The assessments are based on a supranational system and are conducted objectively to the best of our knowledge – the main aim being that a uniform and high standard of endocrine surgical professionalism is maintained across Europe. Participation in the assessments requires full and unconditional acceptance of all the terms of the examination. Submission of the completed application by the candidate is regarded as confirmation of full compliance with the above terms and conditions and the Core of Assessors cannot be liable for any ruling concluding that the candidate does not meet the required standards for the award of the EBSQ-endocrine diploma.

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d. Governance & indemnity arrangements

The UEMS Division of Endocrine Surgery is the 'Governing Body' is responsible for all aspects of the examination. This Governing Body, including the Chairman of the Division and the Chairman of the Board, is responsible for the oversight of Governance of the examination. The examination is organized by the Chairman of the Board with the help of a local organizer. Examiners are chosen by the Chairman of the Board after consulting with the Chairman of the Division. Examiners must be board examined themselves.

The UEMS Division of Endocrine Surgery does not have indemnity arrangements in place within its examination structure and procedure. It is realised that this might constitute a risk, even though there have never been incidents in the past which could have called for the use of Indemnity Insurance. This subject is being explored by the UEMS Section and Board of Surgery. The Division of Endocrine Surgery intends to join any a collective indemnity arrangement when this is concluded by the Surgery Section and Board.

II. TRAINING REQUIREMENTS FOR TRAINERS

1. Process for recognition as trainer

a. Requested qualification and experience

Trainers must be certified surgeons, endocrine surgeons or ENT-physicians preferably certified by the European Board of Specialty Qualification. The trainers should follow the requirements of continuing professional development. Trainers should possess the necessary clinical, teaching and administrative skills, and commitment to conduct the programme. Trainers should have undertaken instruction in training (learning needs and teaching objectives) and in assessment of trainees. Trainers should provide evidence of scholarly activities (clinical and/or basic research, publications in peer reviewed journals and participation in neurosurgical scientific meetings). Trainers will require secretarial and administrative support.

b. Core competencies for trainers

Trainers have to set realistic aims and objectives for a rotation or training period. The trainer has to supervise the day to day work of the trainee on the ward, in the outpatient clinic and in the operating theatre. The trainer has to evaluate the trainees' surgical progress at the end of each rotation or training period and ensure that the assessments and reports are documented and signed both by the trainer and the trainee.

2. Quality management for trainers

Trainers should be committed to endocrine surgical education. The Training Centre should provide appropriate time, space, facilities and funding to protect the needs of education from the demands of service. The members of the faculty should be experienced both as surgeons and as teachers / mentors, committing time, effort and enthusiasm to the training programme. They should regularly attend interdisciplinary and even interprofessional

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meetings. The faculty should be large enough to supervise the clinical and practical work of the trainees.

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

1. Process for recognition as training centre

Training must take place in an institution or group of institutions, preferably based in a university hospital or associated with a university, otherwise in a recognised training centre, which together offer the trainee adequate practice in the full range of the specialty as defined in this document. These Institutions must be formally recognized by their proper National Authority and can require further recognition by the DES through a Site Visit. Training institutions must include facilities for inpatient care, day care and ambulatory care. Neighbouring specialties must be present to a sufficient extent to provide the trainees 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 minimal requirements for each trainee as defined above.

a. **Requirement on staff and clinical activities**

There must be a sufficient referral base to provide an adequate case volume and mixture to support the training programme.

At least 150 endocrine surgical procedures per year should be performed.

Operating theatres should be covered by anaesthetists with a special interest in anaesthesia relevant of certain endocrine diseases (e.g., neuroendocrine tumours causing carcinoid syndrome, pheochromocytoma). Anaesthesia cover should be available at all times.

There must be designated and fully staffed intensive care beds.

There must be an emergency unit with 24 hours admission.

There must be outpatient clinics where non-emergency patients are seen before and after surgical procedures.

Allied specialties must be present to a sufficient extent to provide the trainee with the opportunity of developing his/her skills in a multidisciplinary approach to patient care. The training programme should be closely associated with the following departments or units officially certified for training:

- a department of endocrinology/internal medicine
- a department of anaesthesiology
- a department of radiology which has imaging techniques with dedicated techniques with regard to endocrine diseases including ultrasound-/CT-guided cytology/biopsy
- a department of pathology
- a department of radiotherapy
- a department of oncology
- a department of paediatrics
- regular meeting of multidisciplinary teams involved in the care of patients with endocrine diseases
- a department of clinical genetics with genetic counsellors.

b. Requirement on equipment, accommodation

There must be fully staffed and appropriately equipped operating theatres with availability of a 24-hour operating theatre even though endocrine emergencies are very rare. Moreover, the following equipment is highly recommended: (endoscopic) ultrasound, neuromonitoring, quick PTH-assay.

Furthermore, the following accommodations should be available:

- Easily accessible library with adequate selection of books and journals on endocrine surgery/ENT (hard copy or electronic), with facilities for literature searches.
- Office space for both faculty and trainees
- Space and equipment for practical training of techniques in a laboratory setting (not necessarily on site)
- Space, equipment and supporting personnel for clinical and/or basic research in academic programmes

2. Quality Management within Training institutions

Manpower planning should be developed, based on the demands and provision of safe care across the countries of the EU/EFTA and associated member states. Planning will have to take into consideration demographic changes in any population such as its growth and ageing, changing treatment modalities and actual workload, the effects of legislation on working hours and, in some centres the involvement in education of medical professionals.

A training institution must have an internal system of medical audit or quality assurance. There should be written general guidelines of the training institution concerning patient care and patient information (patient's consent), referrals, medical records, documentation, on-call and back-up schedules, days off, trainees' work schedules, attendance at conferences and educational activities. These should be available to staff and trainees.

There must be an internal system of medical audit, such as mortality and morbidity conferences, together with a structured procedure for the reporting of accidents.

The hospital should have measures in place (e.g., in the form of a committee) in relation to quality control such as infection control. A drugs and therapeutics committee should exist. A programme and training in risk management should be in place. The hospital or the training institution should have an annual activities report.