Wolfgang Feil

President of the European Board of Surgery
Foundation & Honorary President of the Division of General Surgery
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Chairman of the Examination Committee "GenSurg"

www.uemssurg.org
www.drfeil.at
European Union

1957: 6 countries

2015: 28 countries
European Union

- 28 countries
- > 500 million inhabitants
- largest peacekeeping project in Europe ever
- more candidates for membership
main principles:
- freedom of movement, labour and services
- principle subsidiarity

Directive 1993/16/EC (9 member states)
1995 main task: harmonisation of denominations
- A.C.M.T. activities (harmonisation)

Directive amendments
- 2005/36/EC (25 member states)
- last directive (2006/100/EC)
- last amendment: 2014 (2005/36/EC)
- standardisation & harmonisation of surgical training

official advisory body: U.E.M.S.
- mandate from the European Commission
European Union

- **European Union**
  - **Legislation**
    (law = a unique legal system which operates alongside the laws of member states of the E.U.)
  - **Directives**
    (directive = is a legislative act of the E.U. which requires member states to achieve a particular result without dictating the means of achieving that result)

- **Advisory Bodies**
  - **U.E.M.S.**
    (Union of the European Medical Specialists)
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](http://www.uems.eu)
39 Sections

- Surgery
- Urology, G & O, ORL, Ortho, MFS, Neurosurgery
- Plastic, Reconstructive and Aesthetic Surgery
- Pediatric Surgery
- Cardio-Thoracic Surgery
- Vascular Surgery

within the Sections

- Divisions (e.g. Division of General Surgery)
- Working Groups
- Boards (represent scientific societies)
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
General Surgery

- 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
General Surgery

- 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
Project: General Surgery

- "Division & Board of General Surgery" within the "Section of Surgery"
- Definition & Rationale of GenSurg
- Syllabus
  - Theoretical Knowledge
  - Practical & Clinical Skills (=numbers of procedures)
  - SOPs & provisional rules (national characteristics)
- Requirements for trainers & institutions
- Provision of "UTC Chapter 6" amendment
- Examination
European Training Requirements

TRAINING REQUIREMENTS
FOR THE SPECIALTY OF
GENERAL SURGERY

EUROPEAN STANDARDS OF
POSTGRADUATE MEDICAL SPECIALIST TRAINING

APPROVED BY THE UEMS MANAGEMENT COUNCIL 2013
E.B.S.Q. Board Examination

- Qualification: Title "F.E.B.S."
  (Fellow of the European Board of Surgery)
- 2 step process: Eligibility & Examination
- "Assessment Quality Requirements"

Eligibility
- open for non-EU candidates
- CCST not mandatory
- structured catalogue of criteria
- international recommendation
- LogBook (with procedures & numbers)
- CME credits
- decision: Eligibility Committee
Board Examination Quality

- Eligibility Committee (Divisions)
- Examination Committee (Divisions)
- Credentials Committee (EBS/EBSQ)
- Preparatory Course Committee (EBS & Divisions)

all report to the European Board of Surgery in the Section of Surgery
Eligibility Committee

- at least 3 independent international experts
- PDF distribution (e.g. dropbox) of documents
  - electronic online support recommended
  - ePortfolio launched 2015
- Application form (original)
  - nationale and signed consent
  - declaration signed by 2 trainers
- all other documents: PDF (only!) or ePortfolio
  - ID copy and picture
  - CME credits
  - list of publications, hospitations, courses
  - proof of payment
- report to the EBS
Examination Committee

- Board certified experts (F.E.B.S.)
- follow EBS regulations "Assessment Quality Requirements"
- development, review & selection of questions
- outline and organise examination process
- support by local external examiners
- repetitive CESMA reappraisal
- evaluation & review of the examination
- report to the EBS
**Board Examination**

- **MCQ Test** (100 – 150 questions)
  - selection and service by Examination Committee
  - follow EBS regulations "Assessment Quality Requirements"
  - questions contain additional information in the database (discussion, rational, reference links)
  - use of questions monitored
  - % of correct answers monitored
  - catalogue represents Blueprint categories
Board Examination

- **OSCE Circuit** (6 stations à 10 min)
  - selection and service by Examination Committee
  - follow EBS regulations "Assessment Quality Requirements"
  - stations include text, pictures, videos, PPT presentations
  - questions contain additional information in the database (discussion, rational, reference links)
  - use of clinical cases & clinical pathways monitored
  - % of correct answers monitored
  - stations represent Blueprint categories
Successful candidates are rewarded the title: "Fellow of the European Board of Surgery"

Honorary Diploma for recognised experts
- Eligibility Criteria for HD
- Applications scrutinised by Eligibility Committee
Credentials Committee

- Board certified members (F.E.B.S.)
- follow EBS regulations "Assessment Quality Requirements"
- not involved in the relevant examination
- evaluation of appeals
- decision on appeals
- report to the EBS/EBSQ in the Section of Surgery
Preparatory Course Committee

- Board certified members (F.E.B.S.)
- follow EBS regulations "Assessment Quality Requirements"
- not involved in examination process
- teaching & course experience
- structure, content, organisation of courses
- nomination of speakers/trainers
- cooperation with local societies
### Divisions & Boards
- General Surgery
- Coloproctology
- Endocrine Surgery
- Surgical Oncology
- Thoracic Surgery
- Transplantation
- Trauma Surgery
- Breast Surgery
- HPB Surgery

### New Divisions & Working Groups
- Hand Surgery
- Esophagus, Cardia & Stomach Surgery
- Minimal Invasive Surgery
- Metabolic & Bariatric Surgery
- Emergency Surgery
- Endoscopy & GI-Functional Diagnostics
- Basic Sciences (projected)
"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 (no "challenge trophy")
"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