The common project

- The Lebanon
- UEMS
- ESS
What is Europe?
What is Europe?

- Geography
- Countries
- Culture
- History
- Religion
- Language
- Politics
- Economics
What is Europe?
Where people live & work
European Community

1957: 6 countries

2014: 28 countries
European Union

- 28 countries
- 500 million inhabitants
- largest peacekeeping project in Europe ever
- more candidates
European Union

- main principle: "freedom of movement"
- 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)
  - next revision 2013 (27+1 member states) in preparation
  - standardisation & harmonisation of surgical training
- official advisory body: U.E.M.S.
  - mandate from the European Commission
Surgery in Europe

- **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
- 2014: 34 member states
  - 28 EU countries
  - Non-EU: Norway, Switzerland
  - associate member: Armenia, Israel, Turkey
  - observer status: Georgia
- covers all "Medical Professional Authorities" (1.6 mio M.D.s)
  - Medical Chambers
  - Scientific Societies
  - Professional Boards
- website: www.uems.net
U.E.M.S.
Sections, Divisions & Boards

- **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

- E.B.S.Q. (European Board of Surgery Qualifications)
  - Examinations
  - Title for Qualification (Fellow of the European Board of Surgery - F.E.B.S.)

- Cooperation with Scientific Societies
# Divisions & Boards
- General Surgery
- Coloproctology
- Endocrine Surgery
- Surgical Oncology
- Thoracic Surgery
- Transplantation
- Trauma Surgery

# Working Groups
- Breast Surgery
- Hand Surgery
- HPB Surgery

**E.B.S.Q.**
(European Board of Surgery Qualifications)
GenSurg: "automatic mutual recognition" in the Directive
  - no motivation for E.U. surgeons

all other (sub)specialisations: "general system"
  - motivation to show qualification
Specializations in Surgery
"The pie, envelope, orange concepts"

- General
- Thoracic
- Hand
- HBP
- Tx
- Breast
- N.N.
- Trauma
- Oncology
- Endocrine
- Vascular
- Coloproct.
Section of Surgery
"The grapefruit concept"
The House of Surgery
Future perspectives

Section & Board of Surgery

Vascular  General  Coloproct.  Endocrine
Oncology  Thoracic  HBP  Tx
Breast  Hand  Trauma
Pediatric  Plastic  Orthop.

Common Trunc

Urology  Gyn/Obst.
Weak position of GenSurg

- automatic mutual recognition for "Surgery"
- no motivation for qualification
- harmonisation at lowest common denominator
  useless
- reduction to common trunc?
Definition of GenSurg

- "GenSurg is the totality of surgery excluding those operations deemed better done by specialists, according to national requirements"
- "a little bit of everything but at a lower level"
- "general surgery is what is left when the specialisations are taken away"

(U.E.M.S. Board Meeting, Oct. 2003)
General Surgery

- about 85% of surgery is GenSurg
- 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

- Definition & Rationale of GenSurg
- Syllabus
- Knowledges & Skills
  - numbers for procedures
  - SOPs & provisional rules (national characteristics)
- LogBook
- provision of "Chapter 6" amendment
  (U.E.M.S. Training Charter)
- Examination
Training requirements

TRAINING REQUIREMENTS
FOR THE SPECIALTY OF
GENERAL SURGERY

EUROPEAN STANDARDS OF
POSTGRADUATE MEDICAL SPECIALIST TRAINING

APPROVED BY THE UEMS MANAGEMENT COUNCIL 2013
The minimal Eligibility I requirement for a UEMS GenSurg qualification is a proved number of 1500 credit points for interventions and/or procedures, endoscopies and operations (categories A + B + C).

For each intervention/endoscopy/operation performed by the candidate as principle surgeon (the principle surgeon is the person who performs the majority of the essential steps of the procedure) 2 credit points are given.

For each intervention/endoscopy/operation performed by the candidate as assistant 1 credit point is given.

At least 50% of the total number of 1500 credit points have to achieved as principle surgeon.

This means, that a total of 750 interventions/procedures/endoscopies/operations (categories A + B + C) are the minimum requirement, when they are all performed as principle surgeon.
<table>
<thead>
<tr>
<th>Category A: Interventions, Procedures</th>
<th>n=125</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Radiological examination of head, thorax, abdomen and extremities (e.g. emergencies, trauma, preoperative assessment and strategy plan, foreign bodies, angiography, intraoperatively)</td>
<td>n=25</td>
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<tr>
<td>2. Abdominal sonographies</td>
<td>n=25</td>
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<tr>
<td>3. Punctures, biopsies and/or drainages of solid and/or hollow organs, cavities and/or fluid retentions with or without sonographic or CT guided assistance</td>
<td>n=15</td>
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<tr>
<td>4. Resuscitation or approved theoretical and practical course</td>
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<td>5. Orotracheal and/or nasotracheal intubation</td>
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<td>6. Central venous catheter</td>
<td>n=15</td>
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<tr>
<td>7. Reposition and fixation of limb fractures</td>
<td>n=15</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category B: Endoscopy</th>
<th>n=125</th>
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</thead>
<tbody>
<tr>
<td>1. Flexible esophagogastroduodenoscopy</td>
<td>n=50</td>
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<tr>
<td>2. ERCP</td>
<td>n=10</td>
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<tr>
<td>3. Flexible colonoscopy</td>
<td>n=25</td>
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<tr>
<td>4. Flexible bronchoscopy</td>
<td>n=15</td>
</tr>
<tr>
<td>5. Endoscopic interventions (e.g. polypectomy, sclerotherapy, papillotomy, dilatation, LASER ablation)</td>
<td>n=15</td>
</tr>
<tr>
<td>6. Flexible cystoscopy</td>
<td>n=10</td>
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</tbody>
</table>
# GenSurg – LogBook

## Category C (n=500)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Head &amp; Neck</strong></td>
<td></td>
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<tr>
<td>A. Thyroid (e.g. Resection, Thyroidectomy, Hyperparathyreoidism, Neck dissection)</td>
<td>n=10</td>
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<tr>
<td>B. Misc. (e.g. Tracheostomy, lymph nodes, tumours, Zenker's div.)</td>
<td>n=15</td>
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<tr>
<td><strong>2. Thorax</strong></td>
<td></td>
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<tr>
<td>A. Thoracotomy (e.g. pneumonectomy, esophageal surgery)</td>
<td>n=10</td>
<td></td>
</tr>
<tr>
<td>B. Breast surgery (e.g. breast cancer, lumpectomy, benign lesions)</td>
<td>n=15</td>
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<tr>
<td><strong>3. Abdomen</strong></td>
<td></td>
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<tr>
<td>A. General abdominal (e.g. Laparotomy/Laparoscopy, Appendicectomy, ileus)</td>
<td>n=80</td>
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<tr>
<td>B. Esophagus &amp; Stomach (e.g. gastric resection, gastroenteroanastomosis, closure of perforation, pyloroplasty, gastrostomy, bariatric procedures)</td>
<td>n=25</td>
<td></td>
</tr>
<tr>
<td>C. Biliary tract (e.g. Cholecystectomy, bile duct revision, choledochojunostomy)</td>
<td>n=50</td>
<td></td>
</tr>
<tr>
<td>D. Liver and spleen (e.g. biopsy, organ injury, resection)</td>
<td>n=20</td>
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<tr>
<td>E. Pancreas (e.g. necrosectomy, pseudocysts, resection)</td>
<td>n=20</td>
<td></td>
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<tr>
<td>F. Small bowel (e.g. resection, ileostomy)</td>
<td>n=30</td>
<td></td>
</tr>
<tr>
<td>G. Large bowel (e.g. colon and resection, colotomy, colostomy)</td>
<td>n=50</td>
<td></td>
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<tr>
<td>H. Anorectal (e.g. haemorrhoids, abscess, fistulae)</td>
<td>n=30</td>
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<tr>
<td>I. Inguinal hernia</td>
<td>n=30</td>
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<tr>
<td>J. Abdominal wall (e.g. incisional hernia)</td>
<td>n=30</td>
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<tr>
<td>K. Retroperitoneum (e.g. nephrectomy, adrenalectomy)</td>
<td>n=15</td>
<td></td>
</tr>
<tr>
<td>L. Urogenital (e.g. bladder, ureter, uterus, ovaries)</td>
<td>n=20</td>
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<tr>
<td><strong>4. Soft Tissues and Musculo-Skeletal System</strong></td>
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<td></td>
</tr>
<tr>
<td>A. Trauma (e.g. operative osteosynthesis, soft tissue injuries)</td>
<td>n=15</td>
<td></td>
</tr>
<tr>
<td>B. Infection (e.g. Diabetic foot, defects of the skin and soft tissue, compartment syndrome, amputations)</td>
<td>n=10</td>
<td></td>
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<tr>
<td><strong>5. Vessels and Nerves</strong></td>
<td></td>
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</tr>
<tr>
<td>A. Venous (e.g. varices, crossectomy, stripping, perforans ligation)</td>
<td>n=10</td>
<td></td>
</tr>
<tr>
<td>B. Arterials (e.g. arteriotomy, thrombectomy, endarterectomy, embolectomy, vascular reconstruction, access for dialysis, implantation of subcutaneous venous ports)</td>
<td>n=10</td>
<td></td>
</tr>
<tr>
<td>C. Nerves (e.g. neurolysis)</td>
<td>n=5</td>
<td></td>
</tr>
</tbody>
</table>
**Category A and B: The 60% rule**
The total number of 250 credit points for the Categories A and B resp. is mandatory. Within the Categories A and B at least 60% for each item (e.g. 45 gastroduodenoscopies) have to be reached. Numeric deficits in one or more items have to be compensated by higher numbers in other items in order to reach the total minimum n=250 credit points for each Category.

**Category C: The 75% Rule**
The total number of 1000 credit points (category C) is mandatory. Within the 5 subcategories the particular total number has to be reached at least to 75%. Numeric deficits in one or more subcategories have to be compensated by higher numbers in other groups in order to reach the total minimum n=1000 credit points.

**Category A: Interventions & Procedures**
If the candidate is not able to present a detailed log-book on category A "Interventions and Procedures" a formal confirmation signed by 2 independent experts about the candidates experience in this category may be accepted. In this case the minimum number (n=250 credit points) for category A has to be added to category C in order to reach total n=1500 credit points.

**Category B: Flexible Endoscopy**
If flexible endoscopy is not performed by the General Surgeon in a specific country, category B may be omitted for the individual candidate. In this case the minimum number (n=250 credit points) for category B has to be added to category C in order to reach total n=1500 credit points.
E.B.S.Q. GenSurg Examination

- Qualification: Title "F.E.B.S."
  (Fellow of the European Board of Surgery)
- 2 step process: Eligibility & Examination
- Eligibility
  - open for non-EU candidates
  - CCST not mandatory
  - structured catalogue of criteria
  - international recommendation
  - LogBook (with procedures & numbers)
  - CME credits
  - decision: Eligibility Committee
E.B.S.Q. GenSurg Examination

- Examination organisation
  - cooperation with scientific societies
  - Examination Committee
  - Examination Liaison Officer

- Examination
  - 2-day event with clear SOPs
  - 100 - 150 MCQ test
  - OSCE circuit (6 stations)
  - online evaluation
  - Credentials Committee
Examination Quality

- EBSQ GenSurg Qualification Process
  - Eligibility
  - Examination (MCQ + OSCE)
  - Honorary Diploma (no exam)
Examination Quality

- Eligibility: Eligibility Committee
  - at least 3 independent observers
  - PDF distribution (e.g. dropbox)
  - electronic online support recommended
  - report to the Division
UEMS EBSQ ePortfolio

- Application form (original)
  - nationale and signed consent
  - declaration signed by 2 trainers
- all other documents: PDF (only!)
  - ID copy and picture
  - CME credits
  - list of publications
  - proof of payment
UEMS EBSQ ePortfolio

- startup: GenSurg
  - website implementation
  - valid for all EBSQ examinations
- our target
  - reduce labour time & costs in Berlin office
  - enhance Eligibility process (use "dropbox")
Examination Quality

- Examination: Examination Committee
  - Board certified (e.g. HD)
  - development, review & selection of questions
  - outline and organize examination process
  - support by local external examiners
  - repetitive CESMA reappraisal
  - evaluation & review of the examination
  - report to the Division
# Blueprint GenSurg

<table>
<thead>
<tr>
<th></th>
<th>Section</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GenSurg Basics &amp; Theory</td>
<td>7%</td>
</tr>
<tr>
<td>2</td>
<td>Emergency &amp; Intensive Care</td>
<td>7%</td>
</tr>
<tr>
<td>3</td>
<td>Traumatology &amp; Orthopedic Surgery</td>
<td>5%</td>
</tr>
<tr>
<td>4</td>
<td>Head &amp; Neck Surgery</td>
<td>2%</td>
</tr>
<tr>
<td>5</td>
<td>Thoracic Surgery</td>
<td>5%</td>
</tr>
<tr>
<td>6</td>
<td>Cardiac Surgery</td>
<td>2%</td>
</tr>
<tr>
<td>7</td>
<td>Vascular Surgery</td>
<td>5%</td>
</tr>
<tr>
<td>8</td>
<td>Breast Surgery</td>
<td>5%</td>
</tr>
<tr>
<td>9</td>
<td>Upper GI surgery</td>
<td>10%</td>
</tr>
<tr>
<td>10</td>
<td>Lower GI Surgery</td>
<td>10%</td>
</tr>
<tr>
<td>11</td>
<td>HBP Surgery</td>
<td>10%</td>
</tr>
<tr>
<td>12</td>
<td>Coloproctology</td>
<td>3%</td>
</tr>
<tr>
<td>13</td>
<td>Endocrine Surgery</td>
<td>3%</td>
</tr>
<tr>
<td>14</td>
<td>Transplantation Surgery</td>
<td>2%</td>
</tr>
<tr>
<td>15</td>
<td>Oncology</td>
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<tr>
<td>16</td>
<td>Radiology</td>
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<tr>
<td>17</td>
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<td>18</td>
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<td>19</td>
<td>Plastic Surgery</td>
<td>3%</td>
</tr>
<tr>
<td>20</td>
<td>Pediatric Surgery</td>
<td>3%</td>
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</tbody>
</table>

100%
UEMS EBSQ Exam Database

- Database
  - MCQ question
  - OSCE stations

- Location of the database
  - UEMS server (preferably)
  - elsewhere remote?
A 47 year old man presents with his first episode of sigmoid diverticulitis. He improves within 48 hours receiving i.v. antibiotics, fluid resuscitation and nothing by mouth. CT reveals stranding of the sigmoid mesentery, but no signs of free air or fluid in the abdominal cavity, no extraluminal air and no signs of an abscess.

The next step in treatment should be:

- Sigmoid resection and colostomy (Hartmann's procedure)
- Sigmoid resection and anastomosis
- Discharge, oral antibiotics and observation
- Colonoscopic intraluminal stent
- Discharge and elective colectomy
Pancreatitis 1
24 February 2013
14:29

A 64-year-old woman has been hospitalized for gallstone pancreatitis. ERCP with sphincterotomy for choledocholithiasis was performed successfully. Following ERCP she developed a large pancreatic pseudocyst and was discharged home. Elective pseudocyst-gastrostomy and open cholecystectomy was performed later. Eight days later, the patient has low-grade fever with increased leukocytosis to 17,400. Abdominal CT demonstrates perihepatic fluid, as shown below. A percutaneous drain yields persistent bilious output; fluid bilirubin is 7.1 mg/dL with normal amylase and lipase.

The next step in management should be:

A. Octreotide infusion
B. Total parenteral nutrition (TPN)
C. ERCP and stent placement #
D. Immediate laparotomy
E. Percutaneous transhepatic cholangiography (PTC)
Optimal front-line treatment of squamous cell carcinoma of the anal canal includes:

A. Abdominal perineal resection
B. Low anterior resection when technically feasible
C. Radiation therapy
D. Chemotherapy
E. Combined radiation and chemotherapy

DISCUSSION: Combination radiation therapy and chemotherapy is now the treatment of choice for squamous cell carcinoma of the anus. The area of the primary lesion is biopsied, and the patient begins radiotherapy to the pelvis. If inguinal lymph nodes are enlarged, they are also biopsied, usually by fine-needle aspiration, and if positive, they are included in the field of radiation.

Following radiation therapy, patients receive intravenous 5-FU and mitomycin C. Patients who fail therapy have limited options, including additional chemotherapy or radiotherapy. Salvage therapy may also include abdominoperineal resection (APR), lymphadenectomy, or a diverting colostomy, depending on the nature of the recurrence.
MCQ Test

1. $A_{\text{pos}}$ type (single answer out of 5 or 4 items, true)
2. $A_{\text{neg}}$ type (single answer out of 5 or 4 items, false)
3. $K_{\text{prim}}$ type (4 items, give true/false for each item)
4. E type (select between: 5 items: "+because+", "+/+", "+/-", "+/+", "-/-")

About 70% of question are A type ($A_{\text{neg}}$ below 20%), about 15% are $K_{\text{prim}}$ and about 5% are E type. The type of the question is clear from the structure, the wording and the number and expression of items.

For each correct answer in A and E questions 2 points are given. Three correct answers in a $K_{\text{prim}}$ question are given 1 point. This means: if the correct answer is + + - - and the candidate's answer is + + - + 1 point is given, because 3 items are correct, when the candidate's answer is + + + + + no point is given.
General Surgery Board Examination

23rd August and 24th August 2013
Helsinki, Finland

Organizer:
UEMS Division of General Surgery
UEMS Board of General Surgery

in cooperation with:
European Society of Surgery

To be filled in by the candidate:
Name: ________________________________ Date of Birth: ____________________

The catalogue must not be opened prior to the official starting signal!

Board Examination General Surgery Helsinki 2013

Question 34

A 68 year old male otherwise healthy patient presents with a history of recent bright red blood through the anus associated with constipation and decreased stool caliber. A digital rectal examination revealed a mass in the rectum at ten o’clock of the finger. Endorectal ultrasound showed a T2 N0 M0 lesion 8 cm from the anal verge. Histology revealed the presence of an S2 adenocarcinoma.
Endoscopy showed the following picture:

Which is the single most appropriate therapeutic strategy for this patient?

A) Radiation and endoluminal stent placement
B) Radiotherapy and laser vaporisation
C) Transanal excision
D) Low anterior rectal resection
E) Abdominopereineal resection
UEMS EBSQ Exam Database

- **Startup**
  - GenSurg Exam
  - following: all other specialisations

- **Access**
  - EBSQ executive
  - nominate from examination committees

- **Security**
  - access to database with TAN only
  - definition for read only, change and "admin"
UEMS EBSQ Exam Database

- Content MCQ
  - questions and answers
  - specialisation (e.g. GenSurg)
  - Blueprint category
  - discussion & rationale & references link
  - use of question
  - % correct answers
  - author & validation
  - update information
UEMS EBSQ Exam Database

- Content OSCE
  - text, PDFs, JPGs, PPT, MPEGs
  - specialisation (e.g. GenSurg)
  - Blueprint category
  - discussion & rationale & references link
  - use of question
  - % correct answers
  - author % validation
  - update information
# MCQ evaluation

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OSCE evaluation

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**Mean**

| 85.00 | 82.33 | 70.83 | 74.33 | 89.33 | 93.87 |

**All**

51.75%

---

**2 cases - 2 pathways**

- Colectomy perforation
- Breast cancer
- Diverticulitis
- Leakage after gastroscopy
- Small bowel anastomosis
- Palliation intussusception
- Palliation renal cancer
- Hematemesis after TAPP
- Bowel fistula
- Bowel obstruction
- Adhesions
- Hernia

---

**3 cases - 2 pathways**

- Frankreich
- Maxime Mehl
- Luc Michel
- Fares Al Kassid
- Arthur Felipe
- Tom Schwiard
## Exam evaluation

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<td>D2</td>
<td>Turkey</td>
<td>D3</td>
<td>Turkey</td>
<td>142</td>
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<td>79.00</td>
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<td>75.80</td>
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<td>D4</td>
<td>Switzerland</td>
<td>D5</td>
<td>Turkey</td>
<td>148</td>
<td>74.00</td>
<td>280</td>
<td>93.33</td>
<td>428</td>
<td>85.60</td>
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**All n=20**

<p>| | | | | | |</p>
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<td>Points MCQ</td>
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<td>75.25</td>
<td>252.70</td>
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Fellowship ceremony 2012
Examination Quality

- Credentials Committee
  - EBSQ structure
  - Board certified members (e.g. HD)
  - not involved in the relevant examination
  - evaluation of appeals
  - decision on appeals
  - report to the Section
Examination Quality

- Preparatory Course Committee
  - EBSQ structure
  - Board certified members (e.g. HD)
  - involved in examination process
  - teaching & course experience
  - structure, content, organisation of courses
  - nomination of speakers/trainers
Examination Quality

- Eligibility Committee (Division)
- Examination Committee (Division)
- Credentials Committee (EBSQ Section)
- Preparatory Course Committee (EBSQ Section)
GenSurg - Future strategies

- strengthen GenSurg position
- marketing the brand "F.E.B.S."
- intensified & new cooperations with scientific societies & meetings
- national acceptance (CCST equivalent)
  - Board Fellowship replaces national examinations
- implementation into E.U. legislation
- project: "Preparatory Courses"
- offering "Modular Qualifications"
E.B.S.Q. - Modular Qualifications

**Present**
- Heart Surgery
- Vascular Surgery
- Thoracic Surgery
- Endocrine Surgery
- Traumatology
- Transplant Surgery
- Coloproctology
- Surgical Oncology
- Breast Surgery
- Hand Surgery
- HPB Surgery

**Future**
- General Surgery (harm. C.C.S.T.)
- General & Visceral Surgery
- (Gastrointestinal Surgery)
- Gastrointestinal Endoscopy
- Functional GI Diagnostics
- Minimally Invasive Surgery
- Metabolic and Bariatric Surgery
- Paediatric Surgery
- Emergency (On call) Surgery
- ........
The Modular Concept

- 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 (=never ending story)

- switch to **competencies**
  - honest logbooks from different institutions
  - enhance rotation (no "challenge trophy")
The Modular Concept

- considers national peculiarities of contents
  - e.g. thyroid surgery, breast cancer, endoscopy

- allows variable duration of training

- considers national structural requirements
  - e.g. Finland versus Greece (geography)

- allows individual programs based on contents
The Modular Concept

Contents

Competencies

Qualification
The Future of Surgery

- Harmonisation & Standardisation
  - avoid lowest common denominator
  - national characteristics
- Official European Board Examination
  - formal & legal acceptance
- Position of General Surgery
- Position of Specialist
- Modular System
  - enhance migration beyond denominations
  - validate qualifications from contents
- define Quality (clinical guidelines)
- CME & Accreditation, PD, Re-Certification
EUROPEAN GENERAL SURGERY QUALIFICATION

The European Board of Surgery Qualifications (www.ueoms.org) of the UEMS (www.ueoms.org) conducts in cooperation with the European Society of Surgery (www.eans.org) and the Lebanese Board of General Surgery (www.lbsg.org) the

European Board Examination in General Surgery

in Beirut, Lebanon (17th - 18th June 2013) prior to the XVII ESS Annual Conference (www.eans.org) in Beirut (19th - 21st June 2014; President: Prof. G. Ramaade). Candidates successfully passing the examination will be qualified as:

"Fellow of the European Board of Surgery - F.E.B.S."

The Fellowship F.E.B.S. is a significant high-level indication of professional competence and excellence reflecting the ongoing important European standardization, harmonization and quality assurance process in medicine.

The Fellowship is open for E.U. and non E.U. citizens with or without valid specialist diploma. It consists in a 2-step process: Eligibility and Examination.

All details about the Eligibility process, application forms and precise information about the Examination are published on the homepage of the Section of Surgery of the UEMS: www.ueoms.org

Candidates without specialist diploma are invited to take the Examination part alone without prior Eligibility. apply for recognition of equality of the Exam in their home country (if not automatically) to obtain the national specialist diploma, practice for up to 3 years consecutively, fulfill the Eligibility criteria and be awarded the Board Fellowship without additional examination.

Honorary Fellowship Diploma may be awarded to academic and/or senior surgeons in advanced position on invitation, on personal recommendation and on request.

The ESSO General Surgery Examination will be conducted in English. It consists of a MCQ (multiple choice question) test with 150 items (afternoon first day) and an OSCE (objective structured clinical examination) circuit with 6 stations, each 10 minutes (morning second day). The thematical weighting of the MCQ questions is according to the "Blueprint General Surgery". The OSCE circuit consists of clinical pathways and typical cases that may include photographs and radiologic pictures. The focus is on structured short questions and answers on diagnostic, treatment and decision paths following everyday clinical surgical practice.

MCQ and OSCE are weighted 50% each for the overall result, passing threshold is 75% from total.

The European Fellowship does not imply academic allowance to work in own responsibility and does not automatically enhance participation in national social security systems of the E.U. Recognition of Fellowship by the national authorities is encouraged by the UEMS.

Individual recognition of Fellowship as equivalent to national diploma is supported by the ESSO committee and the number of countries officially adopting the Board qualification with subsequent legal validation and automatic mutual recognition in the list is continuously growing.

Take the opportunity to achieve the high-level European Board Qualification!

Looking forward to see you in Beirut,

Wolfgang Feil, MD, FACS, F.E.B.S.
Professor of Surgery
President of the UEMS Division of General Surgery
office@ueoms.org