Transferable Competencies

UEMS Section & Board of Surgery

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Not all specialties are recognised in all countries and therefore not all countries have training requirements for all specialties.

Even when specialties are recognised in certain countries across Europe there is great variation regarding the way the relevant training requirements are established and the quality of those requirements.

The free movement of healthcare professionals across Europe generates the need for quality assurance regarding the qualifications of medical specialists beyond the recognition by one specific country.

The influx of medical specialists in Europe from countries beyond the broader European area also generates the need for sound benchmarking and quality control of their knowledge, skills and qualifications.

The UEMS does not aim to replace established EU or national legislation but to complement and support them where this is needed by offering robust European training guidelines created by medical specialists and aiming to support medical specialists for the benefit of patients.
The House of Surgery

**General Surgery**

- Endocrine
- Coloproct.
- Tx
- Heart
- Oncology
- Thoracic
- ECS
- Vascular
- Breast
- Hand
- HBP
- Trauma
- Pediatric
- General ?
- Plastic

**Common Trunc/Basic Surgery**

- OMF
- Urology
- Gyn
- Neuro
- Orthop.
- ENT
The House of Surgery

General Surgery

- Endocrine
- Coloproct.
- Tx
- Oncology
- ECS
- Breast
- Hand
- HBP
- General?

Common Trunc/Basic Surgery

- Trauma
- Thoracic
- Pediatric
- OMF
- Urology
- Gyn
- Vascular
- Heart
- Plastic
- Neuro
- Orthop.
- ENT
Moussaka Partitioning Procedure
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
Relaunch of General Surgery

- "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)
how it should be:
- define qualifications and standards
- develop structures for a training program
- identify and accredit training units
- deliver and monitor the training program
- assess trainees and candidates after completion of the program
- confer diploma

how it is:
- automatic mutual recognition of diploma
- examination required by law
- no standards (denominations, contents)
- develop structures (TCs, ETRs, Board Examinations)
- develop and harmonise "residency training program"
- accredit and monitor training centers
UEMS - Section of Surgery
Divisions, Boards & Working Groups

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)
Considering the variety of TCs, it is neither possible nor advisable to recommend one uniform way of developing the relevant syllabus, curriculum and assessments. However, certain sound principles are recommended in ETRs.

The ETRs reflect the basic principle that training has to be competency based.

The ultimate criterion for the quality of the ETRs is if they support the trainee to command a certain competency and apply it safely and efficiently in clinical practice.
The ETRs can include a variety of training events (operating procedures, interventional procedures, ward rounds, outpatient clinics, multidisciplinary meetings, basic/translational or clinical research, writing of scientific abstracts and papers, attendance of training courses - to name just a few).

What is recommended is that a training event has to fulfil the following criteria:

- takes place at the right place (accredited training centre) supervised by the right person (accredited trainer)
- is linked to outcome
- translates into actual competency
- is assessed specifically and overall
- is put into the overall context of professional development
ETRs & Training Centres

- The complexity of modern specialist training dictates on many occasions for trainees to be trained in more than one centres, sometimes in more than one countries. This is not only a necessity but also recommended practice that contributes to the training of aspiring junior doctors across Europe in a way that will allow them to have sound qualifications as well as a broader view of their specialty, current status and future developments; all this can only be for the benefit of patients across Europe.

- When this is possible, ETRs can recommend ways as how training fellowships can be developed for the relevant specialty with the support of training centres across Europe, preferably centres that have been through the UEMS process of "visitation"/ appraisal.
Implementation of EBS Documents

- European Training Requirements (General Surgery)
- Assessment Quality Requirements (Version 3.0)
The guidelines aim to provide some overall direction for the development of ETRs and they don't aim to be didactic or restrictive.

The guidelines are based on the challenges faced and the experience gained over the years from the development of ETRs by UEMS Sections and Boards and they address overall principles rather than specific details.

Sections and Boards are encouraged to use the principles of the guidelines and then tailor the development and writing of the ETRs in a way that matches the character of their specialty or "transferable competency".

Adopting the lowest common denominator while establishing ETRs would be automatically very inclusive but will mathematically result in recommending very low standards that cannot guarantee high quality training and, subsequently, high quality care.

On the other hand, setting unrealistically high expectations regarding the standards of training that could only reflect an ideal and most probably utopic approach will also almost certainly make it utterly impossible for any European Country to follow.
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, Mini-CEX, DOPS, courses, hospitations, publications
- Board Examination
The House of Surgery

European Board of Surgery

- Trauma
- Thoracic
- Pediatric
- OMF
- Endocrine
- Coloproct.
- Tx
- General
- Vascular
- Heart
- Plastic
- Orthop.
- Breast
- Oncology
- Hand
- HBP
- Emerg
- MBS
- MIS
- Endo
- Basic

Common Trunc/Basic Surgery
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)
- Minimal Invasive Surgery (2016)
- Metabolic & Bariatric Surgery (2016)
- Emergency Surgery (2016)
- Endoscopy & GI-Functional Diagnostics (2016)
- Basic Sciences (projected)
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