Application of the European Hernia Society for the Introduction of the Transferable Competency

“Abdominal Wall Surgery“

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Chairman
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There is a trend towards increasing specialisation within surgery.

The trend towards greater specialisation is supported by the European Board of Surgery.

In order to encourage beneficial specialisation, while maintaining the integrity of surgery as a whole, it is the policy of the European Board of Surgery to establish Boards for „transferable competencies“.

The Surgical Scientific Societies are encouraged to develop other new Boards for „transferable competencies“.
Every subspeciality of General Surgery has become so complex, that additional education and training in one or more subspecialities following General Surgery training is advisable.
UEMS Section of Surgery, European Board of Surgery and „Transferable Competencies“

- Coloproctology
- Transplantation
- Endocrine Surgery
- Surgical Oncology
- Hepato-Biliary-Pancreatic Surgery
- Breast Surgery
- Esophagus, Cardia & Stomach Surgery
- Emergency Surgery
- Minimal Invasive Surgery
- Metabolic & Bariatric Surgery
- Endoscopic & Gastrointestinal Functional Diagnostics
- Basic Science
- Abdominal Wall Surgery
Application of the European Hernia Society to the UEMS Section of Surgery and the European Board of Surgery

Introduction of the „transferable competency“

„ Abdominal Wall Surgery “

Dear Prof Köckerling,
This mail is just to let you know that during the last Board meeting of the EHS, the Board decided to fully support the project of the Board of abdominal wall surgery by the UEMS. We are very excited about this project and we hope that it can be finally approved in the UEMS meeting.
The EHS is willing to keep working in this project in the near future.
Let us know if anything else need to be done for the next UEMS meeting,
Salvador Morales-Conde
General Secretary of the EHS
Feb 24, 2019
### Structured Concept
### Abdominal Wall Surgery

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A: Inguinal hernia repairs*</td>
<td>Inguinal hernia repair in TAPP, TEP, Lichtenstein or Shouldice technique</td>
<td>n=200</td>
</tr>
<tr>
<td></td>
<td>Bilateral inguinal hernia repairs</td>
<td>n=125</td>
</tr>
<tr>
<td></td>
<td>Female groin hernia repair</td>
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<tr>
<td></td>
<td>Recurrent inguinal hernia repair</td>
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<tr>
<td></td>
<td>Scrotal hernia repair</td>
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</tr>
<tr>
<td></td>
<td>Emergency inguinal hernia repair</td>
<td>n=5</td>
</tr>
<tr>
<td></td>
<td>Inguinal hernia repair following previous lower abdominal and pelvic surgery</td>
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* 50 % rule
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**Abdominal Wall Surgery**

<table>
<thead>
<tr>
<th>Category B: Primary ventral hernia ± rectus diastasis repairs*</th>
<th>n=50</th>
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</thead>
<tbody>
<tr>
<td>Open suture, open mesh or laparo-endoscopic umbilical hernia repair</td>
<td>n=30</td>
</tr>
<tr>
<td>Open suture, open mesh or laparo-endoscopic epigastric hernia repair</td>
<td>n=10</td>
</tr>
<tr>
<td>Open mesh or laparo-endoscopic umbilical and epigastric hernia plus rectus diastasis repair</td>
<td>n=5</td>
</tr>
<tr>
<td>Emergency umbilical and epigastric hernia repair</td>
<td>n=5</td>
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* 75 % rule
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Abdominal Wall Surgery

<table>
<thead>
<tr>
<th>Category C: Incisional and complex hernia repairs*</th>
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</thead>
<tbody>
<tr>
<td>Incisional hernia repair in laparoscopic IPOM, open sublay, open onlay or component separation technique</td>
<td>n=40</td>
</tr>
<tr>
<td>Open mesh or laparo-endoscopic recurrent incisional hernia repair</td>
<td>n=5</td>
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<tr>
<td>Emergency incisional hernia repair</td>
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<tr>
<td>Parastomal hernia repair</td>
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</tr>
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* 100 % rule
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### Abdominal Wall Surgery

<table>
<thead>
<tr>
<th>Category D: CME Credits and Training Courses</th>
<th>200 c.p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.M.E. credits</td>
<td>50 c.p.</td>
</tr>
<tr>
<td>Credits for Hands-on Training Courses</td>
<td>150 c.p.</td>
</tr>
</tbody>
</table>
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Abdominal Wall Surgery

Category D: CME Credits

The candidate must have a total of at least 50 credit points based on the following criteria:

- Participation at national congress (4 points)
- Poster presentation at national congress (first author) (6 points)
- Oral presentation at national congress (presenting author) (8 points)
- Participation at a recognized international congress (8 points)
- Poster presentation at a recognized international congress (first author) (12 points)
- Oral presentation at a recognized international congress (presenting author) (16 points)
- Participation at a recognized theoretical Postgraduate Course (12 points)
- Publication (first/corresponding author) in peer reviewed national surgical journal (12 points)
- Publication (first/corresponding author) in peer reviewed international surgical journal (24 points)

* recognized by UEMS AWS Board (e.g. European Hernia Society (EHS) congress, American Hernia Society (AHS) meeting, Asia-Pacific Hernia Society (APHS) meeting, etc – see: www.uemssurg.org/divisions/working-groups/abdominal-wall-surgery)

NB! Credit points can only be awarded for congresses, presentations, courses and publications within the field of abdominal wall surgery
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Abdominal Wall Surgery

Category D: Credits for Hands-on Training Courses

The candidate must have a total of at least 150 credit points showing participation at:

- Basic abdominal wall surgery course (30 points)
- Advanced courses (e.g. EHS or UEMS AWS Board endorsed course) (60 points each)
- And/or a fellowship program/clinical stay (10 points/week) at a recognized AWS center (e.g. EHS, AHS, APHS Fellowships & Clinical Visits)