

Process for Accreditation of Centres for Training in Transplantation Surgery

The application to the Division of Transplantation should include:

- a formal letter by the Chairman stating the wish of the Centre to apply and the areas of transplantation for which accreditation is requested: i.e retrieval, kidney, pancreas, liver, small bowel.
- a report regarding the Centre and the Training Programme.

The information must cover the following domains:

- 1) Faculty (junior and senior)
- 2) Brief history of the center and general description of surgical activity
- 3) Number of procedures performed at the center per year per organ (last 10 yrs)
- 4) Facilities available (Academic, Clinical, Research)
- 5) Facilities for experimental surgery on large animals and/or microsurgery
(available/not available)
- 6) Access to anatomic dissection facility (available/not available)
- 7) Brief description of the training setting
- 8) Number of trained surgeons for a minimum time period of one year in the last 10 yrs
 - Residents
 - Ph D
 - Fellows
 - Visiting (at least one yr)
 - Other (specify)
- 9 a) Number of surgical procedures per surgeon per organ
- 9 b) Number of surgical procedures per trainee per organ
- 10a) Patient and graft survival at 1 year and 5 years
- 10b) Outcome at 1 year of patients transplanted by trainees.
- 11) Library
- 12) Choice of best 20 papers in the last 10 yrs including at least one of the trained surgeons
(with I.F. JCR last edition)

13) Grants for scientific projects in the last 5 yrs

14) Courses, lectures and other teaching initiatives in the last 5 yrs

15) Pediatric programs

16) Language in students education

17) Professional destiny of trained surgeon after fellowship/training time

Graphs, tables, reports or any other material that describes the work of Centre and especially it's training programme can be included.

c) a fee of 1000 Euros has to be paid to the following account along with the initial application:

Name of the account: UEMS/Section of Surgery

Account number: 001-7195551-70

Name of the Bank: BNP Paribas Fortis

Address of the Bank: Montagne du Parc 3

1000 Brussels

Belgium

IBAN Code: BE60 0017 1955 5170

BIC/SWIFT Code GEBABEBB

Transfer Text: Accreditation of(the name of your center) Transplant Center

amount: 1000,00 Euro

Please note: the Centre to be accredited will also undertake to pay (and preferably organize) for the travel and accommodation expenses of the 2 – 3 assessors visiting the Centre for the Accreditation process