The European Board of Surgery Qualification in general surgery
Can it standardise surgical training throughout Europe?

The rules regulating mutual recognition of qualifications in the EU (Directive 2005/36/EC) are based on the length of training and the title of qualification required by individual countries. For example, any citizen of a member state holding a specialist qualification that is listed in the 2005 directive can apply for direct entry onto the General Medical Council (GMC) specialist register; conversely, all EU countries accept a holder of a Certificate of Completion of Training (CCT) from the UK as being adequate for specialist registration. However, there is significant disparity in the degree of competence that these national qualifications represent and they are not entirely comparable.

As a consequence, the European Commission has reinforced the primacy of the European Union of Medical Specialists (UEMS), whose goal is to complement rather than supersede the authority of any one nation. European standards for postgraduate medical specialist training in general surgery have been agreed and the European Parliament has passed a new law facilitating the movement of health professionals within Europe. The various European Board of Surgery Qualification (EBSQ) examinations offered by the UEMS are part of an evolving effort to unify standards and promote movement of surgeons within the EU. The aim of this paper is to introduce readers to the EBSQ in general surgery (EBSQ/GenSurg).

EBSQ/GENSURG
The EBSQ/GenSurg is a validated, quality-controlled assessment of surgical knowledge and competence at an equivalent level to that of the CCT. It is based on the recognition that ‘general surgery’ is still relevant today in peripheral hospitals across Europe and that general surgery goes well beyond ‘common trunk’ surgery. In the UK, it is estimated that about 80% of elective procedures are carried out by general surgeons, outside subspecialty services. Far from being the lowest common denominator of all national qualifications, the
EBSQ/GenSurg standards in fact exceed those of most national CCTs in general surgery.

Candidates may now take the two necessary steps, eligibility and examination, in either order. The eligibility requirements are described in Table 1. The financial cost for the candidate is €350 for each step or €700 (£585) in total.

**Eligibility criteria**

The syllabus for the qualification covers the whole spectrum of general surgery. In order to be eligible, candidates must demonstrate broad skills and submit logbooks as evidence of those skills. A system of ‘credit points’ is used to quantify experience. The logbooks must be submitted in the UEMS format and validated. Procedures performed by the candidate as main operator confer two credit points and procedures performed as an assistant confer one credit point.

A minimum total of 1,500 credit points relating to operations, endoscopies and general procedures is required for eligibility. General procedures include radiology and ultrasonography as well as a number of other technical procedures. Of the 1,500 credit points, 1,000 points must be generated from operative procedures alone, 250 points from endoscopies and 250 points from more general procedures. At least 50% of credit points must represent the candidate as the principal operator. If for any reason a logbook cannot be produced by a candidate, two independent experts must try to assess the candidate’s surgical experience in each of the categories mentioned above.

A wide range of surgery (surgery of the head and neck, thoracic and abdominal surgery, surgery on the musculoskeletal system [including trauma and infection], vascular surgery, and surgery on soft tissues and nerves) contributes to the total credit point score. The scoring system is somewhat skewed in favour of abdominal surgery, as 80% of the credit points and 45% of the exam questions assess abdominal surgery experience and knowledge. However, some degree of flexibility is allowed between each of the surgical disciplines.

**Examination**

The examination takes place at least once a year in a member state. The EBSQ Board of Examiners is supported by local representatives from the national surgical societies of the host country. The examination is conducted anonymously.

It comprises two parts: a paper with multiple-choice questions and an objective structured clinical examination (OSCE). Candidates can gain a maximum of 300 points in the paper, which tests a wide spectrum of knowledge in general surgery. During the OSCE circuit, candidates rotate through six stations, meeting international examiners; real patients are not used but the clinical knowledge being tested is, again, very broad. A maximum of 300 points can be gained in the OSCE. This gives a potential total score of 600 points and the pass mark is 450 points. Results are announced shortly after the end of the last circuit on the second day and successful candidates are awarded the title Fellow of the European Board of Surgery – GenSurg (FEBS/GenSurg).

The goal of this ongoing project is the standardisation of surgical training and qualifications across European countries. It is hard to tell whether the EBSQ/GenSurg will ever become popular in the UK. At the moment, it is probably of most value to those UK surgeons planning to practise overseas. However, one should consider that although the GMC does not accept the EBSQ for direct entry to the specialist register at present, it is obliged to accept a diploma recognised in another EU country.

As more countries embrace the EBSQ/GenSurg, it follows that it is only a matter of time before it allows entry to the UK specialist register, with equivalence to a UK CCT. This will, of course, open the way for those surgeons, be they British or non-British, who wish to apply for substantive consultant posts in the UK. This does not sit well with the fact that in many surgical specialties, too many surgeons are being trained in the UK for the number of potential consultant posts.1

**ACKNOWLEDGEMENT**

The authors would like to thank Mr Arthur Allen for his kind help with reviewing the manuscript.

**References**

