EUROPEAN BOARD OF SURGERY (EBS)
EUROPEAN BOARD OF SURGERY QUALIFICATIONS (EBSQ)

ASSESSMENT QUALITY REQUIREMENTS

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EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

The European Union of Medical Specialists (UEMS), founded as NGO and NPO in 1958, is the oldest medical organisation in Europe (www.uems.eu).

With a current membership from 36 countries, it is the representative organisation of the National Associations of Medical Specialists in the European Union and its associated countries.

Its structure consists of a Council responsible for and working through 42 Specialist Sections and their European Boards, addressing training in their respective Specialty and incorporating representatives from academia (Societies, Colleges and Universities).

UEMS represents over 1.6 million medical specialists in all the different specialties. It also has strong links and relations with European Institutions (Commission and Parliament), the other independent European Medical Organisations and the European Medical/Scientific Societies.

By its agreed documents, UEMS sets standards for high quality healthcare practice that are transmitted to the Authorities and Institutions of the EU and the National Medical Associations stimulating and encouraging them to implement its recommendations.

The "House of Surgery"

Within the Section of Surgery (www.uemssurg.org) a trend towards (sub)specialisations was recognised. The Section of Surgery enhances the development of specialisations but clearly is opposed to fragmentation of surgery.

Within the s.c. "House of Surgery" the rooms conveniently depict the diverse (sub)specialisations, separated by thin walls with a multiple of open doors and commonly united by a safe wall.

The continuously rising number of Divisions and Working Groups within the Section of Surgery reflects this diversity of (sub)specialisations. It is the task of the Section of Surgery to support their individual development and at the same time keep the family within the "House of Surgery" together.

By that the European Board of Surgery (EBS) and the European Board of Surgery Qualifications (EBSQ) provide rules and guidelines for the organisation of the familiy within the common "House of Surgery".

The "EBSQ Assessment Quality Requirements" structure the quality criteria for all Board qualification processes leading to the Board Fellowship (Fellow of the European Board of Surgery - F.E.B.S.).

The aim is to see full legal acceptance of the Board Fellowships following the principle of subsidiarity within the EU and in addition to provide non-EU surgeons the possibility of achieving a high standard approved diploma.
EUROPEAN BOARD OF SURGERY QUALIFICATIONS (EBSQ)

The European Board of Surgery (EBS) within the UEMS Section of Surgery (www.uemssurg.org) is an official advisory board of the European Commission.

The objectives of the EBS are to assess, set standards for and progressively harmonise the content and quality of training and continuing medical education in all fields of surgery within the member states of the European Union (E.U.) and other UEMS states.

Key qualities of the E.U. are freedom of market, labour and services and the principle of subsidiarity. By that migration within the E.U. is enhanced due the automatic mutual recognition of certain diploma, like e.g. General Surgery. No European legal provisions exist for the newly developed (sub)specialisations within Surgery.

Within the Section of Surgery and European Board of Surgery the European Board of Surgery Qualifications (EBSQ) was established in 1996.

Specialisation in Surgery

There is a trend towards increasing specialisation within surgery which has progressed to different degrees in different parts of Europe and some of the fields of surgery encompassed by the EBS have become recognised in some countries as well-defined or even totally independent surgical specialties.

The trend towards greater specialisation is supported by the EBS whenever consistent with improved standards of clinical practice and training. However, in order to meet the needs of the many European hospitals which are not large enough to justify the same highly compartmentalised departments of surgery that have become the norm in most teaching centers it is essential to ensure that surgeons are able to obtain broadly based training across all the various fields. This makes it essential for newly emerging surgical specialties to continue to collaborate closely within the well-defined framework of the EBS.

In order to encourage beneficial specialisation, while maintaining the integrity of surgery as a whole, it is the policy of the EBS to establish Boards for "transferable competencies" to accommodate the special requirements of well-defined areas of surgical practice. The Boards have responsibility for establishing and monitoring standards of training within their specific field of surgery while the EBS functions as a federation to coordinate the interrelationship, recommendations and actions of the Boards as they develop.

Furthermore, the EBS is empowered to issue "European Board of Surgery Qualifications" (EBSQ) examinations (Board Examinations). The Board Examinations follow strict provisions, rules and quality measures published by the EBS.
Divisions and Working Groups

Within the Section of Surgery the number of Division and Working Groups continuously rises.

For the following "transferable competencies" Boards and Board Examinations are already existing:

- General Surgery
- Coloproctology
- Transplantation
- Endocrine Surgery
- Surgical Oncology
- Hepato-Biliary-Pancreatic Surgery
- Trauma Surgery
- Breast Surgery
- Hand Surgery
- Esophagus, Cardia & Stomach Surgery

For the following "transferable competencies" Boards are established and Examinations developing:

- Minimal Invasive Surgery
- Metabolic & Bariatric Surgery
- Emergency Surgery
- Endoscopy & Gastrointestinal Functional Diagnostics
- Basic Sciences
EUROPEAN BOARD FELLOWSHIP DIPLOMA

Candidates, who successfully apply and qualify for a European Board Fellowship Diploma are awarded the title "Fellow of the European Board of Surgery F.E.B.S.".

The title F.E.B.S. determines, that the person successfully proved to have validated knowledges and skills, that follow the provisions of the Boards and allow him/her to successfully cover the field of a "transferable competency" in respective to the actual demandings according to the judging of the commission.

In the moment the qualification F.E.B.S. has not yet automatic legal recognition in all E.U. countries. Individual recognition of qualifications by the national authorities is supported by the EBSQ committee and the number of countries officially adopting the Board exam is continuously rising.

The fellowship does not implicate automatic allowance to work at own responsibility and does not automatically enhance participation in national social security systems of the E.U.

The future perspective of this European diploma is to been seen in unanimous legalisation within the ongoing project of the European harmonisation process of medical education.

Value of European Board Diploma

At present the diplomas issued by the UEMS upon successful completion of the UEMS eligibility and examination requirements are to be considered as qualifications of excellence and cannot be seen automatically as equivalent to national diplomas in terms of rights conferred to their beneficiary unless these are explicitly recognised by the National Authorities competent in this matter.

Each European Member State is responsible to organise medical training and assess doctors’ competence according to their national criteria. As a result, diplomas delivered by University Hospitals, Ministries of Health or Medical Chambers (it depends on the country) are legally valid diplomas enabling their holder to receive a licence to practice from the relevant National Competent Authority.

At the European level, the UEMS has been developing curricula for training and organising European examinations to assess the competence of medical trainees according to these European recommendations and standards.

Progressively, these examinations and the diplomas issued by the UEMS are more and more recognised in Europe because of their very high quality and standards.

Some National Competent Authorities have even integrated these European exams within their National final examination. However, as mentioned above, this recognition and its subsequent legal validity depends on the National Competent Authority’s recognition. Unless the relevant National Competent Authority recognises the European diploma as equivalent to their national diploma or integrate it as part of their national assessment exam, European diplomas remain qualifications of excellence.

The UEMS welcomes and encourages the increased recognition of European diplomas in the context of respecting at the same time the views on those matters of the National Competent Authorities.
Board Committees

The Board will have the responsibility of organising the qualification process to be accredited as "Fellow of the European Board of Surgery" (F.E.B.S.) in cooperation with the EBS and following the standards and regulation provided by the EBS.

The Board shall implement all structures and processes for Eligibility and Examination quality management including the creation of an "Eligibility Committee", an "Examination Committee" and a "Credentials Committee" following the regulations by the EBS and the statutes of the Division and Board.

Eligibility Committee

It is the task of the "Eligibility Committee" to define the Eligibility Criteria and to unanimously decide on the candidates' applications for the Board Examination.

Examination Committee

It is the task of the "Examination Committee" to define the "Blueprint" for the Board Examination, elaborate the catalogue of questions and clinical cases, maintain the catalogue and to organise, conduct and evaluate the Board Examination process.

Additional guidelines for the Board Examination process are given by the UEMS CESMA and published elsewhere.

Credentials Committee

It is the task of the "Credentials Committee" to scrutinise the Eligibility and Examination process following the regulations by the EBS and EBSQ.

Preparatory Course Committee

In addition a "Preparatory Course Committee" may conduct Preparatory Course together with Scientific Societies ed under the auspices of the Division and Board. In this case it has to be ascertained, that the "Preparatory Course Committee" acts completely independent from other Board Committees, especially the "Examination Committee".

Attendance of a Preparatory Course shall be helpful for Surgical Trainees who wish to advance their knowledge regarding pan-European surgical practice and who do not necessarily plan to take the Board Examination at this stage.
Ethics & Professionalism

The European Board of Surgery (EBS) believes that certifications by the EBSQ (European Board of Surgery Qualifications) carry an obligation for ethical behavior and professionalism in all conduct. The exhibition of unethical behavior or a lack of professionalism by a candidate may therefore prevent the certification of the applicant or may result in the suspension or revocation of certification. All such determinations shall be at the sole discretion of the EBS.

Unethical and unprofessional behavior is denoted by any dishonest behavior, including: cheating, lying, falsifying information, misrepresenting one’s educational background, certification status and/or professional experience and failure to report misconduct.

The EBS has adopted a "zero tolerance" policy toward these behaviors, and individuals exhibiting such behaviors may be permanently banned from certification, reported to state medical boards, and/or legally prosecuted for copyright or other violations if identified.

Unethical behavior is specifically defined by the EBS to include the disclosure, publication, reproduction or transmission of EBS examinations, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purposes.

This also extends to sharing examination information or discussing an examination while still in progress.

Unethical behavior also includes the possession, reproduction or disclosure of materials or information, including examination questions or answers or specific information regarding the content of the examination, before, during or after the examination. This definition specifically includes the recall and reconstruction of examination questions by any means and such efforts may violate federal copyright law.

All EBS examinations are copyrighted and protected by law. The EBS will prosecute violations to the full extent provided by law and seek monetary damages for any loss of examination materials.
Privacy Policy

In the course of all EBSQ (European Board of Surgery Qualifications) processes, like application, assessment of Eligibility, examination, certification and appeal the EBS (European Board of Surgery) officials must collect and utilise personal and professional information pertaining to its applicants and candidates.

The EBS has issued the following Privacy Policy to govern EBS' collection, use, and disclosure of such information and its policies and practices regarding the privacy of information during the certification processes. The goal of establishing this privacy policy is to assure all persons disclosing information to EBS during the certification processes of the sensitivity and care utilized in protecting this information.

In order to determine the qualifications of applicants during the Eligibility process, EBS requires that applicants provide personal contact and identifying information, as well as personal, educational, and professional background information. This information is used by EBS solely to identify and determine an applicant's appropriate status with the EBS.

In connection with the registration and administration of its Examinations, EBS requires an applicant's personal information, including name, mailing address, and verified passport copy. EBS restricts access to such personal information to EBS employees and contractors who need this information to conduct the registration, administration, and scoring of examinations, and for the verification of certification by EBS executive.

EBS does not disclose any personal information regarding its applicants to non-EBS employees and contractors, except when required by law.

EBS does not share personal information about its applicants with companies or other third parties outside of EBS for marketing purposes.

EBS considers only the certification status of applicants to be public information and regards all other information about applicants as private and confidential.

Individual examination results are not provided to any other person or institution. EBS will use performance on examinations and other information for research purposes and may publish these studies. In these instances, however, EBS will not identify specific individuals, hospitals, or practice affiliations.
Appeals & Reconsiderations

The European Board of Surgery (EBS), being dedicated to the principles of fairness, consistency and equality in its dealings with its applicants and candidates, hereby establishes the following policy with regard to the resolution of questions or dissatisfactions arising from its policies and procedures.

Reconsiderations

Applicants and candidates may request reconsideration of decisions regarding the requirements and rules of the EBS on individual credentials, admissibility to the examinations.

These requests are referred to the EBS Credentials Committee for evaluation and decision.

Individuals may not only request reconsideration regarding potential fraud or misconduct by the examiners, they may also reclaim the sufficiency or accuracy of questions and answers in context with the examination process.

No requests for reconsideration may be made on items defined in the EBS outlines about purpose, organisation and general requirements. Amendments in these general outlines are at the discretion of the UEMS officials and may be subject of alterations in the future, all of this in cooperation with and fulfillment of European legislation and EU directives.

Within these guidelines any applicant who considers an action of the EBS adverse to his or her interest, or to be based upon unfairness, inconsistency or inequality may request reconsideration. The request must be made in writing within 30 days of receipt of notice from the EBS of the action in question. Requests must be sent by mail to the EBS secretary office (no e-Mails or faxes). The request may be accompanied by such documentation as the requestor considers appropriate to support the request.

The request for reconsideration will be brought before the EBS Credentials Committee at the next regular meeting of that committee, and the decision of the committee shall be reported to the Executive of the Section of Surgery at their next regular meeting. Within 60 days following the meeting of the Executive, the requestor shall be notified, in writing, of the Credentials Committee action and the reasons therefore.

The decision of the Credentials Committee shall be considered final unless the complainant, within 30 days after having been advised thereof, gives written notification sent by mail to the EBS that he or she wishes to institute a Personal Appeal, requests a hearing, and sets forth the reasons for disagreement with the findings of the Credentials Committee.
Personal Appeals

When a request for a Personal Appeal is received, the hearing shall be scheduled at the next regular meeting of the Credentials Committee. The appellant shall be notified in writing at least 60 days prior to the meeting of the time and location at which he or she should appear. The appellant shall be afforded the opportunity to appear in person and present oral and written evidence in his or her own behalf. The members of the committee have the right to question the appellant concerning anything in his or her record or the evidence presented. Upon completion of the hearing the committee shall, in closed session, reach a finding by majority vote. Their decision is final.

The finding of the committee and any recommendations shall be reported to the Section Executive. The appellant shall be notified in writing within 60 days as to the action taken and the reason for it.
ELIGIBILITY CRITERIA

To apply for certification as F.E.B.S. (Fellow of the European Board of Surgery) in a distinguished "transferable competency" a candidate has to undergo a two-step quality validation process: Eligibility and Examination.

Eligibility is a prerequisite for the Examination. Under certain conditions (e.g. General Surgery) it may also be possible to take the Examination without prior Eligibility. In this case, when e.g. the Board Examination is used by a candidate as equivalent to a national examination to obtain specialist recognition, an Examination Certification alone will be issued without Fellowship diploma.

The following regulations and guidelines issued by the European Board of Surgery (EBS) and the European Board of Surgery Qualifications (EBSQ) may be augmented and/or adjusted by the Division Boards in order to fit the individual purposes and requirements are subject to approval by the EBS and EBSQ.

To apply for Eligibility the candidate must fulfill the following requirements:

1. Eligibility for all exams run by the Division Boards of the Section of Surgery is open for candidates trained in one of the 28 European Union countries, a non EU UEMS country (Iceland, Norway and Switzerland) or an associated UEMS country (Armenia, Israel and Turkey) or a country with UEMS observer status (Georgia, Lebanon).
2. Eligibility for all exams run by the Division Boards of the Section of Surgery is also open to those candidates trained outside the UEMS-area provided that the relevant division is satisfied with the training and qualifications are equivalent.
3. The candidate shall be able to communicate in the English language. Examinations in a local national EU language(s) shall be additionally provided at the discretion of the EBS.
4. A national CCST is not a prerequisite.
5. A continuing employment of a candidate at a recognised training center for a defined period may be mandatory.
6. The candidate has to submit all required documents electronically.
7. The candidate must provide a defined LogBook:
   a. The LogBook shall be countersigned by an independent expert on every page.
   b. The LogBook shall include general information (surgeon, hospital) and for any item the type of procedure and patient initials or hospital admission number (no information that allows identification of the patients' names).
   c. A general basic layout for a LogBook is provided and published by the EBS/EBSQ and shall be used.
d. The LogBook summary must give the numbers/credit points for interventions/procedures/operations within the categories/items following the regulations published in the syllabus ("Knowledge and Skills").

e. A candidate's individual LogBook with comparable layout and structure may be accepted for the Eligibility process on the decision of the Eligibility Committee and approval by the EBS/EBSQ.

8. The candidate must in addition to the LogBook have a determined number of additional credits based on the following criteria:
   a. Participation at recognised national/international congresses
   b. Participation at recognised national/international congresses as author/speaker
   c. Participation at relevant national/international "Postgraduate Course(s)"
   d. Publication(s) in peer reviewed national/international surgical journal
   e. Publication(s) as first author in peer reviewed national/international surgical journal

9. Candidates have to be recommended by 2 independent experts. One of the experts shall work in another country than the candidate.

10. Candidates are required to pay the fees for Eligibility at the time of application and - if accepted – the fee to cover the Examination to the EBSQ Administration Office. The Eligibility sum is to cover the costs associated with the processing of returned application forms by the central EBSQ office and are non refundable.

11. All payments must be effected by the required deadlines and there are no refunds for (Eligibility) candidates who are deemed ineligible to sit for the Board Examination or do not succeed in passing the Examination. In the event that a candidate has paid for the Examination and does not attend the examination there will be no refund.

12. Reapplication is possible for Eligibility and/or Examination.

13. Successful Board Eligibility and Examination candidates are awarded the title "Fellow of the European Board of Surgery F.E.B.S.".

It is the task of the Division and Board to provide detailed Eligibility regulations and publish it on the website (www.uemssurg.org).

It is the task of the Division and Board to provide a Syllabus with the categories "Knowledge" and "Knowledge and Skills", a catalogue with mandatory "Interventions & Procedures" including compensatory regulations and a LogBook for download, all following the templates given by the EBS/EBSQ ("Training Requirements for General Surgery").
LogBook & Credits

Candidates for the qualification in a certain "transferable competency" must demonstrate "Skills" in each of the defined areas of responsibility and be able to present a complete and signed LogBook.

The candidates' individual log-books have to fulfill the UEMS criteria. In the logbook for each item patient's initials (or hospital admission number), type of procedure, date of procedure and approval with signature by independent expert have to be provided (Figure 1).

The individual LogBooks are scrutinized in the Eligibility process by the Eligibility Committee.

It is the task of the Division and Board provide within the syllabus a category "Knowledge and Skills" and to define a system of mandatory minimum numbers for procedures, interventions and operations following a credit point system.

The Division and Board must define these minimal Eligibility requirements (=credit points) for a "transferable competency". The catalogue of interventions/procedures/operations may be separated into categories at the discretion of the Division and Board.

For each intervention/procedure/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 (Level P). For each intervention/procedure/operation performed by the candidate as first assistant (Level A) of a recognised expert 1 credit point is given. "Recognised experts" shall be nominated by the Division and Board.

It is at the discretion of the Division and Board to define the minimum percentage of interventions/procedures/operations that have to be performed at Level P as primary surgeon. The percentage for Level P must not be below 50%.

For pragmatic reasons provisional arrangements may be provided to enhance the qualification until complete European harmonisation of surgical training is achieved.

These provisional arrangements shall allow a range of different compensations to consider various national and/or individual peculiarities.

The regulations shall assure, that numeric deficits in certain categories/items may be compensated in other categories/items to achieve the minimum number of credit points.

In addition to the definition of LogBook contents and minimum numbers it is the task of the Division and Board to define a determined number of mandatory credits for additional academic and professional activities, e.g. publications in scientific journals, congress participations, hospitations and postgraduate courses. These regulations have to be published in the Eligibility criteria.
<table>
<thead>
<tr>
<th>Log Book Category #</th>
<th>Operation</th>
<th>Approval</th>
<th>Credits</th>
<th>Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Page</td>
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**Figure 1. LogBook template**
BOARD EXAMINATION

The Board Examination is subject of comprehensive revision and continuous development. The examination covers the whole field of "transferable competency" as defined in the relevant UEMS documents (www.uemssurg.org). This is conducted in cooperation with the relevant European authorities and fulfilling EU legislation and directives.

The evolving process of the Board Examinations is paralleled by the European ambition towards harmonisation and standardisation of medical education, specialist training and qualification.

Frequency of Board Examination, location and language are subject of continuous development. In any case of language diversification the EBS makes certain, that the content of all questions and items will be identical.

The structure of the Board Qualification is clearly defined and consists of a 2-stage process involving the Eligibility and the Examination, the Examination comprising a MCQ test with at least 100 items and an OSCE circuit with at least 6 stations.

Date, Location & Language

The Board Exam takes place at least annually mainly in cooperation with surgical meetings, e.g. in collaboration with a congress of a surgical society or in cooperation with another scientific meeting. Dates will be announced on the website www.uemssurg.org.

Date, location and languages(s) of the Board Exam are to the discretion of the Division and Board Examination Committee. This and further details about the next Board Exam(s) are published on the website.

The Board Exam is basically held in english. Upon special additional announcement the Exam may also be offered in the national language of the country, where it is held. In that case, the content and the procedure of the Board Exam is identical in the provided languages.

In other cases the Examination Committee may offer the Board Exam in english with interpretation support. Interpretation in the MCQ-test (see later) is on candidates's request and given to the whole audience to ensure equality.

Interpretation in the OSCE-circuit (see later) is only to reduce and overcome specific language difficulties for the candidates.
Board Examination S.O.P.

The candidates have to prove their identity (valid passport) at the Board Exam venue. Mobile telephones, computers, tablets and other communication aids as well as all types of cheating are strictly forbidden as well as any type of written and/or printed material throughout the Board Exam. Cheating is subject to subsequent termination of the exam.

Prior to the exam the candidates are briefed and anonymised by the chairman or a representative of the executive. They draw numbers and receive stickers for the evaluation forms. The numbers reflect also the starting time for the OSCE circuit. A "Starting Grid" is provided locally.

The candidates stay anonymised during the whole examination process and also during evaluation. Personal data are synchronised after the evaluation process is concluded.

All documents for the exam are prepared and printed out previously. The evaluation forms with the candidates' stickers and the actual scoring are collected online after being signed by the 2 examiners from each station. The scoring is entered online by the chairman and the result calculated.

The result of the Board Exam shall be announced within 1 hour after the end of the last circuit.

Examiners

The Examination Committee is supported by selected local representatives from the scientific societies and/or the national boards and authorities.

The Examination shall be observed and monitored by non-medical experts to enhance quality control.

The EBS makes every effort to ensure that there are no conflicts of interest between examiners and candidates. The EBS verifies that candidates and examiners have never been at the same institution at the same time or have worked together in any venue.

The Examination consists of a MCQ test and an OSCE circuit.

In the OSCE circuit at least two examiners are used in each of the stations to assure the validity of the examination. At least one examiner shall be a member of the Examination Committee and another can be an experienced EBS expert from the local regional medical community.

All examiners are surgeons in active practice and hold valid certificates. The examiners are carefully instructed to evaluate each candidate objectively. They have no knowledge of a candidate other than an anonymised ID sticker carrying a number produced for the examination and distributed randomly.
MCQ-TEST

The MCQ test shall include up to 150 questions, not less than 100 questions. The time frame for the MC test shall be 3-5 hours. This time frame includes transfer of the individual answer codes to the evaluation form, if provided.

In the MCQ session the candidates have to demonstrated sufficient knowledge of the "transferable competency".

The MCQ-answers are selected by the Examination Committee from a catalogue respecting a numeric distribution following the relevant "Blueprint" categories.

The question items may include relevant pictures (e.g. graphs, photographs, radiological pictures).

4 types of questions are used for the MCQ-test:

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

About 70% of question shall be A type \(A_{\text{neg}}\) below 20%), about 15% shall be \(K_{\text{prim}}\) and about 5% shall be E type.

The type of the question must be clear from the structure, the wording and the number and expression of items.

For a correct answer in Type A questions 2 points are given, 0 points for an incorrect answer.

Four correct answers in a Type \(K_{\text{prim}}\) question are given 2 points. Three correct answers in a Type \(K_{\text{prim}}\) 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.

Sample questions are also published on the website [www.uemssurg.org](http://www.uemssurg.org).
MCQ sample questions

In the following examples for $A_{pos}$, $A_{neg}$, and $K_{prim}$ are provided.

**Question 1 (Type $A_{pos}$)**

In patients receiving massive blood transfusion for acute bloodloss, which of the following is correct?

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>A</td>
<td>Packed red blood cells and crystalloid solution should be infused to restore oxygen-carrying capacity and intravascular volume.</td>
</tr>
<tr>
<td>B</td>
<td>Two units of FFP should be given with every 5 units of packed red blood cells in most cases.</td>
</tr>
<tr>
<td>C</td>
<td>Six packs of platelet concentrate should be administered with every 10 units of packed red blood cells.</td>
</tr>
<tr>
<td>D</td>
<td>One to two ampules of 8.4% sodium bicarbonate should be administered with every 5 units of packed red blood cells to avoid acidosis.</td>
</tr>
<tr>
<td>E</td>
<td>One ampule of calcium chloride should be administered with every 5 units of packed red blood cells to avoid hypocalcemia.</td>
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</tbody>
</table>

**Question 2 (Type $A_{neg}$)**

Which of the following conditions is NOT caused by stenosis of the mitral valve?

<p>| | |</p>
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<tbody>
<tr>
<td>A</td>
<td>Hypertrophy of the left atrium</td>
</tr>
<tr>
<td>B</td>
<td>Hypertrophy of the right chamber</td>
</tr>
<tr>
<td>C</td>
<td>Hypertrophy of the left chamber</td>
</tr>
<tr>
<td>D</td>
<td>Chronic blood congestion in the lungs</td>
</tr>
<tr>
<td>E</td>
<td>Hemosiderin pigmentation in the lung</td>
</tr>
</tbody>
</table>
Question 3 (Type K\text{prim})

Which of the following statements are true of the multiple organ dysfunction syndrome (MODS)?

+ - The two-hit model proposes that secondary MODS may be produced when even a relatively minor second insult reactivates, in a more amplified form, the systemic inflammatory response that was primed by an initial insult to the host.

+ - Shock due to sepsis or Systemic Inflammatory Response Syndrome (SIRS) and MODS may be regarded as a continuum of illness severity.

+ - Prolonged stimulation or activation of Kupffer cells in the liver is thought to be a critical factor in the sustained, uncontrolled release of inflammatory mediators.

+ - The incidence of MODS in intensive care units has decreased owing to increased awareness, prevention, and treatment of the syndrome.

Question 4 (Type E)

A 35 year old female patient with a 1 cm large histologically verified ductal breast cancer is treated by an organ preserving tumorectomy, sentinel node biopsy and/or axillary lymphadenectomy followed by local radiation of the breast and possibly the axilla.

because

in this situation the organ preserving operative strategy achieves the same good long term results in respect to survival as compared to mastectomy and axillary lymphadenectomy.
Question 5 (Type E)

Brain edema following blunt trauma may result in impaired consciousness because increase of intracranial pressure leads to an increase in the difference between mean arterial blood pressure and intracranial pressure (=cerebral perfusion pressure).

Anwers:
Question 1 (Type A+): Key A
Question 2 (Type A-): Key C
Question 3 (Type Kprim): Key + + + -
Question 4 (Type E): Key: + because +
Question 5 (Type E): Key: +/-
MCQ-Test S.O.P.

The examination location and the meeting point for all candidates shall be carefully selected. Candidates have to show their passport for identification.

All candidates will receive a folder (Figure 2 – 7) with the questions and open the folder at the scheduled beginning of the test. When a written examination is provided, candidates fill in their name on the 1st page and read the “hints” on the 3rd page, which may read as follows:

Useful hints for MC-questions

- Read all questions and answers carefully.
- Tick your answer (A, B, C, D or E) in the Catalogue.
- There is only one correct answer or single most best answer respectively.
- Two points are given for each correct answer in the Evaluation Form. The threshold for the MCQ test is 75%.
- It may be useful to leave difficult questions for the second run.
- After finishing the Catalogue your answers have to be transferred to the Evaluation Form.
- The Evaluation Form is solely used by the Examination Committee. The candidate is fully responsible for correct transfer of answers.
- Comments to certain question can be made on the last 2 pages of the Catalogue.
- The Catalogue must not be taken apart at any time.
- The Catalogue has to be returned to the Examination Committee at the end of the test together with the Evaluation Form.
- Thereby I confirm with my signature that the Catalogue was handed out to me and that I heard and read the relevant information.
- I confirm with my signature that I will refrain from cheating and that mobile telephones, other electronic equipment and cameras must not be used throughout the examination.
- Trespassing will lead to subsequent termination of the examination.

Candidates may start with Question 1 after signing page 3.

Candidates receive an extra "Evaluation form" where they fill in their answers.

When a candidate finished his/her MCQ, he/she reports to the front desk.

Candidates draw a starting number for the OSCE. The individual starting number for the OSCE is also used for anonymised MCQ evaluation.

Candidates give the MCQ folder (with the name on it) to the chairman together with the Evaluation form and show their passport.
The chairman keeps the MCQ folder and writes the starting number for the OSCE on the MCQ Evaluation form and on the MCQ folder (Figure 8). The anonymised Evaluation form is used for scoring by the Committee, the named and numbered folder is kept for later purposes (evaluation of comments, statistics, validation of questions).

Candidates make sure, that they all have their starting number, they also receive 6 stickers with their starting number to be used on the next day for the OSCE.

Candidates make sure, that their starting number is written correctly on their Evaluation form and on their MCQ question folder.

The examiners checking the MCQ answers and making the score receive the Evaluation forms anonymised from the chairman. This anonymisation is also the procedure for the whole OSCE.

All scores (MCQ and OSCE) come into the EXCEL file in the chairman’s laptop corresponding to the starting numbers only and at the end of the Examination the data are matched between the starting numbers and the candidates' names by the chairman.
Board Examination
{transferable competency}

{Date}
{Location}

Organizer:
UEMS European Board of Surgery
UEMS Division of {transferable competency}

in cooperation with:
{scientific society}

in cooperation with:
{congress}

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

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

Figure 2. MCQ Test: Title page of catalogue
Figure 3. MCQ Test: 2nd page of catalogue
Useful hints for MC-questions

Read all questions and answers carefully.

Tick your answer (A, B, C, D or E) in the Catalogue.

There is only one correct answer or single most best answer respectively.

Two points are given for each correct answer in the Evaluation Form. The threshold for the MCQ test is 75%.

It may be useful to leave difficult questions for the second run.

After finishing the Catalogue your answers have to be transferred to the Evaluation Form.

The Evaluation Form is solely used by the Examination Committee. The candidate is fully responsible for correct transfer of answers.

Comments to certain question can be made on the last 2 pages of the Catalogue.

The Catalogue must not be taken apart at any time.

The Catalogue and has to be returned to the Examination Committee at the end of the test together with the Evaluation Form.

Thereby I confirm with my signature that the Catalogue was handed out to me and that I heard and read the relevant information.

I confirm with my signature that I will refrain from cheating and that mobile telephones, other electronic equipment and cameras must not be used throughout the examination.

Trespassing will lead to subsequent termination of the examination.

Candidate’s Signature

Please wait for the starting signal!
The catalogue must not be opened before.
Figure 5. MCQ Test: Consecutive pages of catalogue
Figure 6. MCQ Test: Last page of catalogue
## Comments

<table>
<thead>
<tr>
<th>Question #</th>
<th>Answer</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Figure 7. MCQ Test: Appendix to catalogue
Figure 8. MCQ Test: Evaluation form
OSCE CIRCUIT

The purpose of the OSCE circuit is on process thinking and judgment and the focus is on decision making. The candidates are faced with cases and/or clinical pathways representing the breadth of the "transferable competency". The circuit shall include the evaluation of relevant manual skills (e.g. simulation).

The clinical pathways presented are structured beforehand and constitute common problems seen in everyday practice. The cases follow real clinical situations; patients are anonymised.

In the OSCE circuit candidates should be able to answer not only what they would do and how, but why.

The circuit consists of a 6 stations (10 min each; total duration of circuit: 60 min) where candidates will be confronted with clinical situations.

Each candidate will visit each station where he/she will be assessed by an examiner and may be asked to give an oral or written answer respectively.

The circuit will include all types of laboratory investigations, x-rays, CT, MRI and ultrasonography scans and pictures from typical clinical situations to interpret.

The candidates may also be asked to demonstrate practical abilities.

The individual time schedule for the OSCE circuit is established after the MCQ-test (6 candidates per hour maximum). Candidates appear prior to their randomly assigned starting time. After finishing the OSCE circuit candidates have to collect and wait separated from pre-OSCE candidates until the last round of the circuit has commenced.

Sample stations are published on the website www.uemssurg.org.

In the OSCE listen carefully to each case presented, read all information thoroughly and respond with your own plan or actions to resolve it. The examiners want to find out what you would do in your own practice. Tell them what you would do, not what you think they may want you to say. Be prepared to defend your plans and actions with acceptable logic. If you honestly do not know anything about a problem, it is recommended that you say so. This will allow the examiners to proceed to other problems with which you may be more conversant.

In particular, the examiner will assess:

- Can the candidate recognise a basic problem?
- Can the candidate gather and analyse data relative to that problem in an efficient way?
- Can the candidate use that data in an organised and logical fashion to arrive expeditiously at a diagnosis?
- Can the candidate choose realistic, effective, and safe solutions (including nonoperative ones) to the problem?
If multiple options are available for treatment of a given problem, can the candidate evaluate these logically and efficiently, and choose the one that is optimal and least hazardous to the patient?

Can the candidate recognise the long-term risks/benefits of the solutions chosen?

Does the candidate react in a prompt but flexible manner to alterations in the patient's course, e.g., disease or treatment complications?

Does the candidate know the technical aspects of the procedures he or she will employ?

At the end of each OSCE circuit station, each examiner independently records a grade based on his or her evaluation of the candidate's performance.

**OSCE Circuit Examination Checklist**

- pre exam sideletters (examiners, candidates) sent out/published on time
- local facilities checked (day before OSCE, after MCQ)
  - examiner briefing in lecture room (after MCQ)
  - orientation signs (within building)
  - exam room(s) with current outlets and/or LAN
  - laptops for relevant station with USB and/or LAN
  - room for executive
  - room for briefing before exam (remote, not accessible from following)
  - room for waiting after exam
- signs with station numbers
- cards for alphanumeric anonymisation of candidates
- set with corresponding stickers for the candidates (for the OSCE evaluation forms)
- laptops for relevant stations loaded with software and station files
- starting grid for candidates
- stop watch
- whistle or bell for station manager ("bellman")
- extra stickers for all candidates (if somebody forgets to bring them)
OSCE Circuit S.O.P.

The following text may be suitable for a sideletter for examiners and candidates prior to the exam.

The example describes an OSCE-circuit with 36 candidates starting at 8 a.m.:

The OSCE circuit starts with the first group (A1, A2, A3, A4, A5, A6) at 8 a.m. sharp.
B1-B6 start at 9 a.m. sharp, C1-C6 at 10 a.m., D1-D6 at 11 a.m., E1-E6 at 12 a.m., F1-F6 at 1 p.m. and G1-G6 at 2 p.m.
This means that we are finished at 3 p.m. with the exam, which means we have at 4 p.m. the results and debriefing ready and can communicate the results to the candidates.

The candidates who start at 8 a.m., 9 a.m., 10 a.m. and 11 a.m. report to the venue 15 min before their starting time.
The candidates who start at 8 a.m., 9 a.m. and 10 a.m. collect in a separate room to wait after they have finished the OSCE exam. Surveillance is mandatory. Mobiles are strictly forbidden. At 12 a.m. they are all released together with the candidates from 11 a.m.
The candidates who start at 12 a.m., 1 p.m. and 2 p.m. meet at 11:45 a.m. at the venue, the candidates for 1 p.m. and 2 p.m. are collected in the room which is now free when the others have left. Again no mobiles and surveillance.
This shift-wait-procedure is custom made for this exam and fair for all.

In the OSCE the time for each station is 10 min including the shift, so the actual time is about 9 min plus, otherwise our system collapses. So the bellman (who may actually be a whistleman) has full responsibility!
OSCE Circuit Starting Grid

The "Starting Grid" clearly indicates at which station a candidate has to start the circuit. The circuit always runs clockwise in ascending numbers (Figure 9).

<table>
<thead>
<tr>
<th>Station #</th>
<th>Station 1</th>
<th>Station 2</th>
<th>Station 3</th>
<th>Station 4</th>
<th>Station 5</th>
<th>Station 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate</td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
<td>A4</td>
<td>A5</td>
<td>A6</td>
</tr>
<tr>
<td>Candidate</td>
<td>A6</td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
<td>A4</td>
<td>A5</td>
</tr>
<tr>
<td>Candidate</td>
<td>A5</td>
<td>A6</td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
<td>A4</td>
</tr>
<tr>
<td>Candidate</td>
<td>A4</td>
<td>A5</td>
<td>A6</td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
</tr>
<tr>
<td>Candidate</td>
<td>A3</td>
<td>A4</td>
<td>A5</td>
<td>A6</td>
<td>A1</td>
<td>A2</td>
</tr>
<tr>
<td>Candidate</td>
<td>A2</td>
<td>A3</td>
<td>A4</td>
<td>A5</td>
<td>A6</td>
<td>A1</td>
</tr>
</tbody>
</table>

O.S.C.E. starts at 8:00 a.m.
Candidates are here at 7:45 a.m.

Figure 9. Group with 6 candidates starting at 8 a.m.

At the beginning of the OSCE Circuit each candidate has to make sure to have set of 6 stickers for the evaluation forms (Figure 10). The candidates wear no name tags and are fully anonymised. The matching of e.g. "A1" with the name of the candidate is at that time only in the data base of the chairman, who performed the anonymisation process at the end of the MCQ.

<table>
<thead>
<tr>
<th>Station 1</th>
<th>Station 2</th>
<th>Station 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>A1</td>
<td>A1</td>
</tr>
<tr>
<td>(8:00)</td>
<td>(8:00)</td>
<td>(8:00)</td>
</tr>
<tr>
<td>A2</td>
<td>A2</td>
<td>A2</td>
</tr>
<tr>
<td>(8:00)</td>
<td>(8:00)</td>
<td>(8:00)</td>
</tr>
<tr>
<td>A3</td>
<td>A3</td>
<td>A3</td>
</tr>
<tr>
<td>(8:00)</td>
<td>(8:00)</td>
<td>(8:00)</td>
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<td>A4</td>
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<tr>
<td>(8:00)</td>
<td>(8:00)</td>
<td>(8:00)</td>
</tr>
<tr>
<td>A5</td>
<td>A5</td>
<td>A5</td>
</tr>
<tr>
<td>(8:00)</td>
<td>(8:00)</td>
<td>(8:00)</td>
</tr>
</tbody>
</table>

Figure 10. Sticker template for candidates A1 - A4 with starting time
If the number of candidates cannot be divided by 6 without rest for the OSCE Circuit, a group with 5 candidates is formed (Figure 11). An even distribution of groups of 5 in the examination day allows the examiners to have 10 min breaks at certain time points in the very strict schedule.

<table>
<thead>
<tr>
<th>Station #</th>
<th>Station 1</th>
<th>Station 2</th>
<th>Station 3</th>
<th>Station 4</th>
<th>Station 5</th>
<th>Station 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate</td>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
<td></td>
</tr>
<tr>
<td>Candidate</td>
<td>B5</td>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
</tr>
<tr>
<td>Candidate</td>
<td>B5</td>
<td>B5</td>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
</tr>
<tr>
<td>Candidate</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
<td></td>
<td>B1</td>
<td>B2</td>
</tr>
<tr>
<td>Candidate</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
<td></td>
<td>B1</td>
</tr>
</tbody>
</table>

O.S.C.E. starts at 9:00 a.m.
Candidates are here at 8:45 a.m.

Figure 11. Group with 5 candidates starting at 9 a.m.

**OSCE Circuit Stations**

The EBS/EBSQ provides templates for OSCE Circuit stations:

- clinical case (Figure 12 – 16)
- 2 clinical cases (Figure 17 – 19)
- 2 clinical pathways (Figure 20 – 24)
- 10 clinical cases (Figure 25 – 29)
- scientific publication (Figure 30 – 34)

The templates are the result of a more than 15 years process of continuous development and appear to serve as reliable and suitable instruments.

**Clinical Case/2 Clinical Cases**

It depends on the decision of the Examination Committee if a clinical scenario has to be debated on a question in such an extent, that it needs a complete station or 2 scenarios could be argued in 1 station.

For a clinical case scenario the authentical case (anonymised patient) is presented to the candidate on the laptop in a structured manner. The authentical clinical case shall include clinical findings,
laboratory results, endoscopy pictures, X-ray, sonography, CT-scan and/or MRI pictures in an e.g. PPT file.

The templates present:
- instructions for the candidates
- instructions for the examiners
- items, questions and answers for the examiners
- scoring board and evaluation form

In the templates the placeholder for relevant text is indicated {between braceright}. In the template with the questions certain instructions for the examiners are in red.

Clinical Pathways

It is also at the discretion of the Examination Committee if a scenario is discussed with an authentical clinical in the background (1 or 2 clinical cases in 1 station) or if it debated as more abstract clinical pathway (usually 2 pathways in 1 station). In this situation a laptop with a PPT slide show is not necessary.

10 Clinical Cases

Certain clinical scenarios are not that abundant and present more as single-point impressions where it demands a quick and precise answer with diagnosis and/or the next step to be performed.

This type of station mimicks everyday clinical situation where quick decision have to be made under pressure of time. The chronology of the slide show in the PPT file shall be preset in the software, so that the candidate has enough (short) time for each scenario consisting of a single picture with 1 question to answer.

Scientific Publication

When a station is based on a scientific paper, the candidates need time for preparation.

When the paper is handed out to the candidates after the MCQ test, "group work" of the candidates in the evening cannot/should not be eliminated. It may be argued, that the ability to find a group of co-workers in a very short time under unusual conditions and to take individual benefit from the group work reflects competent soft skills in favour for everyday practice.

It may be useful, to erase the abstract of the article in the handouts.
Station {#}

Instructions for Candidates

You have 9 min time for this station.

The Examiner will present you 1 authentic clinical case on the computer.

You will be asked by the Examiner decide on the next step to perform, to find a correct procedure, diagnosis and treatment. Additional structured questions concerning diagnosis and treatment of the condition will be asked.

Figure 12. Station with 1 clinical case: Instruction for candidates
Station {#}

Instructions for Examiner

The candidate should read the instructions.

Fix the candidate’s ID-sticker to the evaluation form.

Present the first slide of the case to the candidate and ask questions following the evaluation protocol.

Evaluate the candidate following the scoring board on the evaluation form.

At the whistle signal the candidate has to stop and move to the next station.

Please sign the completed evaluation form.

Figure 13. Station with 1 clinical case: Instruction for examiners
Station {#}

Items, Questions & Answers for Examiner

Case {#}: {Header}

case: {case description}
key problem: {description of key problem}
key competency: {description of key competency}
blueprint category: {#}

Item & Question 1:
Q: {question}
A: {correct answer}

Item & Question 2:
{information for Examiner, e.g. go to next slide}
Q: {question}
A: {correct answer}

Item & Question 3:
Q: {question}
A: {correct answer}
{information for Examiner, e.g. show patient history
Q: {question}
A: {correct answer}

Item & Question 4:
Q: {question}
A: {correct answer}
{information for Examiner, e.g. go to next slide & show CT scan}
Q: {question}
A: {correct answer}
{information for Examiner, e.g. show lab results}
Q: {question}
A: {correct answer}

W. Pol © 2015

Figure 14. Station with 1 clinical case: Items, questions and answers for examiners
Item & Question 5:
{information for Examiner, e.g. go to next slide and show certain feature}
Q: {question}
A: {correct answer}

Item & Question 6:
Q: {question}
A: {correct answer}

Item & Question 7:
Q: {question}
A: {correct answer}

Item & Question 8:
{information for Examiner, e.g. go to next slide}
Q: {question}
A: {correct answer}

Item & Question 9:
Q: {question}
A: {correct answer}
{information for Examiner, e.g. go to next slide, point to certain feature and ask for identification}
Q: {question}
A: {correct answer}

Item & Question 10:
{information for Examiner, e.g. go to next slide}
Q: {question}
A: {correct answer}
Q: {question}
A: {correct answer}
Q: {question}
A: {correct answer}

W. Foli © 2015

Figure 15. Station with 1 clinical case: Items, questions and answers for examiners
Station {#}

Scoring Board & Evaluation Form

Evaluate the items from 0 for the minimum score up to 5 for the best performance and score respecting the various key features and competencies:

<table>
<thead>
<tr>
<th>Series {#}</th>
<th>Keyword</th>
<th>points</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Item 2</td>
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</tr>
<tr>
<td>Item 10</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

Additional comments may be given on the reverse side of the form.

Figure 16. Station with 1 clinical case: Scoring board and evaluation form
Station {#}

Instructions for Candidates

You have 9 min time for this station.

The Examiner will present you 2 clinical cases on the computer.

You will be asked by the Examiner to find a correct diagnosis and to decide on the next step to perform. Additional questions concerning diagnosis and treatment will be asked.

Figure 17. Station with 2 clinical cases: Instruction for candidates
Station 1

Instructions for Examiner

The candidate should read the instructions.

Fix the candidate’s ID-sticker to the evaluation form.

Present the 2 cases to the candidate with the corresponding questions.

Evaluate the candidate following the scoring board on the evaluation form.

At the signal the candidate has to stop and move to the next station.

Please sign the completed evaluation form.
Station {#}

Scoring Board & Evaluation Form

Evaluate the items from 0 for the minimum score up to 5 for the best performance and score respecting the various key features and competencies:

<table>
<thead>
<tr>
<th>Case A</th>
<th>Keyword</th>
<th>points</th>
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</thead>
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<tr>
<td>Item 3</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 4</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 5</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case B</th>
<th>Keyword</th>
<th>points</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Item 2</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 3</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 4</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 5</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

Additional comments may be given on the reverse side of the form.

Figure 19. Station with 2 clinical cases: Scoring board and evaluation form
Station {#}

Instructions for Candidates

You have 9 min time for this station.

The Examiner will discuss with you 2 Clinical Pathways.
The Examiner will ask questions and give "hints" (e.g. results of investigations) to your proposals and answers in order to proceed in the case.

By that you will be asked by the Examiner to find a correct procedure and to decide on the next step to perform.

Additional questions concerning diagnosis and treatment will be asked.

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Figure 20. Station with 2 clinical pathways: Instructions for candidates
Station \{#\}

Instructions for Examiner

The candidate should read the instructions.

Fix the candidate's ID-sticker to the evaluation form.

Discuss the 2 Clinical Pathways with the candidate according to the check protocol and ask the relevant questions.

Give the corresponding "hints" following the protocol to proceed in the case.

Evaluate the candidate following the scoring board on the evaluation form.

At the signal the candidate has to stop and move to the next station.

Please sign the completed evaluation form.

Figure 21. Station with 2 clinical pathways: Instructions for examiners
Station {#}

Examiner's CHECKLIST – Questions, Answers and Scoring

Station {#} consists of 2 clinical pathways:

- {description of case} (Case {#})
- {description of case} (Case {#})

The examiner reads the introduction to the candidate. Then the first question (Q 1) is asked. The examiner checks the answers and gives the prepared hints. The pathway is followed consecutively. For each item a score (0 up to 5) is given on the candidate's evaluation form.

Figure 22. Station with 2 clinical pathways: Examiners’ checklist
Case {#}

{description of case introduction, e.g. patient history and condition}

<table>
<thead>
<tr>
<th></th>
<th>answer candidate</th>
<th>hint examiner</th>
<th>max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>{correct answer}</td>
<td>{hint examiner, e.g. lab results}</td>
<td>5</td>
</tr>
<tr>
<td>Q2</td>
<td>{correct answer}</td>
<td>{hint examiner, e.g. X-ray findings}</td>
<td>5</td>
</tr>
<tr>
<td>Q3</td>
<td>{correct answer}</td>
<td>{hint examiner, e.g. CT scan result}</td>
<td>5</td>
</tr>
<tr>
<td>Q4</td>
<td>{correct answer}</td>
<td>{hint examiner, e.g. introp. findings}</td>
<td>5</td>
</tr>
<tr>
<td>Q5</td>
<td>{correct answer}</td>
<td>{hint examiner, e.g. pathology findings}</td>
<td>5</td>
</tr>
</tbody>
</table>

Figure 23. Station with 2 clinical pathways: Questions, answers and scoring
Station {#}

Clinical Pathways – Scoring Board

<table>
<thead>
<tr>
<th>Case (#)</th>
<th>score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Item 1</td>
</tr>
<tr>
<td>Item 2</td>
<td>0</td>
</tr>
<tr>
<td>Item 3</td>
<td>0</td>
</tr>
<tr>
<td>Item 4</td>
<td>0</td>
</tr>
<tr>
<td>Item 5</td>
<td>0</td>
</tr>
</tbody>
</table>

Additional comments may be given on the reverse side of the form.

<table>
<thead>
<tr>
<th>Case (#)</th>
<th>score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Item 1</td>
</tr>
<tr>
<td>Item 2</td>
<td>0</td>
</tr>
<tr>
<td>Item 3</td>
<td>0</td>
</tr>
<tr>
<td>Item 4</td>
<td>0</td>
</tr>
<tr>
<td>Item 5</td>
<td>0</td>
</tr>
</tbody>
</table>

Signature Examiner:

Figure 24. Station with 2 clinical pathways: Scoring board and evaluation
Station \{#\}

Instructions for Candidates

You have 9 min time for this station.

The Examiner will present you 10 authentic clinical cases on the computer.

You will be asked by the Examiner decide on the next step to perform, to find a correct procedure, diagnosis and treatment. Additional structured questions concerning diagnosis and treatment of the condition may be asked.

Figure 25. Station with 10 clinical cases: Instructions for candidates
Station {#}

Instructions for Examiner

The candidate should read the instructions.

Fix the candidate’s ID-sticker to the evaluation form.

Present the first slide of the case to the candidate and ask questions following the evaluation protocol.
Proceed through all 10 cases following the protocol.

Evaluate the candidate following the scoring board on the evaluation form.

At the whistle signal the candidate has to stop and move to the next station.

Please sign the completed evaluation form.

Figure 26. Station with 10 clinical cases: Instructions for examiners
Station \{\#\}

Items, Questions & Answers for Examiner

Series \{\#\}: 10 clinical cases

cases: \{case description\}
key problem: \{description of key problem\}
key competency: \{description of key competency\}
blueprint category: \{\#\}

\textbf{Item \{\#\}/1:}
Q: Diagnosis?
A: \{correct answer\}
Q: Treatment?
A: \{correct answer\}

\textbf{Item \{\#\}/2:}
Q: Diagnosis?
A: \{correct answer\}
Q: Treatment?
A: \{correct answer\}

\textbf{Item \{\#\}/3:}
Q: Diagnosis?
A: \{correct answer\}
Q: Treatment?
A: \{correct answer\}

\textbf{Item \{\#\}/4:}
Q: Diagnosis?
A: \{correct answer\}
Q: Treatment?
A: \{correct answer\}

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\textbf{Figure 27.} Station with 10 clinical cases: Questions and answers for examiners
Item {#}/5:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Item {#}/6:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Item {#}/7:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Item {#}/8:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Item {#}/9:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Item {#}/10:
Q: Diagnosis?
A: {correct answer}
Q: Treatment?
A: {correct answer}

Figure 28. Station with 10 clinical cases: Questions and answers for examiners
Station {#}

Scoring Board & Evaluation Form

Evaluate the items from 0 for the minimum score up to 5 for the best performance and score respecting the various key features and competencies:

<table>
<thead>
<tr>
<th>Series {#}</th>
<th>Keyword</th>
<th>points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 2</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 3</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 4</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 5</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 6</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 7</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 8</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 9</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 10</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

Additional comments may be given on the reverse side of the form.

Figure 29. Station with 10 clinical cases: Scoring board and evaluation form
Station {#}

Instructions for Candidates 1

After finishing the MCQ test you receive the following scientific publication for preparation for the 2\textsuperscript{nd} part of the Board Examination:

{Title of publication}

{Authors}

{Journal}

You have time until the beginning of the 2\textsuperscript{nd} part of the Board Exam to study the publication and to prepare for the OSCE-circuit Station {#}.

The evaluation in the OSCE-Station {#} will be performed according to the following criteria:

- basics of scientific thinking and working
- basic understanding of an English scientific publication in the field of General Surgery.
- discussion of the contents of the paper
- critical evaluation of methods, results and conclusion
- possible implications for everyday practice

N.B.: you may add marks or highlight wording on the copy of the publication to enhance orientation; comments and substantial handwritten additions are not allowed.

Figure 30. Station with a scientific publication: Instructions for candidates
Station {#}

Instructions for Candidates 2

You have 9 min time for this station.

After finishing the MCQ test you received a copy of the publication:

{Title of publication}
{Authors}
{Journal}

and you was handed out written instructions concerning the following procedures.

Now you will discuss the publication with the Examiner and answer specific questions.

Figure 31. Station with a scientific publication: Instructions for candidates
Station {#}

case: scientific publication
key problem: interpretation of a scientific publication
key competency: basic understanding of scientific thinking and working, critical interpretation of a publication, draw conclusion for daily practice
blueprint category: {#}

Instructions for Examiner

The candidate should read the instructions.

Fix the candidate's ID-sticker to the evaluation form.

Evaluate the candidate following the scoring board on the evaluation form.

At the signal the candidate has to stop and move to the next station.

Please sign the completed evaluation form.

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Figure 32. Station with a scientific publication: Instructions for examiners
Station {#}

Items, Questions & Answers for Examiner

**Item & Question 1:**
Q: {question}
A: {correct answer}

**Item & Question 2:**
Q: {question}
A: {correct answer}

**Item & Question 3:**
Q: {question}
A: {correct answer}

**Item & Question 4:**
Q: {question}
A: {correct answer}

**Item & Question 5:**
Q: {question}
A: {correct answer}

**Item & Question 6:**
Q: {question}
A: {correct answer}

**Item & Question 7:**
Q: {question}
A: {correct answer}

**Item & Question 8:**
Q: {question}
A: {correct answer}

**Item & Question 9:**
Q: {question}
A: {correct answer}

**Item & Question 10:**
Q: {question}
A: {correct answer}

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**Figure 33.** Station with a scientific publication: Questions and answers for examiners
**Station {#}**

**Scoring Board & Evaluation Form**

Evaluate the items from 0 for the minimum score up to 5 for the best performance and score respecting the various key features and competencies:

<table>
<thead>
<tr>
<th>Item</th>
<th>Keyword</th>
<th>points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
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<td>0 1 2 3 4 5</td>
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<tr>
<td>Item 3</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 4</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 5</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 6</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 7</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
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<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 9</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Item 10</td>
<td>{Item keyword}</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

Additional comments may be given on the reverse side of the form.

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**Figure 34.** Station with a scientific publication: Scoring board and evaluation form
Evaluation & Threshold

The decision of the Examination Committee regarding certification is not based upon any preset pass/fail rate, but solely upon the aggregate evaluation of the examiners.

The weighting of the MCQ-test and the OSCE-circuit shall be 50:50. A scoring system using points shall be used for evaluation.

If e.g. a total of 600 points can be achieved in a Board Exam, 300 points in the MCQ-test (2 or 1 points per question) and 300 points in the OSCE-circuit (50 points per station) shall be given.

When the MCQ test includes less than 150 questions or when questions may be excluded at the discretion of the Examination Committee during the evaluation process for certain reasons, the number of individually achieved points is calculated to 300 points equal 100%, by that ensuring, that the MCQ-test and the OSCE-circuit are weighted equally.

The threshold for passing the exam shall be 75%, which means at least a total of 450 points.

After the examination the candidates are asked to fill out a feedback form. The evaluation of the feedback questionnaires will be published.

Appeals against the decision of the Board of Examiners are possible.

An unsuccessful candidate is entitled to another chance to take the exam that he/she failed.

The successful candidates (successful Eligibility and Examination) are awarded the title "Fellow of the European Board of Surgery" or "F.E.B.S./transferable competency" and are provided with the relevant diploma normally the same day in a formal celebration.
How to prepare?

The EBS believes that the best preparation for the examination is to "practice" taking MCQ-tests and oral examinations. You should ask a colleague, preferably a board-certified surgeon, to question you in several sessions over a longer period. Practice not only the content of your answers, but focus on presenting your decisionmaking process in a clear, logical manner. Your trainer should probe deeply enough into your answers to make certain that you provide adequate information, and should critique your answers with regard to promptness, clarity, logic, and evidence of problem-solving ability.

Once you have passed the Eligibility and are registered for the Examination, you will be assigned an exact day, time and place for you to be present for a candidates' briefing. You may base your travel plans on this information. Your actual examination will take place in the afternoon of day 1 and morning of day 2 based on your briefing assignment. Assignment of candidates is done randomly, candidates may not request a specific date or time.

No books, papers, briefcases or electronic devices may be brought into the examination sessions. The candidates will not need to take extra notes during the sessions.

PREPARATORY COURSES

Preparatory courses may be organised in cooperation by, with and/or under the supervision of the "Preparatory Course Committee"

These courses are typically run over two days and aimed at surgeons in their final year of training or surgeons who have completed their training in a "transferable competency" and who plan to sit their UEMS EBSQ Board Examination within the coming 12 months.

Surgical Trainees who wish to advance their knowledge regarding pan-European surgical practice and who don't necessarily plan to take the UEMS Bard Examination at this stage may also find it helpful.

The UEMS EBSQ Board Examination is a test of knowledge and its clinical application. The key is knowledge transfer in a structured way. At the end of the course participants will have an improved knowledge base and will acquire techniques to improve their exam performance by being able to demonstrating their knowledge and understanding. It will allow them to identify areas of weakness, allowing for sufficient time to tackle these areas till the time of the Board Examination.
HONORARY DIPLOMA

The Fellowship (F.E.B.S.) provided by the European Board of Surgery is a relatively young qualification. By that it is understandable, that senior surgeons with undoubtedly significant experience in advanced positions will individually refrain from undergoing the Eligibility process and the Board Examination. Nevertheless they would proudly take the benefit from the qualification itself.

However, it is the purpose of the executive, to establish the Fellowship qualification as European standard. This lead to the decision to provide a "Honorary Diploma" for experienced surgeons.

Senior general surgeons in advanced position may apply for an "Honorary Diploma of the European Board of Surgery".

Colleagues are eligible to apply only if they have a minimum of 10 consecutive years of practice and/or experience in formally recognised National Health Service or University posts.

A complete application must include:

- A cover letter highlighting the achievements of their career.
- A complete updated CV
- Letters from two peers of their choice who will explain in detail why they are in support of your application.
- A photo (JPG or equivalent)
- Payment of the application fee to the account attached (only via bank transfer).

Note: it is the same account we use for the fees for the Exam.

Applications will then be reviewed by a subcommittee of the Division (Eligibility Committee): three members, one from the Executive, one from the Country of the applicant and a third from a country different from that of the applicant.

The recommendation will then be presented to the executive, who will decide on approval or rejection.

Honorary fellows shall apply to serve as examiners in future Board Exams or they shall be invited to serve as examiners at their discretion.

Wolfgang Feil
President of the European Board of Surgery