

# **Pan European Standardisation of Training in Colon and Rectal Surgery**

## **Introduction**

Patients residing in the European Union should have a reasonable expectation of consistent standards of medical treatment across different member states. This should similarly be true for patients who present with surgically related diseases of the colon and rectum. There is a well established evidence base for the management of the majority of colorectal pathologies and good evidence that trained colon and rectal surgeons are able to achieve better outcomes than non specialist trained surgeons. This is particularly true for colorectal cancer outcomes. Over the last decade in Europe, there has been significant progress in the development of colorectal surgery as a sub-speciality within general surgery and it is recognised that specialist training is required to achieve good outcomes; for example the training of surgeons to perform total mesorectal excision surgery for rectal cancer has significantly reduced local recurrence rates.

## **International Standards for Accreditation and Certification in Coloproctology**

by the statutory surgical regulatory bodies. The American Society of Colon and Rectal Surgeons (ASCRS) regulates a carefully managed fellowship programme of one year's duration which follows a five year training programme in general surgery.

Colorectal speciality training is based on an agreed national curriculum, workplace-based assessment, and an examination. The directors of each fellowship programme have the responsibility to ensure that their fellows achieve the requisite training requirements and study the content of the curriculum. The examination itself has eligibility criteria including the requirement to perform a minimum number of procedures in 12 of 17 defined procedure categories. Eligible candidates sit a written examination and those candidates who pass the written examination sit an oral examination. The examination satisfies national educational standards.

In the Joseph M. Matthews oration in 2005, Professor Stanley Goldberg of Minneapolis discussed the concept of globalisation in colon and rectal surgery and emphasised the importance of expert training in colon and rectal surgery worldwide.

The Association of Coloproctology of Great Britain and Ireland (ACPGBI) has established a training unit recognition process and trainees in colon and rectal surgery will spend a minimum of their last two years of training in colon and rectal surgery. The ACPGBI has published a curriculum adapted from the ASCRS curriculum.

The Section of Surgery of the Union des Medecins Specialistes (UEMS) through its European Board of Surgery established a system for accreditation and certification in General Surgery and Vascular Surgery in the mid 1990s. Progress was also made in colon and rectal surgery with the creation of the Division of Coloproctology within the Section of Surgery. The Division then developed the European Board Surgical Qualification (EBSQ) in Coloproctology applicable in the EU states, Norway and Switzerland with eligibility criteria and an oral examination. The first examination was held in Malmo Sweden in 1998 and has since been repeated annually or biannually. There are now over eighty holders of the EBSQ(Coloproctology) Diploma.

The Colorectal Surgical Society of Australasia has also recognised specialised training in colon and rectal surgery. Currently three years are spent in general surgery and three years in colon and rectal surgery.

## **Coloproctology in Europe**

### ***Background***

Whilst much has been done to establish colon and rectal surgery as a sub-speciality which requires specific training, many countries within Europe still formally recognise only general surgery as a speciality. This is despite the establishment of the Division of Coloproctology within the Section of Surgery of the UEMS and also the increasing separation of work performed by breast, vascular, and upper and lower GI surgeons. In the United Kingdom surgeons who have trained outside the recognised national training programme can apply for application to the UK specialist register via Article 14. Successful applicants can be appointed to consultant surgeon posts. This process requires references and a description of surgical work performed, but there are no stated minimum standards of training, experience or competence.

Thus there are compelling arguments to define minimum standards of training in colon and rectal surgery in Europe to guarantee consistent standards of care to patients with diseases falling within this range of diseases. This paper is intended to be a step towards achieving this.

### ***The Present Position***

The European Board of Surgical Qualification (EBSQ) in Coloproctology is recognised by the European Union but not by the regulatory surgical authorities of the member countries. The examination has eligibility criteria and an oral examination. However, within Europe, there are no minimum standards for training, no training unit recognition process and no minimum time requirements for training in coloproctology.

### ***Requirements for Training in Coloproctology***

Discussion between the Division of Coloproctology of the Section of Surgery (UEMS) and the Association of Coloproctology of Great Britain and Ireland started in 2004 and have since continued regularly. The last meeting was held on 1<sup>st</sup> February 2007. Those present included representatives of the Division of Coloproctology, Professor Lars Pahlman (President) and Professor Klaus Matzel (Secretary) and of the ACPGBI including Mr Graham Williams (Chairman of the Education and Training Subcommittee), Mr Jim Hill and Professor John Nicholls (both past Chairmen). These have led to the following agreed principles:

#### 1) Curriculum;

This should define the knowledge, clinical skills, technical skills and professional and generic skills required for accreditation and certification in Coloproctology. The ACPGBI syllabus (Appendix 1 *to follow*) which was based on that of the American Society of Colon and Rectal Surgeons are agreed to satisfy this requirement.

#### 2) Training in Coloproctology Units

It is proposed that trainees should spend a minimum period of one year in coloproctology as part of their general surgical core training and a minimum of one

subsequent year in a recognised and approved coloproctology training unit. This is agreed.

3) Experience of Procedures

A draft document (Appendix 2) entitled

**European Standards in Coloproctology Project  
Colorectal Surgery Trainee Operative Experience**

has been produced following the meeting on 1<sup>st</sup> February 2007 of the representatives of the ACPGBI and the Division of Coloproctology of the Section of Surgery UEMS which is responsible for the Diploma EBSQ. This gives the requirements for numbers of procedures that should be performed for eligibility for Accreditation and Certification in Coloproctology in 13 different categories. Candidates would need to satisfy activity requirements in 10 of these.

4) Workplace- based Assessment

This is in the process of development. The ACPGBI is in the process of validating Procedure Based Assessment for Anterior resection, Right Hemicolectomy, Fistula in ano and closure of ileostomy. This is a difficult exercise which requires further discussion between the Division of Coloproctology and the ACPGBI.

5) Training Unit Recognition

The ASCRS and ACPGBI have written criteria for training unit recognition. In the UK the ACPGBI recognises units suitable for training. The training authorities including the PMETB and the Joint Committee for Higher Surgical Training and its sub-committee the Intercollegiate Examination Board are not engaged as yet in this process which is therefore not recognised by them at present.

Attempts will be made in Continental Europe through the Division of Coloproctology to further this training unit recognition process through the National Representatives on the Division.

6) Examination

i) Part 1 Eligibility criteria

These are already in place for the EBSQ (Coloproctology) Diploma. They include personal identification by passport, an affidavit by the senior trainer of completion of the required period of training and a schedule of activity including procedures and experience with special investigation eg anal ultrasound.

ii) Part 2 Examination

The candidate who is successful in obtaining Part 1 eligibility is then able to pass to Part 2 which includes a written and an oral examination. The latter includes an academic and a general element.

ii) Written examination.

The Division of Coloproctology introduced a written examination in 2004 as part of the EBSQ (Coloproctology) examination. This is in the process of

further development for example a multiple choice paper is required. This forms part of the ASCRS examination and it is recognised that the European Diploma of EBSQ (Coloproctology) should attempt to establish similar protocols.

iii) Oral examination.

This is already in place for the EBSQ (Coloproctology) Diploma. It includes an academic and a general viva voce examination. It is agreed that the examination needs to conform to the educational standards required for assessment of competence in the specialty. The UK Intercollegiate Examination Manual is proposed as a standard working document. Oral Examination Casebook Standardisation.

### **Development of Certification in Coloproctology in Individual States Represented in the Division of Coloproctology**

An important concept has been provisionally agreed at the meeting on 1<sup>st</sup> February 2007. The Division of Coloproctology would be open to the development of Certification in individual member states where local conditions would make this desirable. Acceptance by the Division would be conditional on the standard of any such examination being acceptable to the Division. Examiners or observers from the Division would need to be present. The Division would require that any candidate applying for a national certification should have passed the eligibility criteria for Part 1 set out by the Division before they can proceed to the Part 2 examination in their country. The candidate would therefore be required to submit his or her Part 1 application to the Division before being able to take the Part 2 examination of the country in question. This proposal would be presented to the members of the Division at its meeting during the Annual Meeting of the European Society of Coloproctology in September 2007 for discussion and hoped-for ratification.

### **Summary**

The establishment of the EBSQ (Coloproctology) Diploma by the Division of Coloproctology of the Section of Surgery (UEMS) and the initiatives taken by the Association of Coloproctology of Great Britain and Ireland contain much common ground; many of the points dealt with in Requirements for Training (above) have already been accomplished. Further discussion is required to continue this process which is aimed to establish a Pan European standard in Colorectal Surgery.