

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 also apply to 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 surgeons¹⁻³. This is particularly true for colorectal cancer outcomes^{4, 5}. 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^{6, 7}. 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 worldwide⁸.

Current Standards for Accreditation and Certification in Coloproctology

In North America, The American Board of Proctology was recognised by the American Board of Surgery in 1935. With the subsequent formation of the American Society of Colon and Rectal Surgeons, colon and rectal surgery became a distinct surgical speciality fully recognised by the statutory surgical regulatory bodies. The American Society of Colon and Rectal Surgeons (ASCRS) supervises a carefully managed fellowship programme of one year's duration which follows a five year residency 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.

Progress has been made in Europe by the Section of Surgery of the Union des Medecins Specialistes (UEMS) through its European Board of Surgery which established a system for accreditation and certification in General Surgery and Vascular Surgery in the mid 1990s. Success in these specialties led to a similar development in Colon and Rectal surgery in 1997 by the creation of the Division of Coloproctology within the Section of

Surgery. The Division subsequently introduced the European Board of Surgical Qualification in Coloproctology as a Diploma, conferring certification in the speciality, applicable in the EU states, Norway, Switzerland, Malta and Turkey with eligibility criteria and an oral examination. The first examination was held in Malmo Sweden in 1998 and has since been repeated annually or bi-annually. There are now over one hundred and ten holders of the EBSQ(Coloproctology) Diploma.

The Association of Coloproctology of Great Britain and Ireland (ACPGBI) established a national training unit recognition process in the late 1990s. The National Training Authorities have agreed that trainees in colon and rectal surgery will spend a minimum of two out of five years training in general surgery in approved colon and rectal surgical units. The ACPGBI has developed and formally adopted a curriculum adapted from the ASCRS curriculum.

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 despite the increasing separation of work performed by breast, vascular, and upper and lower gastrointestinal 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 14¹. 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

Discussions 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 1st 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). At that meeting the following principles were agreed:

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), which was based on that developed by the American Society of Colon and Rectal Surgeons, satisfied this requirement.

2) Training in Coloproctology Units

It was 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 coloproctology unit. This is recognised as a minimum period of training in coloproctology. The requirements for achieving a Certificate of Completion of Training may include more stringent requirements in different member states (e.g., in the UK the requirement would be a minimum of 2 years in colorectal surgery in the latter stages of training)

3) Experience of Procedures

A draft document (Appendix 2) entitled European Standards in Coloproctology Project Colorectal Surgery Trainee Operative Experience was produced following the meeting on 1st February 2007. This gave 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 a minimum of 10 of these.

4) Workplace- based Assessment

This difficult exercise required further discussion between the Division of Coloproctology and member states within Europe. So far, the British and Irish, Swedish, Dutch and German Societies were in the process of validating Procedure Based Assessment (PBA) for various procedures such as anterior resection, right Hemicolectomy, fistula in ano and closure of ileostomy.

5) Training Unit Recognition

Attempts will be made in Europe through the Division of Coloproctology to further a training unit recognition process through national representatives on the Division. 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.

6) Examination

i) Part 1 Eligibility criteria

The criteria for eligibility 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 investigations, for example anal ultrasound. Part 1 eligibility is a bureaucratic exercise achieved by electronic submission. The candidate must have satisfied the criteria and be eligible for the

award of a Certificate of Completion of Training in the country from which they trained before they apply for certification in colorectal surgery.

ii) Part 2 Examination

The candidate who is successful in obtaining Part 1 eligibility is then able to pass to Part 2, which includes three parts as follows: a written examination, academic viva and a general viva in coloproctology.

The successful candidate receives the Diploma EBSQ (Coloproctology)

7) Further Development of Certification in Coloproctology in Individual States Represented in the Division of Coloproctology

An important concept was provisionally agreed at the meeting on 1st 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 approved by 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 established by the Division. This would require formal application by the candidate to the administrative office of the Division of Coloproctology (EBSQ Coloproctology) before being able to take the Part 2 examination in the country in question.

These proposals will 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.

References:

1. **Read TE, Myerson RJ, Fleshman JW, et al.** Surgeon specialty is associated with outcome in rectal cancer treatment. *Dis. Colon Rectum* 2002;**45**(7):904-914.
2. **Renzulli P, Maurer CA, Netzer P, et al.** Preoperative colonoscopic derotation is beneficial in acute colonic volvulus. *Dig. Surg.* 2002;**19**(3):223-9.

3. **Schrag D, Panageas KS, Riedel E, et al.** Hospital and surgeon procedure volume as predictors of outcome following rectal cancer resection. *Ann. Surg.* 2002;**236**(5):583-592.
4. **Iversen LH, Harling H, Laurberg S, et al.** Influence of caseload and surgical speciality on outcome following surgery for colorectal cancer: a review of evidence. Part 1: short-term outcome. *Colorectal Disease* 2007;**9**:28-37.
5. **Iversen LH, Harling H, Laurberg S, et al.** Influence of caseload and surgical speciality on outcome following surgery for colorectal cancer: a review of evidence. Part 2: long-term outcome. *Colorectal Disease* 2007;**9**:38-46.
6. **Wibe A, Møller B, Norstein J, et al.** A national strategic change in treatment policy for rectal cancer--implementation of total mesorectal excision as routine treatment in Norway. A national audit. *Dis. Colon Rectum* 2002;**45**(7):857-866.
7. **Kapiteijn E, Putter H, van de Velde CJ.** Impact of the introduction and training of total mesorectal excision on recurrence and survival in rectal cancer in The Netherlands. *Br. J. Surg.* 2002;**89**(9):1142-1149.
8. **Goldberg SM.** Joseph M. Matthews Oration. Globalization comes to colon and rectal surgery. *Dis. Colon Rectum* 2005;**48**(3):424-428.

ⁱ **Article 14 is part of the General and Specialist Medical Practice (Medical Education, Training and Qualifications) Order 2003**, the Order that established the Post Graduate Medical Education and Training Board (PMETB). PMETB is an independent statutory body, responsible for overseeing and promoting the development of postgraduate medical education and training for all specialties, including general practice, across the UK. Article 14 explains how doctors who have not completed a UK specialist training programme for award of a Completion Certificate of Completion of Training (CCT) may apply for a statement that they are eligible for the Specialist Register.