



# EUROPEAN SOCIETY OF COLOPROCTOLOGY

## **ebsq examinations**

EBSQ Examinations will be held in Lisbon on Wednesday 17th September 2006.  
Those wishing to obtain further information should contact:

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The EBSQ Examination is the certifying examination leading to the Diploma of EBSQ (Coloproctology) of the European Board of Surgery. This is the only form of certification in the speciality in Europe. Applications should be sent to above noted address.

## **UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES (UEMS) SECTION OF SURGERY DIVISION OF COLOPROCTOLOGY**

INCORPORATING THE EUROPEAN BOARD OF SURGERY QUALIFICATION  
[EBSQ] (COLOPROCTOLOGY)

### **EBSQ (COLOPROCTOLOGY)**

The Union Européenne des Médecins Spécialistes (UEMS) was founded in 1958 to further the interests of specialists in all medical disciplines. It has representation from the European Union (EU) member states and others, including Norway and Switzerland. In 1962 the UEMS identified sections representing the principal specialities. The Section of Surgery created the European Board of Surgery (EBS) and has formed Divisions within itself.

The Division of Coloproctology within the Section of Surgery of UEMS was founded in 1997. Its remit is as follows:

1. The continued development of the coloproctological component of general surgical training.
2. The formulation of criteria for training in specialist coloproctology beyond common trunk surgery.
3. The development and organisation of an examination in coloproctology leading to the diploma EBSQ Coloproctology.
4. Giving recommendations concerning continuing medical education.

Thus, the promotion of quality training throughout the constituent countries is one of the EBS's most important roles aimed at ensuring a high standard of care delivered to patients.

The European Board of Surgical Qualification (EBSQ) is the examination of the EBS, which is responsible for certification and accreditation. Freedom of movement throughout the EU ensures that the Certificate of Completion of Surgical Training (CCST) of every EU member is recognised by the others by law. This "CCST" however has varying standards around the EU: the EBSQ Diploma represents a standard European surgical qualification.

EBSQ specialities within general surgery include extended general surgery, vascular, coloproctology, oncology, transplantation, trauma and hepatopancreatico-biliary. Of these, the first three now hold examinations leading to the EBSQ Diploma.

### **Certification and Accreditation - The EBSQ (Coloproctology) Diploma**

Candidates wishing to obtain the Diploma EBSQ (Coloproctology) will need to satisfy two parts as shown below.

Part I requires proof of identity and the presentation of a CCST or equivalent. The Division of Coloproctology has recommended that common trunk training should take place over 5 years. Specialist training in Coloproctology should take two further years. Having satisfied these requirements, and once the logbook has been scrutinised and a CCST of a UEMS country submitted, the candidate is then eligible for Part II. This takes the form of a viva voce examination divided into three parts, each of an hour's duration. Candidates are examined on the diagnosis and management of colorectal disorders, the interpretation of special investigations, and a discussion of papers selected from the literature.

## PART 1 - ELIGIBILITY

Eligibility for the EBSQ (Coloproctology) Diploma will be assessed centrally within the Division of Coloproctology. Evidence of the following will need to be sent to the Division of Coloproctology:

- Copy of the EU certificate of completion of surgical training (CCST), including the date of certification - without this, the candidate is not eligible.
- Logbook of procedures countersigned by the principal trainer.

The declaration will include the following information: -

(a) **Details of Index Operations performed.** Candidates must have acquired a minimum operative experience of four indicator procedures to achieve 295 credit points as follows:

Index Procedure	A	B	C	Total
Anterior resection	20	10	10	
Rectal prolapse procedure or total colectomy	10	5	5	
Haemorrhoidectomy	10	10	10	
Fistula in ano	10	10	10	
<b>Points per Procedure</b>	<b>1</b>	<b>4</b>	<b>3</b>	
<b>Total per category</b>	<b>50</b>	<b>140</b>	<b>105</b>	
<b>Maximum Total points for Index Procedures</b>				<b>295</b>

A = first assistant = 1 credit

B = principal surgeon assisted by trainer =4 credits

C = principal surgeon not assisted by trainer =3 credits

(b) **Length of training.** This will be sub-divided into common trunk years of training of 5 years. In addition, two further years of training in Coloproctology are required. The years of training should be "in hospitals recognised by the National Authorities as appropriate for training".

(c) **Quality of Training.** Working parties and Speciality Boards where they exist must advise how the variety and quality of training should be assessed both in common trunk and the speciality.

(d) **Emergency experience.** This is required for both common trunk and speciality.

(e) **Proof of diagnostic skills.** For example this would include skills with sigmoidoscopy, colonoscopy, anorectal physiology and ultrasound. Colonoscopy experience is not essential for Part I Eligibility.

(f) **Research.** A year of research is optional, but must be in addition to the seven clinical years required (5 Common Trunk, 2 Coloproctology).

(g) **Relationship with National Certification Body.** In all UEMS countries there is a CCST in surgery. The EBSQ eligibility is more a question of a 'hurdle' for the country rather than the candidate. It is conceivable that with national co-operation, Part I could become virtually automatic. It is not intended to erect another 'hurdle' for the trainee.

## **PART 2 - EXAMINATION**

Once Part 1 is satisfied the candidate sits the Part II Examination. This consists of a written quiz, and subsequent 2 sets of viva voce with two pairs of examiners. The first pair will assess case orientated problems and relevant information relevant to the particular board speciality involving imaging information, physiological testing, diagnostic testing and all round assessment of the candidate's ability to achieve the high level required for the certification EBSQ. The second will set tasks, including requiring trainees to read papers, evaluate and perform article analysis.

The first EBSQ Coloproctology diplomas were awarded in Malmo in June 1998. Further examinations have taken place in Munich, Brighton Erlangen, Sitges, Geneva and Bologna. For more information and an application form please contact above noted address.

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### **Union Européene des Medecins Spécialistes (UEMS) Section of General Surgery (formed 1993)**

Division of Coloproctology  
(formed 1997)

#### **Membership**

##### **1. Full voting:**

Representatives of full member states of the EU and Associate Member States recognised by the Management Council

Representatives of Permanent Working Group of Junior Hospital Doctors

Chairman and Secretary of the UEMS Section of Surgery

##### **2. Non-voting:**

Representatives of scientific societies  
Other relevant Observer States

#### **Objective**

To prepare advice concerning all aspects of professional practice in colorectal surgery in the context of the European Union (EU) for the benefit of the EU political administration through the UEMS structure.

There shall be one representative from each member state of the EU who shall be nominated by the competent professional medical organisation in official communication with the UEMS. Representatives of EU countries and the associate states recognised by the Management Council shall be entitled to vote.

The Division of Coloproctology shall report to the UEMS Management Council through the UEMS Section of Surgery.

The Division shall elect a Chairman (President), Vice Chairmen (Vice President), Secretaries (Senior and Junior) and Treasurer.

The Division shall be financed by the national representative Society or Coloproctology group.

The European Board of Coloproctology (EBCP) is created within the European Board of Surgery and the Specialist Section of Surgery of the UEMS.

#### **Objective**

The EBCP shall achieve its objectives by setting and recommending standards to the EBS and by encouraging health authorities, national and international scientific societies of coloproctology to live up to such standards.

The main objective is to guarantee the highest standards of care in coloproctology in the countries of the EU by ensuring that training of coloproctology is maintained to the highest possible level.

## **Membership**

The EBCP shall consist of two representatives from each member state:

One representative delegate to the Division of Coloproctology.

The Division appoints a second representative after inviting nomination from the relevant representative national scientific body.

The President and Secretary of the EBS.

A representative from the European Council for Coloproctology. The Permanent Working Group of Junior Hospital Doctors has the right to nominate this delegate.

The Division shall elect a Chairman, Vice-Chairman, Secretary and Treasurer called the Management Committee.

The Management Committee shall communicate with the General Secretary of the UEMS through the EBS.

The Executive Bureau of the UEMS shall communicate with the EBCP through the EBS on behalf of EU bodies.

The Section of Surgery and the Executive of the UEMS shall be entrusted with communication all opinions issuing from EBCP and the Division of Coloproctology to the Commission of the EU and the Advisory Committee for Medical Training.

The Board shall be financed by the national associations and societies of coloproctology, gifts, etc. and fees for European Board of Surgery Quality Recognition (EBSQ) assessments.

## **Union Européenne des Médecins Spécialistes Statutes of the Division of Coloproctology (Colorectal Surgery) associated with the UEMS Section of Surgery**

### **1. Introduction**

The Division of Coloproctology within the UEMS is an associate section of the UEMS Section of Surgery. It should advise on issues relating to training and professional practice in Coloproctology within the European Union and other countries within UEMS, for the benefit of patient care.

### **2. Title**

The associate section shall be known as the Division for Coloproctology associated with the Speciality section of Surgery of the European Union of Medical Specialists.

### **3. Composition**

3.1 The Division of Coloproctology may include two categories of membership:

1 Full voting representatives of

- full member states of the EU
- associate states recognised by the Management Council including EFTA states
- Permanent Working Group of Junior Hospital Doctors (PWG)

2 Non-voting observers representing the major European scientific societies for Coloproctology, surgeons in training and other relevant professional groups and Malta, Turkey and Hungary.

3.2 There shall be one representative from each member state of the EU who shall be nominated by the competent national professional medical organisation in official communication with the UEMS. Representatives of EU countries and the states recognised by the Management Council shall be entitled to vote.

3.3. The tenure of each full member shall be for 4 years, renewable once.

3.4 In the event of a full member being unable to attend a meeting, he or she may nominate a deputy previously nominated by the medical organisation to attend in his or her place, subject to the prior approval of the Chairman.

3.5 The Chairman and Secretary of the UEMS Section of Surgery shall be voting members of the Division.

3.6 Official national organisations for Coloproctology in Eastern European countries may be invited to nominate representatives to attend meetings at the discretion of the Chairman. Representatives of non EU countries shall not have entitlement to vote.

3.7 The European Society of Coloproctology and any European Association of Coloproctology may be invited to nominate a non-voting observer to attend meetings at the discretion of the Chairman.

3.8 The Division shall elect an executive from amongst its number, which may include a Chairman, a Vice Chairman, Secretaries (Senior and Junior) and a Treasurer.

Official representatives of full EU member states shall be eligible to office.

The Chairman and Vice Chairman shall have a tenure of 4 years and shall not be eligible for re-election. The Chairman and Vice Chairman shall be elected at intervals separated by 2 years.

The tenure of the Secretaries will be for 4 years. The Senior and Junior Secretary shall be appointed at intervals separated by 2 years. Of the 4 years tenure, 2 will be spent as Junior and 2 as Senior Secretary.

3.9 Election of Executive Officers. The Secretary will notify members of the Division of an impending vacancy one year in advance and ask for nominations at the same time. Any nomination should be proposed and seconded by two members of the Division. The Secretary will then arrange a postal ballot to all members of the Division 6 months before the appointment will become active.

3.10 The Chairman and Secretary of the Division shall attend meetings of the Speciality Section of General Surgery as ex-officio members.

3.11 The Division may appoint working parties or commissions to prepare draft documents or recommendations on specific topics for consideration by the full Division.

#### **4. Objectives**

To prepare advice concerning all aspects of professional practice in Coloproctology in the context of the EU for the benefit of the EU political administration through the UEMS structure.

#### **5. Accountability**

5.1 The Division of Coloproctology shall report to the UEMS Management Council through the UEMS Section of Surgery.

5.2 Relations with any organisation or institution outside the UEMS shall be in accordance with article 11 (III) of the statute and article 24 (III) of the current rules of procedure.

#### **6. Functioning**

6.1 The Division shall meet once per year in conjunction with the UEMS Section of surgery. Meetings may also be held at other times at the instigation of the Executive.

6.2 Meetings shall be organised in such a way as to entail the minimum of expense. They will be programmed each year and announced in writing to the General Secretary of the UEMS at least 3 months before the date arranged for the meeting.

6.3 Meetings may be attended by the General Secretary of the UEMS or a nominated deputy who shall be a member of the Management Council. The Chairman of the Division should be informed beforehand.

6.4 The agenda shall consist of subjects proposed by the members of the Division, officers of the UEMS Section of Surgery or the Secretary General of the UEMS.

6.5 The agenda shall be circulated to the members and the Secretary General of the UEMS at least 1 month before the meeting.

6.6 The minutes of the meetings shall be circulated to all members, the Secretary of the Section of Surgery, the General Secretary of the UEMS and the Management Council of the UEMS within 1 month of the meeting.

## **7. Financing**

7.1 The national association of coloproctology or official national nominating organisation shall be responsible for the travel and accommodation expenses to enable its representatives to attend meetings.

7.2 The national nominating organisations shall be required to pay an annual subscription to support the cost of a Secretariat for the Division. This shall be due on 1st January of each year.

The amount of the subscription and the method employed to calculate relative contributions from different member countries shall be decided by the full membership of the Division.

7.3 Any failure in the payment of subscriptions within 4 weeks of the date due shall be notified by the Treasurer to the Executive of the Division and of the UEMS. The right to vote will be suspended. Other penalties may include the refusal of Part I eligibility to nationals of the country in default.

## **European Board of Coloproctology associated with The European Board of Surgery**

### **Statutes**

#### **1. Introduction**

##### Article 1.0

The European Board of Coloproctology (EBCP) is created within the European Board of Surgery (EBS) and the Specialist Section of Surgery of the UEMS.

The EBCP is constituted in accordance with the statutes, declarations and rules of the procedure of the UEMS.

The members of the EBCP shall be elected from representatives of the national organisations of coloproctology of the UEMS full member countries on a professional, scientific and academic basis.

The EBCP shall achieve and recommend to the EBS standards for training, accreditation and certification in coloproctology. The EBCP will encourage health authorities, national and international scientific societies of Coloproctology to live up to such standards. The EBCP shall be governed by the following articles.

#### **II. Objectives**

##### Article 2.0

2.1 The main objective is to guarantee to the patients the highest standards of care in the field of Coloproctology in the countries of the UEMS by ensuring that the quality of training is maintained at an adequate level.

2.1.1 The EBCP shall assess and report to the Division of Coloproctology, the EBS and the Section of Surgery the current contents and quality of training in Coloproctology in the different countries of the EU.

2.1.2 The EBCP shall define the contents of training of Coloproctologists and standards for training programmes and shall recommend mechanisms for the maintenance of these standards. It will work towards identification of training programmes and their approval as being suitable for training in Coloproctology.

2.1.3 The EBCP shall define the requirements to which the training institutions and teachers in Coloproctology should conform. Based on the agreement of participating institutions, requirements can be subjected to site-visit inspection.

2.1.4 After appropriate assessment of eligible candidates, the EBCP shall recommend to the EBS conferral of diploma of the European Board of Surgery Qualification in Coloproctology (EBSQ Coloproctology).

2.1.5 The EBCP will assess training programmes in Coloproctology on the request of a trainee within that programme.

2.1.6 The assessment of EBCP of the quality of training of the specialist is optional and shall not be a condition for migration of a holder of CCST in one member country to another.

2.1.7 The EBCP shall facilitate the exchange of Coloproctology trainees between the training centres of the various countries of the EU.

2.1.8 The EBCP shall develop criteria of evaluation of Continuing Education.

2.1.9 Audit and peer review.

### **III Accountability**

#### Article 3.0

3.1 The Executive Bureau of the UEMS shall officially communicate with the EBCP through the Section of Surgery and the Board of Surgery on behalf of the EU bodies.

3.2 The Section of Surgery EBS and the Executive Bureau of the UEMS shall be entrusted with communicating all opinions issuing from the EBCP and the Division of Coloproctology to the Commission of the EU and the Advisory Committee for Medical Training.

3.3 The Division of Coloproctology shall submit through the section of Surgery and EBS to the UEMS for ratification any changes to statutes relating to the membership and functioning of the EBCP.

### **IV Board Composition and Members**

#### Article 4.0

4.1 The EBCP shall consist of two representatives from each member state. One shall be the national representative to the Division of Coloproctology. The Division appoints the second representative after nomination from the relevant national scientific body. There should be one representative national body per member state.

4.2 The EBS will be represented by the President and Secretary on meetings of the EBCP. They may send a deputy .

The Permanent Working Group of Junior Hospital Doctors has the right to nominate a delegate.

4.3 The term of appointment of national representatives will be 4 years. Each will be appointed at intervals separated by 2 years. The Secretary will ask the national society for a nomination 1 year before expiry of the present appointment.

### **V Management Committee**

#### Article 5.0

5.1 The Division shall appoint a Management Committee amongst the EBCP members, composed of Chairman, Vice Chairman, Senior and Junior Secretary and Treasurer.

5.2 The Management Committee shall also communicate through EBS with the General Secretary of the UEMS who shall be informed of the activities of the EBCP as prescribed in the Statutes of the UEMS (minutes of plenary meetings decisions taken, all changes in the membership of the Boards, changes in Management Committee, etc.).

5.3 Duration of terms of office of the Management Committee.

The Chairman, Vice Chairman, Secretaries and Treasurer shall remain in office for 4 years. Candidates must be in active practice to be eligible for election.

5.4 Officers of the Management Committee of EBCP may be identical to those of the EBSQ. Where this is not the case, close collaboration between these bodies is essential.

## **VI Funds**

### Article 6.0

The funds of the Board shall be acquired by:

- Contributions of the national associations and societies in Coloproctology
- Subsidies and donations
- Gifts, institutes of heir and legacies
- Other legal benefits
- Fees for the European Board of Surgery Quality (EBSQ) assessments.

## **VII Meetings of Board Members**

### Article 7.0

7.1 A session is held at least once a year. Additional meetings may be convened by the Management Committee, in agreement with or at the instigation of the UEMS Division of Coloproctology.

7.2 The agenda will be drawn up by members of the EBCP. Other bodies, including the EBS, the Division of Coloproctology, Section of Surgery, or the UEMS Management Council or its Secretary General may request an item to be included.

7.3 The agenda shall be communicated to the EBCP members at least one month before the meeting.

7.4 The minutes of the meetings, as well as all resolutions will be sent after approval by the EBCP to the Division of Coloproctology, the Section of Surgery, the EBS and UEMS.

7.5 The Management Committee meets at least every year. Meetings are convened by the Chairman and Secretary, and the agenda and the relevant information are sent to members at least one month in advance.

## **VIII Voting**

### Article 8.0

8.1 Each country represented on the EBCP has one vote. The EBS also has a single vote. The delegate of the Permanent Working Group of Junior Hospital Doctors (PWG) has a vote. Representatives of a UEMS associated country have a consultative voice only.

8.2 The voting procedures described in the Articles 14, 15 and 16 of the UEMS Rules of Procedure are to be followed.

## **IX Committees**

### Article 9.0

9.1 The EBCP can designate committees, charged of the study and presentation of proposals concerning specific objectives of the EBCP, always in accordance to the UEMS statutes and rules of procedure.

9.2 The committee(s) shall related to the Management Committee.

## **European Board of Surgery and European Board of Coloproctology**

General policy statement for inclusion in the Introduction to the Statutes of both Boards.

The objectives of the European Board of Surgery (EBS) are to assess, set standards for and progressively harmonise the content and quality of training in all fields of surgery within member states of the European Union (EU).



There is a trend towards increasing specialisation within surgery which has progressed to different degrees in different parts of the EU 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 specialities.

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 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 centres, it is essential to ensure that surgeons are able to obtain broadly based training to a high standard across all the various fields. This makes it essential for newly emerging surgical specialities to continue to collaborate closely within a well-defined framework such as that provided by 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 Surgical Speciality Boards to accommodate the special requirements well-defined areas of surgical practice. Surgical Speciality Boards have autonomous responsibility for setting and monitoring standards of training within their specific field of surgery while the EBS functions as a common “envelope” to co-ordinate the recommendations and actions of the Surgical Speciality Boards. The EBS exercises prime responsibility for common trunk training. It is empowered to issue European Board Certificates of Quality of Training (EBSQ) in the surgical specialities on the recommendation of its Surgical Speciality Boards.