

GENERAL SURGERY – RATIONALE

General Surgery (GenSurg) provides the prevailing majority of surgical service for the population in all European countries.

GenSurg as a specialisation was initially regulated by the EU-directive 93/16 and following documents up to actual EU-directive 05/36 implicating automatic mutual recognition in the European Community (http://ec.europa.eu/internal_market/qualifications/specific-sectors_doctors_en.htm).

Despite automatic mutual recognition in the EU the spectrum of competences and education within GenSurg in Europe varies significantly and depends mainly on national regulations and local demands.

Whereas any metropolis offers the most fertile ground for subspecialisation in the e.g. University Clinics, the General Surgeon is necessary to provide a more comprehensive continuity in patient management.

In large district hospitals and peripheral hospitals the logistics and volume of work clearly favour the employment of a General Surgeon, not only especially in the treatment of all emergencies and most elective interventions, but also in the adequate handling and referral of elective cases suitable for surgical treatment by a subspecialist.

Special geographical conditions (e.g. large or small islands, variable density of population) yield a hospital structure favouring the necessity for a broadly competent General Surgeon.

Beyond the basic skills GenSurg includes a variety of diagnostic and therapeutic measures depending on national and local requirements. By that the general surgeon covers the majority of local surgical services.

These services include not only all on-call and emergency surgical interventions like e.g. appendectomies, cholecystectomies, Hartmann-procedures in sigmoid perforation or treatment of intestinal bleedings and ileus, but also elective procedures like e.g. strumectomies, varices, hernia repair or hemicolectomies.

The General Surgeon should be able of treating trauma and emergency patients in respect to the local resources and decide on referral to a specialised institution depending on personal abilities, geographical situation and other regional modalities.

In the last decade a numerous of subspecialisation have been evolving out of GenSurg, by that compromising substance and integrity of GenSurg.

Indeed, there are strong arguments that certain operations (e.g. anorectal J-pouch reconstruction, aortal grafting) should be performed by specialists, who have additional training and experience. On the other hand, GenSurg cannot not be reduced to a simple common trunk without jeopardizing the existence of GenSurg at all.

The arguments clearly make lucent, that GenSurg continues to pragmatically exist as a defined specialisation with knowledges, skills and competencies that are beyond common trunk surgery and beyond most actual national CCST requirements.

By that any European examination giving a European qualification must not be based on the lowest common denominator of all national regulations (which is generally called "harmonization").

The UEMS has a clear mandate by the European Commission to set the basis for a harmonization process focussing on the content of medical training. This harmonization process will be a multi-level step-by-step project and undergo continuous development.

There are 2 main goals to achieve, a long-term and a short term:

- The long-term goal is harmonization of surgical training not only in respect of duration of training, but training on the basis of a consensual European syllabus defining the criteria for the "European Surgeon".
- The short-term goal is the relaunch of the GenSurg examination based on the today situation.

The relaunched EBSQ GenSurg examination is based on actual criteria reflecting the requirements for the national CCSTs, but tries to avoid the devaluation by a lowest common denominator.

The syllabus for GenSurg contains "Knowledges" and "Knowledges and Experiences", the latter giving the basis for an individual "log-book" including a procedure catalogue that was consensually worked out by the members of the Division and Board of GenSurg and will be updated regularly. The final achievement of this continuously developing project will be the synchronisation and unification of the actual EBSQ criteria and the results of the surgical training harmonization process.

Successful EBSQ GenSurg examination candidates are awarded the title "**Fellow of the European Board of Surgery /GenSurg – F.E.B.S./GenSurg**".

The title F.E.B.S./GenSurg determines, that the person successfully proved to have validated knowledges and skills, that by far exceed the requirements for the national CCSTs and allow him/her to successfully cover the broad field of GenSurg in respective to the actual demandings.

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

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