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Editorial

Accreditation and certification in Coloproctology in Europe

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In Europe coloproctology is regarded as part of general surgery and is therefore not recognized as a specialty in its own right. The same is true for other branches of general surgery including visceral surgery, endocrine surgery and transplantation. In some countries in Europe, for example France and Spain, vascular surgery does have separate recognition but for most, it is part of general surgery.

The position is different in North America where proctology has been recognized for many years. The American Board of Proctology was formed in 1935 with the agreement of the American Board of Surgery. It has been said that if the question had been considered years later, the decision might have been different. Once proctology had been recognized, colon and rectal surgery followed and with the subsequent change of the name American Society of Proctology to American Society of Colon and Rectal Surgeons, colon and rectal surgery became a surgical specialty 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 who pass the written examination sit an oral examination which satisfies national educational standards.

In Europe, the history has been different largely because health care evolved independently in the various countries with the result that there is no generally accepted model. In addition a vital part of training is to equip the trainee for the management of emergencies. These factors have influenced training, which takes various forms throughout the continent, but the European Union (EU) recognises the initial Degree in Medicine and the Certificate of Specialist Training (CCT) in all member states. The CCT

is obtained after five years of so called common trunk training. Some countries accept this specialization without an exit examination but in most this is a requirement. Coloproctology is not identified as a specialty requiring its own certification process but this may be changing in some countries. For example, Sweden has had an examination in coloproctology for ten years, integrated into the European examination four years ago and in the United Kingdom (UK) and Ireland trainees in general surgery can nominate coloproctology as a subject of special interest when they take the exit examination. Furthermore the Association of Coloproctology of Great Britain and Ireland (ACPGBI) established a national training unit recognition process in the late 1990s and the national training authorities have agreed that trainees in coloproctology will spend a minimum of two out of five years of clinical training in general surgery in approved colon and rectal surgical units. The ACPGBI has developed a curriculum adapted from the ASCRS curriculum. In Australasia 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.

For many years the USA was the only country where Coloproctology was recognized. This changed in 1997 with its formal recognition in the EU by the Union Européenne des Médecins Spécialistes (UEMS). The UEMS was founded in the 1950s within the Common Market organization to serve the interests of hospital-based specialists. It has developed over the years to become a large body with numerous sections and committees. The Section of Surgery was formed in the 1960s. This group began the process of subspecialty recognition in general surgery and by the mid 1990s it had devised a system for accreditation and certification in General Surgery itself and in Vascular Surgery. The Section then encouraged the formation of the Division of Coloproctology which effectively meant that the specialty had become recognized by the EU. The Division established statutes and an organizational structure with representation from all member states of the EU and also of the remaining European countries outside for example Norway, Switzerland, Turkey, Israel and Russia and the European Society of Coloproctology. The daily business

was carried out by a small executive including a President, Vice President and Secretary.

One of the first tasks of the Division was to develop Accreditation and Certification in Coloproctology. It established a Board and then created the diploma of the European Board of Surgery Qualification in Coloproctology, known by its initials as the EBSQ (Coloproctology). The first examination was held in Malmo, Sweden in 1998 and examinations have taken place every year since. Details of the formation of the Division can be found in the European Manual of Medicine, Coloproctology edited by Alexander Herold, Paul-Antoine Lehur, Klaus E. Matzel and P. Ronan O'Connell, Springer Verlag, Berlin, Heidelberg 2008; pages 1-4. There are now 177 diplomates from 15 countries. Germany (87) and Spain (31) are those most represented. The diploma is divided into two parts. Part 1 requires proof of identity and CCT in general surgery with two additional years in coloproctological training, testified by the candidate's trainer. It also requires proof of experience determined by the number of certain index procedure carried out by the trainee during the course of the entire period of training. On satisfying the criteria in Part 1, the candidate is able to proceed to Part II which is an examination consisting of a written part lasting one hour and two viva voce examinations each with two examiners and lasting 45 minutes. Part II can be held in any of the official languages of the EU.

While these developments are very positive, there are considerable difficulties remaining. The first is that the EBSQ diploma is not recognized by the EU nor in any of its member states. There is therefore no requirement to have it when seeking a consultant post after the completion of training. Secondly there is no regulation of the quality of training units. The Division has attempted to apply criteria for training units but it does not have the manpower and financial resources to enforce them. Thirdly the only income of the Division comes from examination fees for Parts I and II. Fourthly the standard of training varies considerably from one country to another. For example in the UK, training is closely regulated with national and regional bodies supporting and examining the trainee whereas in others, the trainee may have had little supervision or support in achieving the CCT. Nevertheless

possession of the EBSQ (Coloproctology) diploma is perceived to be a valuable accessory in Germany and probably in Spain and it is hoped that the standard it sets will be increasingly recognised by the public as a mark of competence.

In 2007 the Division of Coloproctology made an important declaration which may help to integrate the training in one country with that in others. It stated that it would recognise with its diploma certification in individual member states based on the criteria for training pertaining in that country provided they conform to standards acceptable to the Division. Certification for that country would be agreed if the training and examination process were approved by the Division. Examiners or observers from the Division would need to be present at any examination and the Division would require that any candidate applying for a national certification should have passed the eligibility criteria for Part 1 described above. 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. This may allow the gradual integration and acceptance of common standards of training and competence throughout the European countries. The success of this will depend on the need for the recognition of coloproctology in the country in question. Even where it is not at the moment, a voluntary examination could be introduced which in time might become official in that country.

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