

**EUROPEAN SECTION AND BOARD
OF
GASTROENTEROLOGY**

**EBG 1
THE BLUE BOOK**

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THE EUMS AND THE EBG

Structure of the EUMS

The European Union of Medical Specialists (EUMS) (in French the Union Européenne des Médecins Spécialistes (UEMS)) was founded in 1958, one year after the European Economic Community (EEC). It is the official representative body of all Medical Specialists to the European Commission. The EUMS is composed of working medical specialists who are delegated by the professional bodies of their own countries. The organisation consists of an Executive Committee and 34 specialist sections, one for every speciality recognised in at least one-third of the member countries. Some specialities, who are not entitled to create their own section, are associated with another speciality section. The EUMS has contacts with the European Commission, the Advisory Committee for Medical Training and the Permanent Committee.

The EUMS has no funding from the EU and relies on small dues from the professional bodies of its member countries.

The Gastroenterology Section of the EUMS

This is composed of two delegates from each of the 18 EUMS member countries (the 15 EU-countries plus Norway, Iceland and Switzerland) and a representative from the Junior Doctors Organisation (PWG). The delegates are appointed by the National Medical Associations. Croatia, Hungary, Malta, Poland, The Czech Republic, Slovakia, Slovenia, Estonia Romania and Turkey are associated countries. Two organisations, associated with Gastroenterology, are represented by observers (EASL and ASNEMGE). Russia and Lithuania have observer status; each of these countries can send two delegates. The enlargement of the EU will shortly cause the list of members to increase to 28.

The European Board of Gastroenterology (EBG)

The European Board of Gastroenterology was founded in 1992 as a working party, composed of maximum two delegates per country, one from the Section and one from the national Gastroenterology Society. The two delegates from each country are selected to provide a balance between clinicians and academics.

The primary functions of the EBG are to:

- define and secure the standards of training in Gastroenterology
- to make suggestions for continuing medical education and quality assurance
- to organise exchange of trainees
- to collect demographic statistics.

The EBG has four subcommittees: the Training Recognition Committee, the CME and Quality Assurance Committee, the Exchange Committee, and the Workforce Committee.

The routine business of the Section and EBG is done by an Executive Committee, composed of the President of the Section, the President of the Board, the Secretary and the Treasurer. The Section and the Board meet twice a year - in the spring and at the UEGW meeting.

Certification of high quality of training

To improve the quality of gastroenterology training, the EBG accredits well-trained gastroenterologists and certifies training centres from the EUMS countries.

- Until 31st December 2005, Gastroenterologists who started their speciality training before January 1st 1994 and are actively practising in gastroenterology can have their training recognised retrospectively ('Retrospective Certificate').
- Candidates who started training after January 1st 1994 must either be trained in a Training Centre certified by the European Board of Gastroenterology and/or have been trained fully according to the requirements – that is, including common trunk and ultrasound training.
- After January 1st 2006, all candidates must have been trained in certified training centres, must have their training evaluated prospectively and must comply fully with the European requirements of training.

Candidates who fulfil these requirements will be awarded the Certificate of Fellowship of the European Board of Gastroenterology and can call him/herself Fellow of European Board of Gastroenterology. According to the rules of the EUMS, the Certificate of Fellowship of the European Board of Gastroenterology cannot be valid until at least two years after accreditation by the award of a national diploma.

Site-visits

To ensure the quality of a training centre, the EBG encourages visitation of training centres. Site-visits are the key component for the EBG to secure the quality of training in Gastroenterology. They are considered as the most valuable contribution to maintaining high standards of training, against the competition of service requirements and in the face of shrinking.

The teachers are encouraged to apply to receive the Certificate of Fellowship of the European Board of Gastroenterology (Retrospective Certificate).

To be effective, inspection must be conducted along published guidelines by two external assessors, nominated by the Board. The assessors should be from other countries and be themselves working in institutions subject to the same process. Re-evaluation in the form of a written report should be done every 5 years. Major changes in the institution should be reported to the training recognition committee. A diploma will be issued to a training centre fulfilling all EBG requirements, approving it as a Training Centre of the European Board of Gastroenterology. A certificate of visitation with a letter of commendation will be issued to a visited training centre, fulfilling most, but not all, EBG requirements.

The site-visits are meant to inspire to the establishment of national training programmes, inspectors and diplomas. The quality of every national specialist training programme is of key importance. The reports should provide examples of good practice, that can be followed by other training centres.

CRITERIA OF TRAINING

Theoretical knowledge

During specialist training the candidate should acquire sound theoretical knowledge of the aetiology, pathogenesis, natural history, clinical presentation, investigation and treatment of diseases of the gastrointestinal tract, including the hepato-biliary system and the pancreas. Such knowledge includes histopathology, haematology, microbiology and parasitology, clinical pathology, nutrition, oncology, immunology, pharmacology, genetics, molecular biology, epidemiology and statistics. An understanding of medical demography and health care economics is required.

Multidisciplinary approach

The candidate must have observed and have been clinically responsible for patients with a wide variety of acute and chronic gastrointestinal diseases, both as inpatients and outpatients. Such patients include those with the gastrointestinal complications seen in other medical and surgical disciplines. They should include those in need of enteral or parenteral nutritional support.

Patients should be managed with the co-operation of surgeons, pathologists and radiologists and, where appropriate, psychiatrists, paediatricians and other colleagues including primary care physicians and community-based services.

Communication

Particular interest will be taken in the practice of patient-orientated medicine with appropriate patient information and communication. The course should develop the cognitive skills of the candidate in the understanding and management of the psychological impact of gastrointestinal disease.

Clinical responsibility

Clinical experience must be gained mainly in substantive, paid posts, obtained at open and transparent competition, and with appropriate development of clinical responsibility. Teaching must be an integral part of the programme, with supervision of clinical work and multidisciplinary meetings. The opportunity for individual study and the pursuit of personal projects must also be actively encouraged.

Clinical investigations

The candidate should be familiar with the use of relevant investigations in the routine laboratory and with the imaging techniques of endoscopy, ultrasound and radiology (including computerised and magnetic tomography), interventional radiology and nuclear medicine. Knowledge of the limitations, contraindications, complications and their management, as well as the cost implications of these investigations is also required.

Practical procedures

The candidate will be expected to have had adequate tuition and to be competent in performing certain practical procedures which are regarded as fundamental to the speciality of gastroenterology. They are shown below. and should be recorded in a logbook, which should be duly endorsed by the trainer.

CRITERIA FOR TRAINING CENTRES AND FACULTY

Training in gastroenterology should be based in university or university-affiliated institutions, or those with an equivalent education and research programme and the full complement of medical, surgical and diagnostic services of a university hospital. Satisfactory premises for education are needed with teaching space, library and information facilities, and privacy. Equipment in the gastroenterological, surgical, radiological and pathological departments must be of a standard to provide good clinical and educational training.

Trainees may enrol in a rotating training programme, involving a number of training centres. Each centre as well as the full rotation should be visited by the European Board of Gastroenterology. The EBG encourages co-operating centres to apply as a group.

The faculty

The faculty and the administration, however it is organised, should show itself to be committed to specialist education and provide appropriate space, facilities and funding to offset the demands of education from those of service. The majority of the faculty should be Fellows of European Board of Gastroenterology.

The members of the faculty should be experienced both as gastroenterologists and teachers, committing time, effort and enthusiasm to the training programme. They should regularly attend interdisciplinary meetings with surgeons, pathologists and radiologists. The faculty should be large enough to supervise the clinical and practical work of the trainees.

Each trainee should usually have a named supervisor. The optimal ratio between trainees and trainers should be close to one.

Conferences, in-service meetings, multidisciplinary meetings, hospital staff rounds and seminars should take place regularly. Candidates should be encouraged to attend and eventually to contribute to local, regional, national and international meetings.

Publications and research

The training centre and the training programme should show evidence of active promotion of research and the advancement of clinical practice. Evidence of medical literacy will be required. The candidate must have taken major part in the publication of at least two gastroenterological articles in journals, recognised by Current Contents. The publications may take the form of case reports, clinical reviews, editorials or, of course, original research. The

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candidate will be required to have presented two papers at gastroenterology meetings acceptable to the Board. Details of the publications and presentations should be submitted to the EBG office with the logbook at the end of training.

Duration of training

The EU directive, EEC/16/93 gives the minimum duration of training in the different specialities. The EBG recommends a six-year period, or its equivalent in part-time training, for gastroenterology. This period should include *at least* two years of internal medicine (“common trunk”) and at least 3 years of full-time clinical training in gastroenterology. Finally one year for optimal training is included, e.g. more clinical training, subspeciality training or research. The EUMS section of internal medicine has made guidelines for the common trunk training, and they should be adopted.

PRACTICAL GASTROINTESTINAL PROCEDURES

The practical skills, listed below, should be acquired under appropriate supervision within the training period. Candidates, who are evaluated prospectively, will be required to submit a log book, countersigned by the supervisor. The numbers of procedures, indicated below should be regarded as a minimum, and they are a guideline for the candidate and trainers. The performance of a given number of procedures does not on its own indicate a satisfactory programme.

Abdominal ultrasound

The EBG is unanimous in the belief that training in ultrasound techniques is forward-looking and highly desirable for specialists in gastroenterology. The Board, however, recognises that at the moment there are some centres in some countries in which this training is not available. Links still have to be made concerning training criteria, optimum equipment and co-operation with our radiological colleagues. The Radiology Section of the EUMS is in agreement with this development. Until the training criteria and facilities have been settled, the EBG encourages training centres and trainees to work hard for the establishment of theoretical and practical training in ultrasound, and to find ways to secure ultrasound training to those who are interested.

Minimum number of procedures

1. Endoscopic investigations		
1.1	Oesophago-gastro-duodenoscopy	300
1.2	Haemostatic techniques for oesophageal varices and other upper GI bleeding	30
2.1	Total colonoscopy	100
2.2	Polypectomy and haemostatic procedures of the lower GI tract	50
3.	Proctoscopy	100
2. Abdominal puncture and/or biopsy with or without ultrasound control		50
3. Abdominal ultrasound investigations		300

ADVANCED OPTIONAL PROCEDURES AND SUBJECTS

These are subspecialties, skills and techniques which are not basic gastroenterology. They are therefore not mandatory the European Diploma of Gastroenterology. Nevertheless, trainees may learn, indications, interpretation and limitation of a number of these advanced techniques and may even learn to perform them. In that case these skills should be noticed in the log book. In the future some of these might be part of basic training. The minimum number of procedures, listed below should only be considered as a guide and experience in the techniques would usually exceed these numbers.

1. Advanced therapeutic endoscopy, e.g. laser techniques, stricture dilatation - 150
2. Diagnostic and therapeutic endoscopic retrograde cholangio-pancreatography (ERCP) - 150
3. Oesophageal, intestinal or colonic functional procedures, e.g. pH-metry and manometry - 50
4. Endoscopic ultrasound investigations - 150
5. Diagnostic laparoscopy - 50

Many trainees will receive training in advanced, optional subjects. They include:

1. Interventional proctology
2. Management of patients with liver transplants and difficult hepatic diseases
3. Gastrointestinal oncology
4. Advanced nutritional support
5. Gastrointestinal genetics
6. Interventional radiology
7. Epidemiology

APPLICATION PROCEDURES

Correspondence

Information about training recognition and certification of training centres, application forms, calls for site-visits etc. can be obtained from:

1. the EBG-office c/o Professor Estela Monteiro, University Hospital of Santa Maria, Medical II, Department of Gastroenterology, Av. Egas Moniz, P-1600 Lisbon, Portugal. Fax. (+351) 21 795 1585; e-mail address: Endocrhsm@mail.telepac.pt and after 1. July 2003 Professor Constantine Arvanitakis, Fourth Dpt. of Medicine, University of Thessaloniki, Hippocron General Hospital, GR 540 00 Thessaloniki, Greece. Fax (+30) 310 992 940; e-mail address: carvanit@med.auth.gr
2. From national representatives
3. From the home page of the Gastroenterology Section: www.gastrohep.com./eums

For informations about the Training criteria of the European Board ask for the Blue Book, EBG 1

- For prospective evaluation of training of new candidates, use the form “Registration form for the Certificate of Fellowship of the European Board of Gastroenterology”, EBG 2
- For certification of a training centre use the form “ Application for approval as a Training Centre of the European Board of Gastroenterology”, EBG 3
- For information about inspection of training centres, use EBG 4
- For retrospective recognition of a nationally accredited gastroenterologist (Retrospective Certificate), use EBG 5.
- For certification of a group of training centres, use “Application for Co-operating Training Centres”, EBG 6 - together with EBG 3 for each centre.

Application for the Retrospective Recognition for the Certificate of Fellowship of the European Board of Gastroenterology

Gastroenterologists, who have already received their national accreditation should complete EBG 5. This should be supplemented by a short report of clinical and teaching activities and proof of scientific activity (at least 2 published articles). A short report of special skills and statement of membership of the National Scientific Society of Gastroenterology should be included.

The completed registration form should be send to the EBG office, att. Professor Estela Monteiro (after 1 July 2003 Professor Constantine Arvanitakis, with:

- a passport picture
- a copy of national accreditations and diplomas
- Payment 150 Euro to Banque Générale du Luxembourg, account holder Section of Gastroenterology, EUMS, Iban (international bank account number) LU 47 0030 0109 1080 0000

Remember to give your full name and what you are paying for on the payment

The applications will be considered twice a year (May/June and October) at the Board meetings.

Application for the Prospective Recognition for the Certificate of Fellowship of the European Board of Gastroenterology

Candidates, who hold a training post in an approved Training Centre of the European Board of Gastroenterology may be evaluated prospectively.

As soon as possible during training, the registration form EBG 2 must be completed by the trainee and endorsed by the chief of training. The form should be sent to the EBG-office: Professor Estela Monteiro/after 1. July 2003 professor Constantine Arvanitakis, together with

- a passport picture of the trainee
- copies of national diplomas and accreditations of the trainee
- Payment 150 Euro to Banque Générale du Luxembourg, account holder Section of Gastroenterology, EUMS, Iban (international bank account number) LU 47 0030 0109 1080 0000

Remember to give your full name and what you are paying for on the payment

After national accreditation as specialist in Gastroenterology, the candidate should send

- copy of the National Diploma in Gastroenterology
- a signed log book of all procedures

The EBG will evaluate the applications twice a year (May/June and October). The Certificate of Fellowship of the European Board of Gastroenterology will not be valid until two years after accreditation of the national diploma.

Application to establish a Training Centre of the European Board of Gastroenterology

Complete the application form for Approval of a Training Post (EBG 3) and send it to the EBG office, att. Professor Estela Monteiro/after 1. July 2003 professor Constantine Arvanitakis

- Payment 150 Euro to Banque Générale du Luxembourg, account holder Section of Gastroenterology, EUMS, Iban (international bank account number) LU 47 0030 0109 1080 0000

Remember to give your full name and what you are paying for on the payment

All the senior staff at the training centre should at the same time complete EBG 5 for the Certificate of Fellowship of the European Board of Gastroenterology

A site visit by two international inspectors will be arranged as soon as possible. The training centre must pay their reasonable transportation expenses, accommodation and incidental expenses.