



BACTS Ethical Session

Special Competence in thoracic surgery : Update

A.J. Poncelet, MD on behalf of the
Thoracic subcommittee working group

11th Belgian Surgical Week, May 1st 2010



Members of the Working Group
(approved during 61th meeting Board of BACTS, June 5th, 2007,



Chairman: Toni Lerut

Flemish speaking representatives:

University hospital

Jeroen Hendriks (UZA)

Dirk Van Raemdonck (UZL)

Non University hospital:

Ludo Verougstraete (AZ Vesalius Tongeren, RZ St
Trudo Sint-Truiden, Jessa Hospital Hasselt)

French speaking representatives:

University hospital

Matteo Cappello (ULB)

Alain Poncelet (UCL)

Non University hospital:

Edo Wijtenburg (CH Jolimont-Lobbes)

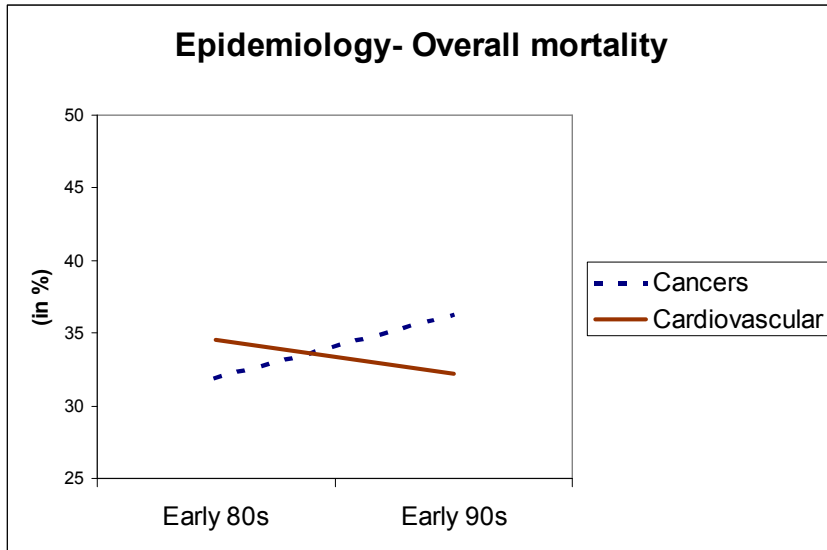


Special Competence in thoracic surgery

- Introduction
 - From a national perspective
 - From a european perspective
- Other national experiences
- Current proposal

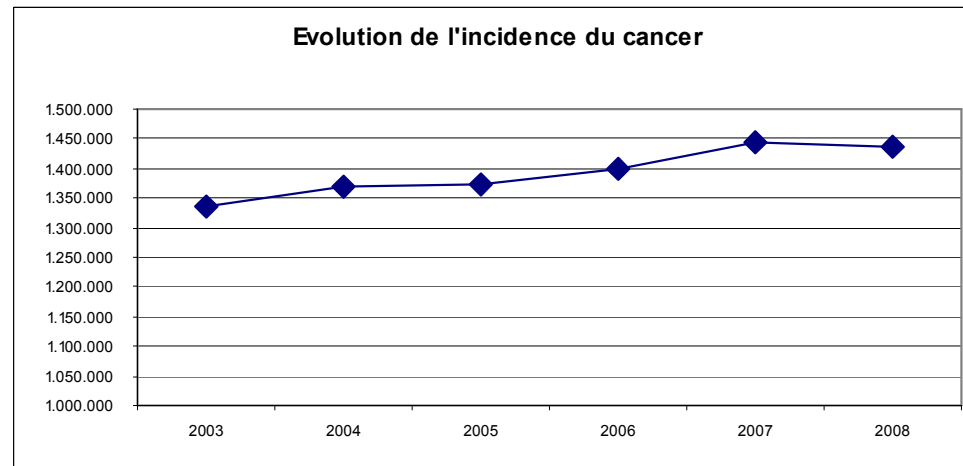
Health Care in Belgium -

Cancer vs Cardio-vascular disease



Year 2003	
Trachea	14
Bronchus and lung	5781
Thymus	14
Heart, mediastinum and	14
Respiratory system and i	2
Mesothelioma	162

data from National Cancer Registry



2003-2009

$\Delta +8\%$

Data from American Cancer Institute

Quality of Care of **Cardiac** patients

AR 16/06/1999

AR 15/07/2004

« Cardiac Care Program »

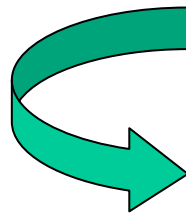
Registration mandatory

Minimal structural requirements

Minimal activity requirements

Certificate of competence

{ BACTS
RBSS
Erkening Commissie/CA
VBS/GBS
... Ministry of Health ?



Quality of Care of **Cancer** patients

AR 21/03/2003

« Cancer Care Program »

Registration to Cancer Registry

Minimal structural requirements

Minimal activity requirements (breast)

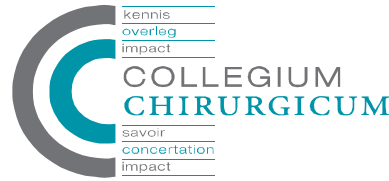
Certificate of competence

AR 24/10/2007

? Competence in surgical oncology ?

? Competence in thoracic surgery ?

11th Belgian Surgical Week, May 1st 2010



President BBC-UPCB
Secretary BBC-UPCB
President KBGH-SRBC
Secretary KBGH-SRBC
Representative KBGH-SRBC

Président de la commission d'agrément
Voorzitter van de erkenningscommissie

Representative KUL
Representative RUG
Representative UA
Representative VUB

Representative UCL
Representative ULg
Representative ULB

General Assembly

« 140 Nomenclature »
1500 physicians
>30% of Hospital Days

Representatives of

BACTS BSVS
BSSO BTS
BGES BAAS
BELAPS BAST

Representatives of

BSAWS
SOS-B
BSCRS
BSHBPS
BSBS
BSES
BSUGIS

Collegium Chirurgicum working groups



- Special Competences
- Quality control in surgery
- Training and Education
- Medical Devices



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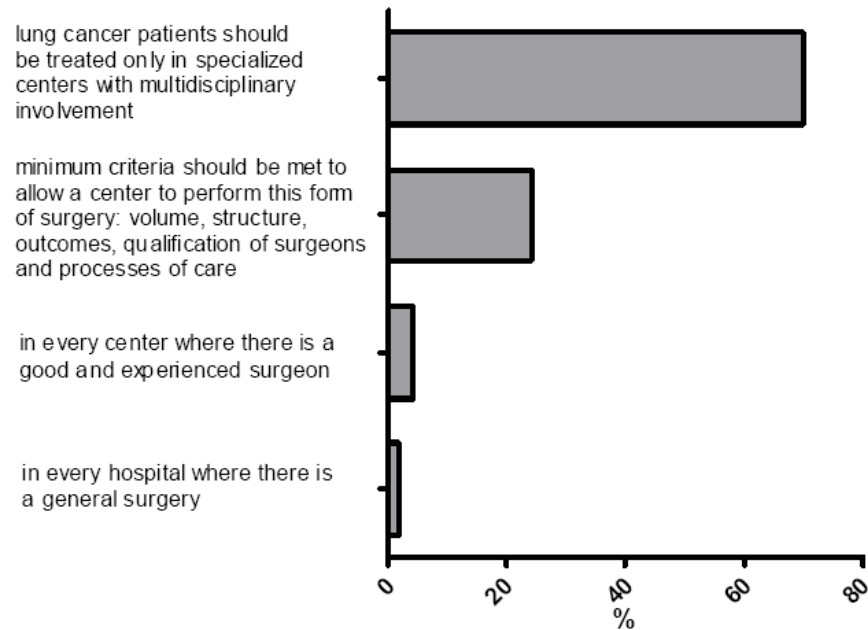
ERS/ESTS Task Force on Fitness for radical therapy in lung cancer patients



Who should treat thoracic patients and where should these patients be treated ?

ERS/ESTS members opinion

Who should treat thoracic patients and where should these patients be treated?





Regulations of the UEMS European Board of Thoracic and Cardiovascular Surgeons

Article 5

From the time of qualification as an M.D. , a minimum training of **six years** is required.

Only **fully trained specialists** being recognised as such by their responsible National organisation in the Member States of the EU, may apply for assessment and recognition by the European Board.

Candidates from EU countries where Cardiac and/or Thoracic Surgery **is not an independent specialty** will be evaluated on an individual basis provided that they fulfil all other requirements (eg. Numbers and type of operations) during their training.

In countries where there is a Government approved National examinations the UEMS EBSQ Thoracic/Cardiac examinations cannot and should not be used to bypass National qualifications.



Article 8

For recognition in **cardiac** surgery the applicant must provide evidence of having performed, as the primary operating surgeon during the training period, over **150 cardiac operations** with an appropriate mix of open and closed cardiovascular procedures.

Article 9

For recognition in **thoracic** surgery the applicant must provide evidence of having performed, as the primary operating surgeon during the training period, **100 thoracic operations with an appropriate mix** of open and thoracoscopic procedures. In addition a representative number of diagnostic procedures such as mediastinoscopy and endoscopy must have been performed.



Regulations of the UEMS European Board of Thoracic and Cardiovascular Surgeons

Article 12

Candidates must show an ability to contribute **original work relevant to the specialty** and a minimum of three presentations, either publications in peer reviewed journals or presentation to scientific societies, published as an abstract.

Education in Thoracic Surgery



The European Association
for Cardio-Thoracic Surgery



EUROPEAN SCHOOL FOR CARDIO-THORACIC SURGERY : Levels A/B/C

- History
- Embryology and anatomy of lung and heart
- Functional patient evaluation
- Medical therapy of lung and cardiocirculatory functional disorders
- Preoperative patient care
- Anesthesiological management
- Mechanical ventilation
- ICU management
- Postoperative care
- Physiotherapy
- Extracorporeal bypass, ECMO, blood management
- Pain management
- Diagnostic imaging techniques
- Basic oncology
- Molecular biology
- Study design
- Scientific writing
- Thoracic incisions
- Video-endoscopy basics
- Neoplastic lung disease
- Complications of lung resection
- Infectious lung diseases
- Pneumothorax
- Lung transplantation
- Functional lung disease
- Congenital lung disease
- Pericardium
- Mediastinum
- Diseases of the pleura

...

Pulmonary Non Neoplastic

- . Pulmonary anatomy, embryology, sequestrations, congenital disease
- . Interstitial Lung Disease
- . Pneumothorax
- . Transplantation
- . ECMO in thoracic surgery
- . Emphysema - LVRS
- . Emphysema - Intracavitary drainage
- . Emphysema - Endoscopic treatment

Pulmonary Neoplastic

- . Neoplastic lung pathology
- . Screening for lung cancer - where are we at?
- . Investigation and management of the solitary nodule
- . Role of mediastinoscopy
- . Critical review of the role of surgery in SCLC
- . Staging algorithm for NSCLC
- . PET scanning in lung cancer
- . Indications and Technique of VAMLA
- . Operative - sleeve resection
- . Extended resection for lung cancer
- . Multimodality treatment of Pancoast Tumours
- . Operative - Bronchopleural fistula
- . Cyberknife, Limited resection and Brachytherapy.
- . Segmentectomy - indications, techniques

...



Mediastinal

- . Pathology and staging of mediastinal tumours and cysts
- . Practical management of mediastinal tumours and cysts
- . Operative - thymectomy
- . Thyroid surgery for the thoracic surgeon
- . Myaesthesia gravis

Chest Wall

- . Chest Wall Deformities
- . Operative - open and minimally invasive
- . Chest wall tumours - pathology
- . Operative - principles of chest wall resection
- . Diaphragm surgery
- . Thoracoplasty - indications and techniques

Subsequent topics

Airway
Oesophageal
Pleura
Infection
Trauma
Theoretical/Technical topics

Event list	Number	Duration	Total Time
A) Academic Events			
Lesson	22	60 min	22 Hours
Free discussions with lecturers	4	30 min	2 Hours
Examination	1	60 min	1 Hour
Total Academic Events	27		25 Hours



Special Compete



thoracic surgery

- Introduction
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- **Other national experiences**
- Current proposal

Spécialiste en chirurgie cardia-que et vasculaire thoracique

y c. formations approfondies en

- chirurgie vasculaire
- chirurgie thoracique

2. Durée, structure et dispositions complémentaires

2.1 Durée et structure de la formation postgraduée

La formation postgraduée pour le titre de spécialiste en chirurgie cardiaque et vasculaire thoracique dure au moins 6 ans, répartis en:

2 ans de chirurgie générale (2.2.1) / formation non spécifique

4 ans de chirurgie cardiaque et vasculaire thoracique (2.2.2) / formation spécifique.

2.2 Répartition des disciplines chirurgicales

2.2.1 Chirurgie générale (formation non spécifique)

Les 2 ans de formation postgraduée en chirurgie générale doivent être accomplis dans des établissements de formation reconnus pour la chirurgie.

2.2.2 Chirurgie cardiaque et vasculaire thoracique (formation spécifique)

2.2.2.1 Les 4 ans de formation spécifique doivent être accomplis dans des établissements de formation reconnus pour la chirurgie cardiaque et vasculaire thoracique et, de ces 4 ans, 2½ ans au moins dans des établissements de catégorie A.

Formation approfondie en chirurgie thoracique

1. Généralités

1.1 Description de la discipline

La chirurgie thoracique fait partie de la chirurgie et comprend la prévention, le diagnostic, les indications opératoires, ainsi que les traitements conservateurs et chirurgicaux des maladies, blessures et anomalies du poumon, de la plèvre, du diaphragme, du système trachéo-bronchique, des organes médiastinaux et de la paroi thoracique.

1.2 Objectifs

La formation approfondie en chirurgie thoracique s'acquiert après l'obtention du titre de spécialiste en chirurgie ou en chirurgie cardiaque et vasculaire thoracique. Elle doit permettre au candidat d'acquérir des connaissances approfondies dans le domaine de la chirurgie thoracique et représenter une garantie de compétence au sens d'une formation continue.

Critères de classification des établissements de formation post-graduée

Catégorie Th1 (4 ans)

Départements indépendants de chirurgie thoracique ou unités des cliniques universitaires suisses.

Catégorie Th2 (2 ans)

Cliniques ou départements ayant une activité régulière en chirurgie thoracique.

Critères de classification des établissements de formation postgraduée

	Th1	Th2
Caractéristiques de la clinique		
Possibilité d'acquérir une formation postgraduée complète	+	-
Possibilité d'acquérir une partie des contenus de la formation postgraduée	-	+
Dépt de chirurgie thoracique / unité d'une clinique universitaire, au moins 60 résections pulmonaires*	+	-
Dépt autonome de chirurgie thoracique, au moins 30 résections pulmonaires*	-	+
Clinique / département avec activité régulière en chirurgie thoracique, au moins 30 résections pulmonaires*	-	+
Equipe médicale		
Responsable détenteur du titre de spécialiste en chirurgie et de la formation approfondie en chirurgie thoracique	+	+
• chargé d'enseignement universitaire en chir. thoracique	+	-
• exerce son activité exclusivement / principalement en chirurgie thoracique	+	-
• est chirurgien et occupe une fonction dirigeante exclusivement en chirurgie thoracique	+	+
• s'est signalé par des publications importantes dans le domaine de la chirurgie thoracique	+	+
• est personnellement responsable de la formation postgraduée structurée	+	+
• remplaçant détenteur du titre de spécialiste en chirurgie et de la formation approfondie en chirurgie thoracique	+	+
• Poste ordinaire de médecin assistant ou de chef de clinique (permanent ou par rotation)	+	+
• Rapport enseignants / candidats en formation au moins	2:1	1:1
Infrastructure pluridisciplinaire comprenant	+	+
• pneumologie	+	+
• radiologie	+	+
• médecine intensive	+	+
• pathologie	+	+
• oncologie	+	+
• radio-oncologie	+	-
• médecine nucléaire	+	-
• possibilité de prise en charge ambulatoire des patients en chirurgie thoracique pour la pose du diagnostic préopératoire, des indications chirurgicales et pour le suivi postopératoire	+	-



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Current proposal



« Special Competence in thoracic surgery »

Duration:

2 years specifically dedicated to Thoracic Surgery out of which maximum 1 year can be performed during the last 2 years (5-6th year) of the training plan to obtain certification in Surgery

Content

Over 2 years, 100 major interventions in thoracic surgery as a primary surgeon (cfr. regulations, UEMS board in Thoracic Surgery).



Current proposal



Coordination of Training Plan

Belgian University Centers in Thoracic Surgery

Training centers

The training is mainly performed in a university center however a rotation of minimum 3 months and maximum 6 months can be performed in non-university center(s).

Training center:

- 50 major thoracic interventions/year
- At least one surgeon of the team is devoting at least 50% of his/her time to Thoracic Surgery.

Infrastructure of Training Center:

- Identifiable Thoracic Unit with beds specifically dedicated to Thoracic Surgery and grouped together
- Hospital infrastructure and medical resources allowing a balanced multidisciplinary approach for all thoracic pathology.



Quotum

- According to the specific needs on a national level (i.e. enlargement of existing centers)
- To be decided and approved by an accreditation committee
- Accreditation Committee will be appointed by BACTS.
- A center for Thoracic Surgery: 25 major thoracic interventions/year.
At least one surgeon of the team has been specifically trained in thoracic surgery and profiling him/her self a such.
- All major thoracic pathology/surgery is preferentially grouped in one campus.

Certificate of special competences in thoracic surgery

Should be issued by Erkenningscommissie/commission d'agr ation enlarged by a representative for Thoracic Surgery from BACTS and a representative from VBS/GBS.

The criteria mentioned above are to be seen as proactive and not retrospective