**GROUP ONE (CHAIR ADRIAN AGIUS)**

**TRAINING REQUIREMENTS, EUROPEAN BOARD EXAM. HARMONIZATION OF STANDARDS**

**Content of training and learning outcomes**

**Competencies of trainee**

1. **Theoretical knowledge**
2. **Practical and clinical skills, length of time, common trunk, turnover of department, conferences, research meetings,**
3. **Levels of competence defined-to know, to see, to perform with supervision, to perform without supervision**

**1 Content of training and learning outcome**

**Competencies required of the trainee**

A medical trainee is a doctor who has completed his / her general professional training as a physician and is in an accredited training programme to become a recognized ORL specialist.

The medical trainee must be fit to practice medicine and surgery. In order to be eligible for specialty training, the medical trainee has to be accredited as a medical doctor which is the case upon successful graduation from an internationally recognized medical school and/or medical training programme such as listed under the International Medical Education Directory (IMED). Specialty training should be carried out within a specialized training programme in ORL.

The medical trainee has to acquire competency: knowledge, skills and professionalism in ORL. The medical trainee must demonstrate their commitment in ethical and professional manner. They should be dedicated to patient care and the highest standard and participate in all recommended activities.

They will abide by the rules and regulations of the training programme

At the ‘Learning Outcomes’ the trainee should know, understand and be able to perform with professionalism , skill and knowledge the specialty of ORL as outlined above.

Fundamentals of basic science, including applied biotechnology, evidence-based medicine and ethics should underpin the educational process.

The trainee must also demonstrate communication abilities.

The trainee must be able to communicate with patients and relatives in a sensitive and caring manner.

The trainee must obtain informed consent from patients having explained in detail operative procedure (s), its benefits and risks.

The trainee must be able to record and convey the patients’ medical information and findings.

The trainee must study international literature.

**a. Theoretical knowledge**

The main domains covered by the specialty that a trainee should master in the specialty are covered in the core curriculum (see below)

This involves prevention, diagnostics (including imaging techniques), non-operative, pharmacological and surgical treatments and rehabilitation of degenerative, inflammatory, infectious, metabolic and neoplastic pathologies. Furthermore it encompasses contributions to the multidisciplinary management of congenital and acquired deformities and functional disorders at any age.

Fundamentals of basic science, including applied biotechnology, evidence-based medicine and ethics should underpin the educational process.

Communication abilities and ethical issues are also necessary.

**b. Practical and clinical skills**

Training for ORL surgeons should be a minimum of 5 years , being one to two years of basic education ( or common trunk ) , and four to five years of a specific ORL programme depending on national requirements.

The key skills to possess are acquired after a long education process.

The process of education should be guided and controlled by national authorities responsible for health care provision.

The educational process in the curriculum includes a basic clinical education and leads to a progressive increase in knowledge and skills in the specialty. Due to the different structures and facilities of clinical departments this process can be modified individually, but the concept of generalization and modularization should allow an appropriate programme to be established for each individual. There should be established rotation periods covering all main area of the specialty.

The basic education (common trunk) will teach the trainee to cope with routine tasks in the healthcare system including the management of medical emergencies, first aid, the basics of perioperative and post-traumatic care, as well as further development of the skills.

The trainee should also be sufficiently exposed to inpatient, day stay and outpatient management.

After this basic education (common trunk) the content of the curriculum covers the whole spectrum of ORL land comprises knowledge, experience, clinical skills and attitudes, and professional behavior. Five years will be required.

As the field is so vast, a strict “number” of procedures required is not relevant. During the process of training, the accent is more on the quality than the actual numbers. Procedures performed by the trainee will become more and more complex and supervised by a senior surgeon.

Throughout training an education programme will be followed by the trainee. This will include regular conferences, meetings, staff meetings, case discussion. Protected time must be given to the trainee for study and research

- Basic / advanced lectures by staff and visiting speakers

-Clinical presentations….including multidisciplinary presentations

-Pathology and radiology conferences

-Journal clubs

-Mortality and morbidity meetings

-research meetings

-Teaching in ethics, administration, management and economics

The trainee should be involved in these scientific activities by giving lectures, presentations both locally and at least on a national level. Some type of “personal” scientific paper should be done during the training. This personal work should be at least be presented at a national/international meeting or published.

**c. Level of Competence attained**

The different topics of the specialty also can be formed in blocks and modules supporting the development of competence. The **levels of competence** in surgical or manual skills can be simplified as follows:

A list of diagnostic procedures (A) conservative management

(B) and operative treatment (C) has been prepared by the scientific

committee of the European Board and is outlined in the logbook

For the European training programme these levels of skills are

recognised and specified : I = independently performed, S - performed

under supervision, A = training by assistance.

The trainer will have to recognize at the end of training that the trainee will be able to perform independently.

The training must cover the full range of the specialty and end with the license to practice ORL surgery