

Training and assessment of competence*

Minimal access surgery has gained general recognition in the past few years. The importance of adequate training in minimal access surgery is beyond doubt.

The European Association for Endoscopic Surgery and International Techniques (E.A.E.S.) has defined guidelines and regulations relating to training and practice of minimal access surgery, which should enhance patient outcome and protect the surgeon.

The Executive and Educational Committees welcome feedback from you.

Granting privileges for endoscopic** surgery

Recommendation of the European Association for Endoscopic Surgery

- I. Formal fellowship or residency training in general surgery or other surgical specialty (e.g., urology, gynecology, thoracic) are basic requirements.
- II. Completion of surgical residency or a fellowship program incorporating structured experience in endoscopic surgery, proven by a certificate provided by the residency program director.

Proficiency in laparoscopic surgical procedures, and the related clinical experience in the management of these patients, obtained in a residency fellowship program. This may be documented by a certificate of competence when necessary.

Fulfilment of these requirements are listed below (III, 1-6).
- III. For those without prior residency fellowship training in laparoscopic surgery or without documented prior experience, the minimum requirements for training are:
 1. Completion of approved residency training in surgery in Europe, applicant being a qualified surgeon in his area (e.g., urology, gynecology, thoracic). Applicant should be able to perform the same procedure by conventional open approach and should be competent to deal with complications if any occur (or he/she should be able to transfer the patient to an appropriate nearby hospital or center).
 2. Qualification from a residency program, training in endoscopic surgery by a surgeon experienced in endoscopic surgery, and completion of a didactic course in endoscopic surgery under the auspices of a university, a recognized teaching hospital, or an academic society, which fulfills the recommendations of E.A.E.S. (for basic requirements of such a course, see addendum***).
 3. Assistance or observation of endoscopic surgical procedures performed by a surgeon (or surgeons), experienced in the performance of such procedures, is strongly recommended.
 4. The surgeon applying for privileges in endoscopic surgery should have the necessary support of nursing and technical staff, who are fully trained in the basics of endoscopic surgery, and the related technology and instrumentation.
 5. When performing his/her first procedures the applicant should be assisted by an experienced surgeon (preceptor).
 6. The hospital in which an applicant surgeon operates must have a patient case load which is sufficient to create an adequate infrastructure for endoscopic surgery and to ensure sufficient experience to develop and maintain surgical expertise.
- IV. Attendance at short courses that do not provide supervised hands-on experience, and that are not under auspices of a university and recognized teaching hospital or an academic society, or do not fulfil the recommendations of E.A.E.S., cannot be considered as sufficient for granting equivalent privileges.
- V. The applicant's training in endoscopic surgery should be confirmed in writing (certificate or diploma).
- VI. To obtain the laparoscopic cholecystectomy E.A.E.S. diploma, the applicant must attend the E.A.E.S. courses fulfilling the criteria, pass the

*This statement will be revised periodically.

**Laparoscopic, thoracoscopic surgery, minimal access surgery.

***Available upon request from the E.A.E.S. office.

practical and the written test, perform three to five laparoscopic cholecystectomies assisted by the preceptor, and provide the written review of the results of the first 10 consecutive laparoscopic cholecystectomies performed by himself.

New procedures

The primary requirement is a background of basic skills in endoscopic surgery gained by performing at least 50 laparoscopic cholecystectomies. Attendance at a teaching course in advanced endoscopic surgery is strongly recommended (for the basic requirements of such a course, see addendum***).

Quality assurance

Prospective registration of results, with particular attention paid to the application of the method, diagnos-

tic and therapeutic benefits, and complications of endoscopic surgery, is strongly recommended by E.A.E.S. When introducing new, advanced procedures, all members of the E.A.E.S. are requested to participate in prospective studies with data included in central registers and, when indicated, prospective comparative randomized studies are recommended to evaluate the merit of the endoscopic approach.

Continuing education

Participation in continuing medical education programs related to laparoscopic surgery is a requirement for retention of the privileges. Therefore, attendance at national and international congresses, meetings, and courses is recommended.

Acknowledgment. This statement was reviewed and approved by the Executive Office of the European Association for Endoscopic Surgery (E.A.E.S.), April 1993.