

THE EUROPEAN BOARD OF GASTROENTEROLOGY

the blue book 2008



EBG1 www.eubog.org

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THE EUMS AND THE EBG

STRUCTURE OF THE EUMS

The European Union of Medical Specialists (EUMS) (en français l'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 37 specialist sections, one for every specialty recognised in at least one-third of the member countries. Some specialties, who are not entitled to create their own section, are associated with another specialty 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 the receipt of fees from the professional bodies of its member countries.

THE GASTROENTEROLOGY SECTION OF THE EUMS

This is composed of two delegates from each of the 30 EUMS member countries (the 27 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. Azerbaijan, Croatia, Georgia, Israel and Turkey are associated countries. Belarus, Bosnia and Herzegovina, Russia and Ukraine are observer countries. Two organisations, associated with Gastroenterology, are represented by observers (European Association for the Study of the Liver and Association des Sociétés Nationales Européennes et Méditerranéennes de Gastroentérologie).

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 pure 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 the following working sub-committees: the Training and Recognition Committee, the CME and the Manpower Committee. CME assessment is carried out by a EBG-UEGF (United European Gastroenterology Federation) CME Evaluation Committee.

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

CERTIFICATION OF HIGH QUALITY TRAINING

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

- Until 31st December 2010, Gastroenterologists who started their specialty training before 1st January 2004 and are actively practising in gastroenterology can have their training recognised retrospectively ('Retrospective Certificate').

- Candidates who started training after 1st January 2004 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 1st January 2011, 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 the European Board of Gastroenterology**. According to the rules of the EUMS, the Certificate of Fellowship of the European Board of Gastroenterology cannot be obtained for at least two years after receiving accreditation and 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 a most valuable contribution to maintaining high standards of training, against the competition of service requirements and in the face of shrinking resources.

At current or prospective teaching centres the teachers are encouraged to apply for the Certificate of Fellowship of the European Board of Gastroenterology (Retrospective Certificate).

To be effective, inspection must be conducted, within 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 questionnaire should be carried out every five 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 encourage 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.

TRAINING CRITERIA

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, microbiology and parasitology, clinical pathology, nutrition, oncology, immunology, pharmacology, genetics, molecular biology, epidemiology and statistics. An understanding of medical workforce planning, health care economics and medical ethics is required.

CLINICAL EXPERIENCE - 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 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 skills of the candidate in the understanding and management of the psychological genesis and 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, magnetic and positron emission 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 that are regarded as fundamental to the specialty of gastroenterology. They are shown below and should be recorded in a logbook, which should be duly endorsed by the trainer.

MINIMUM NUMBER OF PROCEDURES			
1.	Endoscopy Investigations:		
	1.1	Oesophago-gastro-duodenoscopy	200
	1.2	Haemostatic techniques for oesophageal varices and other upper GI bleeding	30
	1.3	Total colonoscopy (assuming competency at upper GI endoscopy)	100
	1.4	Polypectomy, endoscopic mucosal resection and haemostatic procedures of the lower GI tract	50
	1.5	Proctoscopy	50
2.	Abdominal Puncture and/or Biopsy with or without Ultrasound		50
3.	Abdominal Ultrasound Investigations		300

It is expected that competence is assessed and documented by the trainers. The Board recognises that some trainees gain competence more quickly than others.

For full competence at colonoscopy, trainees should demonstrate that they can intubate the caecum in 85-90% of patients. The supervisor should document assessment of this competence. It may be that some trainees will need to perform more than 200 procedures to meet this criterion.

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 protect the needs of education from the demands of service. The majority of the faculty should be Fellows of the 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 a 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 candidate will be required to have presented two papers at gastroenterology meetings acceptable to the Board.

DURATION OF TRAINING

The EU directive, EEC/16/93 gives the minimum duration of training in the different specialties. 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 three years of full-time clinical training in gastroenterology. The EUMS section of internal medicine has produced guidelines for common trunk training, and they should be adopted.

PRACTICAL GASTROINTESTINAL PROCEDURES

Practical skills 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 number of procedures, indicated on page 7 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. Documented competence assessment by local training supervisors is encouraged and desirable.

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. Training in abdominal ultrasound is a prerequisite for training in endoscopic ultrasound (EUS).

ADVANCED OPTIONAL PROCEDURES AND SUBJECTS

These are subspecialties, skills and techniques that are not basic gastroenterology. They are therefore not mandatory for obtaining the European Diploma of Gastroenterology. Nevertheless, trainees may learn indications, interpretation and limitations of a number of these advanced techniques and may even learn to perform them. In that case these skills should be noted in the log book. In the future some of these might be considered 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, eg. stenting, laser techniques, stricture dilatation	150
2.	Diagnostic and therapeutic endoscopic retrograde cholangio-pancreatography (ERCP)	150
3.	Oesophageal, intestinal or colonic functional procedures, eg. pH-metry and manometry	50
4.	Endoscopic ultrasound investigations	150
5.	Diagnostic laparoscopy	50

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

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

APPLICATION FOR THE RETROSPECTIVE RECOGNITION FOR THE CERTIFICATE OF FELLOWSHIP OF THE EUROPEAN BOARD OF GASTROENTEROLOGY

Gastroenterologists who:

- have received the national accreditation/diploma as a certified specialist in Gastroenterology within a UEMS Country
- are actively working as a gastroenterologist
- Have published 2 papers or 2 publications at National Societies which can be attested by the National EBG Representative
- commenced training before 1st January 2004

should complete the EBG 5 Application Form.

The completed Application Form (EBG 5) should be sent by email only to:

The Executive Secretary EBG at: febgaplications@eubog.org

Application Form (EBG 5) to be accompanied by:

- a scanned copy of passport (in absence of passport, national identity card) showing picture, signature, number, date and place of birth, date of issue and expiration
- a scanned copy of national accreditation/diploma as a certified specialist in Gastroenterology
- scanned copy of a completed bank transfer of €250 to 'The Section of Gastroenterology, EUMS', Banque Generale Luxembourg, 50 av JF Kennedy L-2951, Luxembourg
Account Number (IBAN): LU47 0030 0109 1080 0000
Bankswiff/BIC: BGLLLULL

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.

Before the end of the Gastroenterology training period, the registration form EBG2 must be completed by the trainee and endorsed by the Chief of Training. The form should be sent to the Chairman of the Training Recognition Committee:

Dr Fernando Azpiroz
Digestive Department
Hospital General Vall d'Hebron
08035 Barcelona
SPAIN

together with:

- A passport picture
- A copy of national accreditations and diplomas
- A full CV, including details of training programme
- Documentation of a completed bank transfer of €250 to:
'The Section of Gastroenterology,
EUMS',
Banque Generale Luxembourg,
50 av JF Kennedy L-2951,
Luxembourg
Account Number (IBAN): LU47 0030 0109 1080 0000
Bankswiff/BIC: BGLULL

At the end of the training period, the following documents are required by the EBG before evaluation:

- A copy of national accreditation documents, in Gastroenterology training
- Copy of the National Diploma in Gastroenterology
- A full CV, including details of training programme
- Summary of the training which was certified by local trainers.

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

The Application Form for Approval of a Training Centre (EBG 3), should be completed and sent by post to the Chairman of the Training and Recognition Committee:

Dr Fernando Azpiroz
Digestive Department
Hospital General Vall d'Hebron
08035 Barcelona
SPAIN

Together with:

- Documentation of a completed bank transfer of €2,000 to:
'The Section of Gastroenterology, EUMS',
Banque Generale Luxembourg,
50 av JF Kennedy L-2951,
Luxembourg
Account Number (IBAN): LU47 0030 0109 1080 0000
Bankswiff/BIC: BGLLLULL

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 the Inspection Fee as set by the European Board and Section of Gastroenterology. This fee covers the transportation expenses, accommodation and incidental expenses of the inspectors.

EBG2

APPLICATION FORM

FOR THE DIPLOMA / FELLOWSHIP OF
THE EUROPEAN BOARD OF GASTROENTEROLOGY
(PROSPECTIVE)



APPLICATION FORM

FOR THE DIPLOMA / FELLOWSHIP OF THE EUROPEAN BOARD OF GASTROENTEROLOGY (EBG 2)

The undersigned, whose training started after January 1st 2004, wishes to be considered for Fellowship of the European Board of Gastroenterology and to be awarded The Diploma of the European Board of Gastroenterology.

Signature of Candidate:		Date:
PERSONAL DETAILS		
Name (first name, family name):		
WORKING ADDRESS:		PRIVATE ADDRESS:
Hospital:	Street:	
Street:	Town	
Town and Postcode:	Postcode:	
Country:	Country:	
Phone:	Phone:	
Fax:	Fax:	
Email:	Email:	
Date of Birth:		
Place and Country of Birth:		
Country of Citizenship:		
PRE-REGISTRATION TRAINING:		
Country of Pre-Registration Training:		
Medical School / University (name and full postal address):		
Date of Graduation:		
POST-REGISTRATION TRAINING:		
Country of Post-Registration Training:		
COMMON TRUNK TRAINING:		
Clinic / Hospital / Training Programme:		
Training Director:		
Training Period:	From:	To:
Average Frequency of On-Call Rota during Training Period:		
Number of acute general medical admissions per 24 hours when you were on duty:		

SPECIALIST TRAINING			
1.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
2.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
3.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
4.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
*If more than 4 Training Centres / Periods please copy the above section.			
GASTROINTESTINAL PROCEDURES			
Abdominal Ultrasound Investigations:			*Number =
Abdominal Puncture/Liver Biopsy:			*Number =
Endoscopy:			
	Oesophago-Gastro-Duodenoscopy:	*Number =	
	Colonoscopy:	*Number =	
	Flexible Sigmoidoscopy:	*Number =	
	ERCP:	*Number =	
	Proctoscopy:	*Number =	
	Rigid Sigmoidoscopy:	*Number =	
(* Certified by Programme Director)			
SCIENTIFIC ACTIVITIES			
Number of Oral Presentations:		Local:	
		National:	
		International:	
Number of articles in Peer-Reviewed Journals:		As First Author:	
		As Co-Author:	
NATIONAL ACCREDITATION			
1.	Certificate in Gastroenterology issued by:		
	Date:		
2.	Certificate in _____ issued by:		
	Date:		
PLEASE ENCLOSE:			✓
Training Programme Prospectus / Curriculum			
Certified summary of your personal training			
Up to date Curriculum Vitae			
Copies of national accreditation and diplomas			
Passport photo of yourself, signed and dated			
Copy of Bank Transfer of Registration fee €250 made payable to the EBG (See Blue Book page 12)			
Application Form (EBG 2) and Approval of Training Centre (If Applicable)			
Endorsement by the Training Director			

ENDORSEMENT OF THE CANDIDATE

AND AGREEMENT TO INVITE EBG INSPECTORS FOR SITE-VISIT

I, TRAINING DIRECTOR, AT
CONFIRM THAT THE CANDIDATE DR.:

is a registered medical practitioner in this country and is expected to complete all the requirements or specialist training in this country, as part of our training scheme.

I further confirm that the candidate is known to me personally and can be recommended to the EBG.

I understand and agree that for the candidate to be awarded the Diploma of the European Board of Gastroenterology, it may be necessary for two members of the EBG to visit the training centre and have the opportunity of talking to several members of the training faculty and the trainees.

I also understand that I and/or my colleagues may be asked to complete a detailed questionnaire about the training centre (EBG 3) and that our gastroenterology training is retrospectively accredited by the European Board of Gastroenterology (EBG 5).

Finally, I undertake that if required the Centre will meet:

- the registration fee of €2,000 for the Training Centre
- the accreditation fees of €250 for each member of the training faculty being accredited the Diploma of the European Board of Gastroenterology

Signature:	Date:
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EBG3

APPLICATION FOR
APPROVAL AS TRAINING CENTRE OF
THE EUROPEAN BOARD OF GASTROENTEROLOGY



APPLICATION FORM

**FOR APPROVAL AS TRAINING CENTRE OF THE
EUROPEAN BOARD OF GASTROENTEROLOGY (EBG 3)**

Name of Hospital or Hospital Group:		
Name of Department/Rotation:		
Address:		
Phone:	Fax:	
Email:		
NATIONAL STATUS OF THE UNIT:		
Approved for Gastroenterology Training by the appropriate National Body:	Yes/No	
University Hospital:	Yes/No	
University Affiliated:	Yes/No	
For Training Rotation, please ask the Unit Training Director in each Hospital to complete the appropriate sections (pages 20-22) of this form for that Hospital.		
ASSOCIATED HOSPITALS/CLINICS		
1.	Name of Hospital:	
	Name of Department/Rotation:	
	Address:	
	Phone:	Fax:
	Email:	
	University Hospital:	Yes/No
	University Affiliated:	Yes/No
	Approved for Gastroenterology Training by the appropriate National Body:	Yes/No
2.	Name of Hospital:	
	Name of Department/Rotation:	
	Address:	
	Phone:	Fax:
	Email:	
	University Hospital:	Yes/No
	University Affiliated:	Yes/No
	Approved for Gastroenterology Training by the appropriate National Body:	Yes/No
3.	Name of Hospital:	
	Name of Department/Rotation:	
	Address:	
	Phone:	Fax:
	Email:	
	University Hospital:	Yes/No
	University Affiliated:	Yes/No
	Approved for Gastroenterology Training by the appropriate National Body:	Yes/No
Are these Hospitals approved/seeking approval by the European Board of Gastroenterology?		
1.		
2.		
3.		

* Please copy above section and complete if more than 3 Associated Hospitals/Clinics

NAMES OF TRAINEES IN GASTROENTEROLOGY IN YOUR CLINIC:											
1.											
2.											
3.											
4.											
TITLES OF TRAINING POSTS:											
1.											
2.											
3.											
4.											
SENIOR STAFF OF THE CLINIC INVOLVED IN GASTROENTEROLOGY TRAINING:											
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 5px;">Title, Name, Qualification and Position:</td></tr> <tr> <td style="width: 50%; padding: 5px;">Fellow of EBG:</td> <td style="padding: 5px;">Yes/No</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Application Sent Date:</td> </tr> <tr> <td style="padding: 5px;">Number Ward Rounds per Week:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Number of Outpatients Sessions per Week:</td> <td style="padding: 5px;"></td> </tr> </table>	Title, Name, Qualification and Position:		Fellow of EBG:	Yes/No	Application Sent Date:		Number Ward Rounds per Week:		Number of Outpatients Sessions per Week:	
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Application Sent Date:											
Number Ward Rounds per Week:											
Number of Outpatients Sessions per Week:											
*If more than 5 Senior Staff, please copy the above section.											
CLINICAL FACILITIES:											
Is the Gastroenterology Clinic associated with General (Internal) Medicine?											
Yes/No											
Number of Beds in:	Medical Clinic:										
Primarily for Gastrointestinal Patients:											
Number of Admissions per year:	General (Internal) Medicine:										
Gastroenterology:											

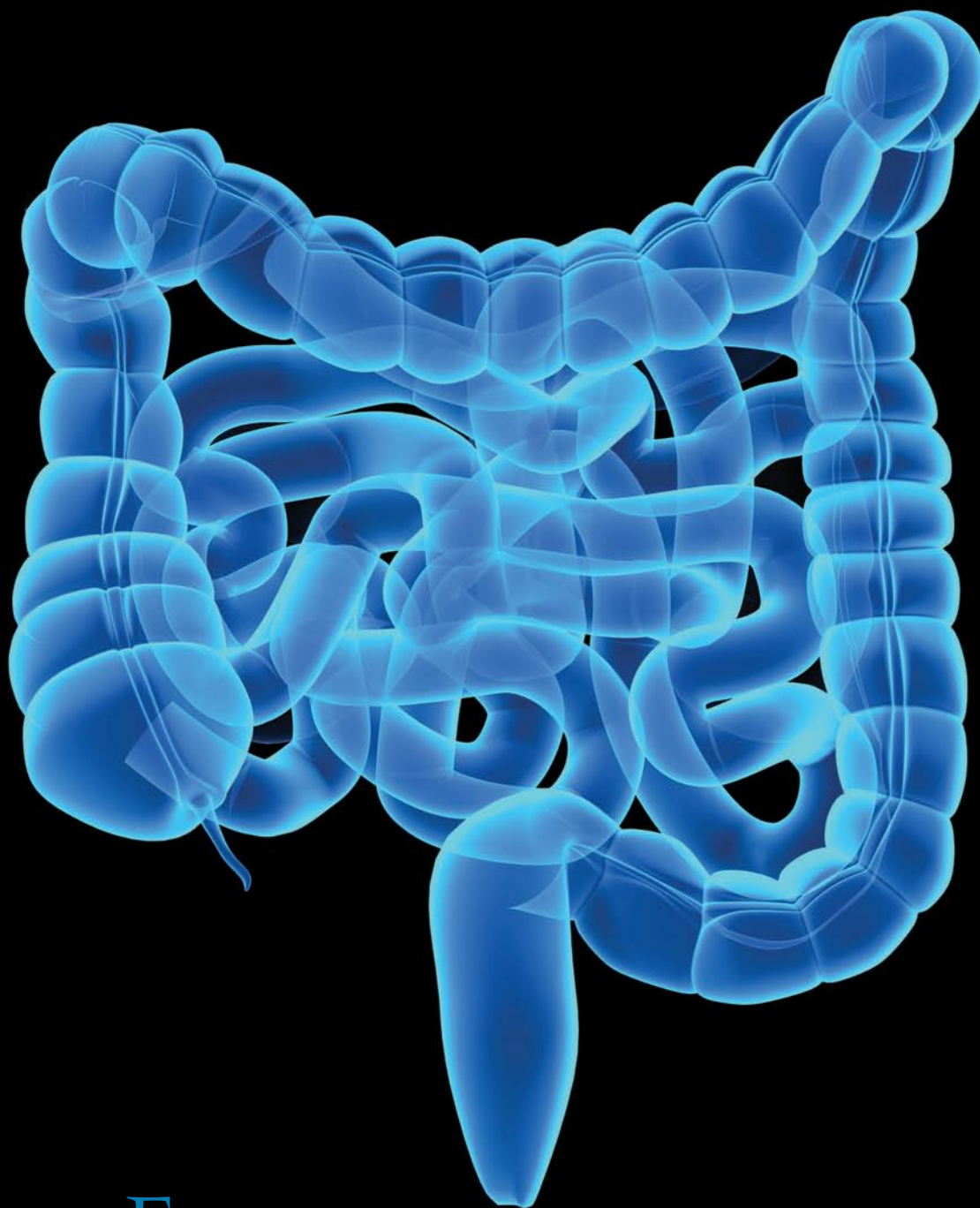
ENDOSCOPY ACTIVITY IN THE CLINIC:	Number of Sessions per Week:	Annual Number of Procedures
Oesophago-Gastro-Duodenoscopy:		
ERCP:		
Flexible Sigmoidoscopy:		
Colonoscopy:		
THERAPEUTIC ENDOSCOPY TECHNIQUES (ANNUAL NUMBER)		
Balloon Dilatation	Sclerotherapy / Banding of Varicies	
Laser Therapy	PEG Insertion	
Sphincterotomy	Gallstone Removal	
Biliary Stenting	Polypectomy	
Endoscopic Ultrasound Biopsy	Endoscopic Mucosal Resection	
ABDOMINAL ULTRASOUND:		
Does the Trainee have access to Ultrasound Training? (please specify):		
in the Clinic:		
in Radiology Department:		
in associated Clinic:		
none:		
TYPICAL DUTIES OF TRAINEE(S)		
Weekly Timetable	Morning	Afternoon
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
On-Call Duties – please specify:		
OUTPATIENT SESSIONS		
Number per week:		
Patient Profile / Speciality (Number per week)	New:	Review:
Gastroenterology		
Hepatology		
General Internal Medicine		
Teaching Duties – specify type (lectures, tutorials, bedside teaching etc):		
Undergraduate:		
Postgraduate:		
Other (please specify):		
What is the involvement of the Trainees in Audit?		
Staff Rounds and Conferences (indicate number per week):		
With other Medical Specialities (Grand Rounds):		
With Surgeons:		
With Radiologists:		

With Pathologists:	
Combined:	
Others (Psychiatry etc):	
LIBRARY FACILITIES:	
OFFICE FACILITIES FOR TRAINEES:	
STUDY LEAVE ARRANGEMENTS FOR TRAINEES:	
SPECIAL TRAINING FACILITIES:	
Therapeutic Endoscopy (please specify):	
Capsule Endoscopy (please specify):	
Motility Studies (please specify):	
Breath tests (please specify):	
GI laboratory tests (please specify):	
Laparoscopy (please specify):	
Hepatology (please specify):	

Research Programme of the Clinic (enclose list of publications)

EBG4

INSPECTION OF
TRAINING CENTRES



INSPECTION OF TRAINING CENTRES (EBG 4)

The European Training Programme is described in detail in EBG 1 (The Blue Book). The following will be taken into consideration in the assessment of the suitability of posts or training programmes for approval by the European Board of Gastroenterology.

1. The training programme should be of least six years duration including at least two years of common trunk training and at least three years full-time gastroenterology training. One year might be used for scientific work or optional, specialised training, e.g. in advanced endoscopy or hepatology.
2. The training must take part in one university clinic or in a group of co-operating university/university affiliated clinics.
3. There should be more than one Senior Grade Specialist in Gastroenterology or Hepatology and each should have a minimum of five sessions per week in the training unit.
4. Posts should provide adequate clinical training and responsibility for both in-patients and out patients, but the hours of work should not be so great as to deny the trainee adequate time for personal study. At least half the trainee's time should be devoted to clinical work; the remainder might be divided between personal study, teaching and research.
5. The training programme should include formal training in endoscopy and abdominal ultrasonography.
6. There should be an up-to-date records system.
7. Posts should provide facilities which will allow the highest possible standards of gastrointestinal practice, including facilities for appropriate clinical investigation and management.
8. There should be appropriate clinical experience as judged by an adequate number of both in-patients and out-patients, and a wide breadth of clinical experience in all aspects of the specialty.
9. There should be adequate laboratory facilities with sufficient space for the trainee, suitable supervision and adequate technical support.
10. There must be adequate library facilities.
11. Study leave arrangements should be available to allow attendance at specialty meetings both within and outside the region.
12. There should be a system of supervision of trainees by the National or Regional Postgraduate Training Committee.

INSPECTION OF TRAINING POSTS (EBG 4)

TRAINING IN GASTROINTESTINAL PROCEDURES

Training in gastrointestinal endoscopy and other procedures should be adequately supervised and the trainee should maintain a record book, indicating the numbers of procedures carried out and the degree of supervision by senior colleagues. The inspection team should pay attention to the following details:

1. The trainees' logbook should be available for inspection.
2. Upper gastrointestinal endoscopic training should be carried out in a unit performing a minimum of 1000 oesophago-gastro-duodenoscopy (OGD) examinations per year, including relevant therapeutic techniques.
3. The training unit should be adequately equipped with well-maintained endoscopes; either a video system or a fiberoptic teaching attachment must be available.
4. Trainees should receive instruction in patient care during endoscopy, maintenance, cleaning and disinfection of equipment, electrical hazards and recognition and management of the complications of endoscopy.
5. Colonoscopy training should be given in centres undertaking at least 200 procedures per year
6. Modern colonoscopic equipment is essential and fluoroscopy should be available when necessary.
7. Trainees should complete 50 successful colonoscopies under supervision before being allowed to carry out the procedure unsupervised.
8. Experience in polypectomy should be available and the trainees should be given adequate instruction on the hazards of this procedure.
9. Attendance at training courses in both ERCP and colonoscopy should be encouraged.
10. Trainees should have the opportunity to receive theoretical and practical training in abdominal ultrasound, either in the GI clinic or in a co-operating clinic e.g. radiology
11. The trainee should perform at least 300 supervised ultrasound examinations and at least 50 abdominal punctures.

INSPECTION OF TRAINING CENTRES (EBG 4)

CHECKLIST FOR INSPECTORS	
VISIT:	
Institution	
Clinic	
Chief of Training	
Date of visit	
Inspectors	
BUILDINGS:	
Built approximately	
Quality of buildings	
No. of Beds in Hospital	
OTHER CLINICS IN HOSPITAL:	
Surgery	
Intensive Care Unit	
Radiology	
Histopathology	
Clinical Chemistry	
Psychiatry	
Nuclear Medicine	
Microbiology	
Diabetes	
Other	
OTHER FACILITIES:	
Library	
Laboratory	
Study Rooms	
Conference Rooms	
Auditorium	
SUBSPECIALTIES IN MEDICAL CLINIC	
Gastroenterology	
Cardiology	
Pulmonary	
Endocrinology	
Haematology	
Nephrology	
Infectious Diseases	
Oncology	
Other	

WORKLOAD OF MEDICAL CLINIC	
Number of beds in Medical Unit	
Number of admissions in Medical Unit	
Out-patient Clinic in Internal Medicine	
Is GI Unit integrated in Medical Clinic/Unit	
Number of beds in GI Unit	
Location and internal arrangements of GI Unit:	
STAFFING OF TRAINING CENTRE	
Education and seniority of chief of training	
Number of senior grade Gastroenterologists	
Number of trainees in Gastroenterology	
CO-OPERATION WITH OTHER INSTITUTIONS	
Has the Training Centre a full 3-4 year Training Programme?	
Has the Training Centre formal co-operation with other Institutions in GI Training?	
Are these recognised by the EBG?	
Name of co-operating Institutions:	
GI UNIT	
Population of catchment area	
Secondary catchment area, if appropriate.	
Catchment area, special competences, if appropriate.	
WORKLOAD (ANNUAL)	
Approximate number of GI in-patients	
Numbers of acute/elective GI in-patients	
Approximate number of GI out patients	
Numbers of new/follow up GI out patients	
Approximate annual number of patients with:	
Oesophageal Disease	
Gastroduodenal Ulcers	
Non-Ulcer Dyspepsia	
GI Bleeding	
Hepato-Biliary Disease	
Pancreatic Disease	
Inflammatory Bowel Disease	
Functional / Irritable Bowel Disease	
Malnutrition	
Infections Gastroenteritis	
GI Neoplasms	

CLINICAL EDUCATION		
GI Case Conferences		
GI Journal Club		
Endoscopy:	One to One Hands on Training	
	Video / DVD Library	
	Endoscopy Simulator:	
	Colonoscopy Magnetic Enhanced Imaging (Scopeguide)	
Combined Meetings/Conferences with (number per month):		
Surgeons		
Pathologists		
Radiologists		
Psychiatrists		

EBG5

**APPLICATION FORM FOR THE
DIPLOMA / FELLOWSHIP OF
THE EUROPEAN BOARD OF GASTROENTEROLOGY
(RETROSPECTIVE)**



APPLICATION FORM

FOR THE DIPLOMA FELLOWSHIP OF THE EUROPEAN BOARD OF GASTROENTEROLOGY - RETROSPECTIVE (EBG 5)

- see Word Document on www.eubog.org if difficulty with PDF files.

REQUIREMENTS

- Training started before 1st January 2004.
- Actively working as a gastroenterologist.
- Have published 2 papers or 2 publications at National Societies which can be attested by the National EBG Representative.
- Having already received the national accreditation / diploma as certified specialist in Gastroenterology.

PROCEDURE

The application should be sent by e-mail to:

The Executive Secretary EBG at: febapplications@eubog.org

- EBG5 Form (available as Word Document or PDF file at www.eubog.org).
- Scanned copy of passport (or in the absence of passport, national identity card) showing picture, signature, number, date and place of birth, date of issue and expiration.
- Scanned copy of national diploma / accreditation as a certified specialist in gastroenterology.
- Scanned copy of completed Bank Transfer of €250 to
'The Section of Gastroenterology, EUMS',
Banque Generale Luxembourg,
50 av JF Kennedy L-2951,
Luxembourg .
Account Number (IBAN): LU47 0030 0109 1080 0000
Bankswiff/BIC: BGLULL

The undersigned, whose training started before January 1st 2004 and who is actively working as a gastroenterologist, wishes to be retrospectively considered for Fellowship of the European Board of Gastroenterology and to be awarded The Diploma of the European Board of Gastroenterology.

I certify that all the information provided below is true and accurate, and will provide the original documents as evidence to the European Board of Gastroenterology if required.

If the Diploma is awarded, I authorise the Board to include my name in the list of Fellows of the European Board of Gastroenterology.

(Scanned signature of the candidate)*

(Date)

PERSONAL DETAILS	
Name for Diploma (As appears on Passport / Identity Card):	
Family Name(s):	
First Name(s):	
WORKING ADDRESS:	PRIVATE ADDRESS:
Hospital:	Street:
Street:	Town
Town and Postcode:	Postcode:
Country:	Country:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
At which address do you wish to receive diploma: Work / Home	
Date of Birth:	
Place and Country of Birth:	
Country of Citizenship:	
Passport Number:	Country:
If Passport NOT available: National Identity Card Number:	
Country:	
PRE-REGISTRATION TRAINING - MEDICAL SCHOOL / UNIVERSITY EDUCATION:	
Country of Pre-Registration Training:	
Medical School / University:	
Date of Graduation:	

NON-GASTROENTEROLOGY POST-REGISTRATION TRAINING			
Country:		Date:	
Specialities:			
SPECIALIST TRAINING IN GASTROENTEROLOGY			
1.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
2.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
3.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
4.	Clinic and Hospital:		
	Training Director:		
	Training Period:	From:	To:
	Position Held:		
(Please use additional sheets if required)			
CURRENT PROFESSIONAL ACTIVITIES			
CLINICAL ACTIVITIES			
Institution:			
Present Position:		Speciality:	
Town:		Country:	
TEACHING ACTIVITIES			
Institution:			
Present Position:		Speciality:	
Town:		Country:	
RESEARCH ACTIVITIES			
Institution:			
Present Position:		Speciality:	
Town:		Country:	
GASTROINTESTINAL PROCEDURES			
Abdominal Ultrasound Investigations:	Yes	No	
Liver Biopsies:	Yes	No	
ENDOSCOPY:			
Oesophago-Gastro-Duodenoscopy:	Yes	No	
Colonoscopy:	Yes	No	
Flexible Sigmoidoscopy:	Yes	No	
ERCP	Yes	No	
ACADEMIC ACTIVITIES			
Number of Oral Presentations:		Local:	
		National:	
		International:	

Number of articles in Peer-Reviewed Journals:	As First Author:
	As Co-Author:
Number of published presentations at National Society, which can be attested by National EBG Representative:	As First Author:
	As Co-Author:
(Please attach list of publications to this Application Form)	
MEMBERSHIP OF GASTROENTROLOGY SOCIETIES:	
NATIONAL ACCREDITATION	
1.	Certificate in Gastroenterology issued by:
	Date: _____ Country: _____
	Certificate in _____ (General Internal Medicine or other speciality)
	Issued by: _____ Date: _____

NOTES

