

THE COLLEGIUM CHIRURGICUM PLASTICUM BELGICUM (CCP)

The Collegium Chirurgicum Plasticum Belgicum was founded in 1988.

It all started with an initiative of Prof. Madeleine Lejour. She invited all the training chiefs of that time at her home in 1988 for two meetings.

Those present were: Prof. Madeleine Lejour (ULB), Prof. Guido Matton (Gent), Prof. Jean Fissette (Liège), Prof. Willy Boeckx (Leuven), Prof. Romain Vanwijck (UCL), Prof. Paul Wylock (VUB), Dr. Norbert Robbe (Roeselare), Dr. Guy Monballiu (Brugge).

During these meetings, it was decided that

- four full teaching days would be organized every academic year
- the teaching would be spread over cycles of three years, at that time the length of the specific plastic surgery training
- the entire spectrum of plastic surgery would be covered in those 12 teaching days
- a yearly evaluation would be organized for all candidates in training.

Prof. Matton was elected to be the co-ordinator of " The Collegium Chirurgicum Plasticum Belgicum" or CCP, a task that he has fulfilled up to July 2004, when Prof. Wylock took over as coordinator.

At the beginning the trainees were furious. More courses and more interrogations!

However, over the years their attitude has changed. Although there are still some trainees who consider it a pain in the neck, the majority now appreciates it. They realize that it makes them study and gives them a more solid scientific basis to their training of cutting and stitching.

Recently even the ones who spend a year of research before entering the training program, have asked to be allowed to participate. A request, which has been granted enthusiastically.

The entire system had another unexpected benefit. Since years now the trainees of the different training centers know each other and when they go into practice, they know their young neighbours.

The two essential elements of the system are:

- The teaching days
- The evaluation

The teaching days.

They are always organized and held at one of the training centers.

At the present time, there are 8 training centers in Belgium.

In alphabetic order:

Brugge: St Jan's Hospital

Brussels : Université Libre de Bruxelles (ULB)

Brussels : Vrije Universiteit Brussel (VUB)

Gent : Universiteit Gent (UG)

Kortrijk : Groeninge Campus

Leuven : Katholieke Universiteit Leuven (KUL)

Liège : Université de Liège (ULg)

Louvain : Université Catholique de Louvain (UCL)

And since a few years, the training center of Luxembourg has also been "adopted" in the CCP.

From the preceding list, it can be seen that, from the beginning, there was a language problem (not amazing in Belgium): there are French speaking and Dutch speaking training centers. In the beginning it was tried to solve the problem by letting all lecturers teach in their own language. It did not work. Some assistants were not fluent enough in the other national language ... regrettable, but a fact. So now, since several years, all the teaching and correspondence is done in English.

An essential part of the teaching days is that the assistants are not only allowed but are requested to evaluate the lecturers and give them points. This has allowed to eliminate some lecturers who might be outstanding surgeons but poor teachers and these bright young men and women, who train in plastic surgery have the right to get didactic teachers. In principle, the majority of the lectures are given by staff members of the teaching centers, but also colleagues who are in private practice but have acquired a special expertise in a certain field are invited to lecture. This is a good occasion to tell them how much their collaboration is appreciated: they give some of their valuable time to teach young colleagues and this without any financial compensation.

The Collegium has no money and no treasurer. There are no membership fees and at the teaching sessions the assistants only pay for their lunch. It is the Belgian Society of Plastic, Reconstructive and Aesthetic Surgery which sponsors the activities of the CCP and the board members of the Collegium are very grateful for this.

One problem, which was encountered, is when it was considered desirable to incorporate a lecture on embryology, genetics or pathology in a teaching day. Colleagues in these disciplines were called upon and their willingness to collaborate to a teaching for which they had no obligation whatsoever was very much appreciated. But it was not always an undivided success: they knew too much about their subject and their lectures sometimes were too complicated for a plastic surgeon in training. So now a plastic surgeon is called upon to teach the essentials of these disciplines in a more simple way.

After several years of teaching, the question was raised in 2001 whether we were not falling into an easy routine. And thinking of the adagio "to make your assistants learn, make them teach", it was decided to have the courses given by the assistants themselves. It was hoped that this formula would lead to livelier discussions among assistants. It did not work. At the end of that academic year, an opinion poll was held and a clear majority of the assistants rejected the new formula, mainly because they thought their younger colleagues did not have enough experience to answer questions and had to be rescued by their training chiefs. So the old formula was reinstated.

There was another failure: it was the initial intention to make the CCP courses a forum for postgraduate training for established plastic surgeons. For several years the members of the Belgian Society for Plastic Surgery were informed about the teaching sessions, but nobody came. The system was abandoned because too costly and unsuccessful.

Recently, the training in plastic surgery has been changed from three years general surgery and three years plastic surgery to two years general surgery and four years plastic surgery. So, from 2004 on, the teaching sessions will be spread over four years.

The evaluations.

An evaluation is organized at the end of each academic year.

The first and second year and from now on also the third year plastic surgery assistants appear consecutively before two out of three juries, determined by a drawing of lots. Each examiner has prepared written questions on the subjects taught that year. The candidates blindly draw a question from each examiner and are given an hour to prepare their answers for the two juries, before which they appear for half an hour each. The candidates are each given their score in the week following the evaluation, but not the score of the other candidates. If they fail, their attention is drawn upon their deficiencies, so that they can study that field. But there are no other consequences, except that their score is reported to the Certification Board, instituted by the National Ministry of Health and consisting of two chambers: a Dutch and a French speaking chamber.

For the final candidates, the evaluation system is different. They each have to write 5 case reports in English of personally operated cases in such a form that they should be publishable. Their case reports are evaluated by 2 examiners who take into account:

- the difficulty of the case
- the quality of the result
- the presentation
- the discussion
- the diversity of the cases.

A few weeks later, the final candidates sit for an oral evaluation before three juries of each two or three examiners, in such a way that all candidates each appear before every chief of a training center.

They are given slides of clinical cases in a haphazard way but covering the entire domain of plastic surgery. They do not get preparation time but are allowed to answer in their native language. After all it is a plastic surgery examination and not a language examination. Each evaluation lasts half an hour, making for a total of one and a half hour.

When it is stated: "covering the entire domain of plastic surgery ", another problem is encountered. For example, one of our centers never treated cleft lips and palates, which are operated in the ENT department. At the interrogation; this is taken into account and a candidate from that center is not questioned about the Millard, Tennison or whatever other technique, for which he/she has never been trained and which hopefully he/she will never perform.

Other centers have lost in recent years maxillo-facial trauma, head and neck tumors and hand surgery to other disciplines. It makes no sense to question those candidates about the treatment of orbital fractures but they are supposed to be able to diagnose an orbital fracture in order not to miss the diagnosis while repairing an eyelid laceration.

As can be seen, examining final candidates becomes more and more complex.

Another matter which comes to mind is that present day candidates know perfectly well to perform the most complex and difficult free flaps, but cannot design a Z-plasty any more or are not able to design a simple rotation flap. They will solve a simple problem with a 4 to 6 hours free flap, which can be solved by a rotation flap in 45 minutes.

Maybe at this point it should be made clear that there are two separate bodies:

- the **CCP** which organizes the teaching and the evaluation and which gives a favourable or an unfavourable advice to
- the **Certification Board**, consisting of a Dutch speaking and a French speaking Chamber (Erkenningscommissie-Commission d'Agrément) both installed in and appointed by the Ministry of Health.

These chambers control whether:

- the candidate has an approved training program.
- the training chief gives a yearly favourable evaluation of the candidate
- the candidate has performed a sufficient number of operations of increasing complexity.

Both Chambers of the Certification Board have agreed that successfully passing the final examination of the CCP is a *conditio sine qua non* before they propose the candidate to the Minister of Health, who is the final authority for granting the title of "Specialist in Plastic, Reconstructive and Aesthetic Surgery" but who, up to now, has always followed the advice of the Certification Board.

If a candidate fails in the final examination, he is not proposed to the Minister of Health for certification. Fortunately, in the past, this has happened only a few times.

In those cases, the candidate is either allowed to sit again for the examination a few months later or is requested to fulfil another 6 to 12 months of training.

In summary, the C.C.P. has no legal authority but a **strong moral authority**. It cannot substitute for the practical training to become a plastic surgeon. The practical skills of a trainee can only be evaluated by his training chief, who has the responsibility to either let the trainee continue his training or to stop him/her from becoming a plastic surgeon.

But the CCP has greatly contributed to make our young plastic surgeons not just cutters and stitchers but scientifically interested surgeons.

The 2005 Board members of the CCP are:

Dr. N. Calteux
Prof. A. De Mey
Dr. M. Depoorter
Prof. D. Jacquemin
Prof. G. Matton
Dr. F. Missotten
Prof. S. Monstrey
Prof. R. Vanwijck
Prof. P. Wylock