

**EUROPEAN BOARD OF SURGERY**  
**DIVISION OF TRAUMATOLOGY**

**SYLLABUS for TRAUMA - SURGERY**

Trauma surgery covers all types of trauma, including musculo skeletal trauma. Trauma surgery covers also the prehospital management, emergency room responsibility, intensive care management and rehabilitation.

Therefore trauma surgery is an important part of surgery, on the other hand, for trauma surgery a surgical basis, the common trunk, is essential, to get competence for all patterns of trauma.

Only trauma surgeons with a special surgical training may have this competence. All surgeons with specialisation for trauma surgery (like in Germany, Belgium, Netherlands, Switzerland or Czech Republic) or Trauma Surgeons (like Austria, Hungary, Spain) should join an European Board of Trauma Surgeons, Division of the European Board of Surgery.

This philosophy should expand to all EU countries. In those countries of EU, where trauma surgery is not present at this time, trauma management should be performed by surgeons. But for the future, in this countries, the surgery should be structured into specialities.

Training for trauma surgeons should be 6 years in minimum, approximately 50 % of this time in a trauma training programme. The specification of all details should be done by an European Board of Trauma Surgeons (EBTS).

1. Training in Trauma Surgery (EBTS) has the goal to enable surgeons to take care for all forms of trauma, including musculo-skeletal traumata, to get the responsibility for the coordination of all phases of traumatised patients, in diagnosis and treatment, including intensive care management and rehabilitation on a high standard level.
2. The Division of Trauma Surgery is part of the Union European of medicines specialistes (UEMS), Section Surgery (European Board of Surgery) EBS.
3. Standards of recognition and teachers will be laid down by the European Board of Trauma Surgery Division of the EBS.

4. Training programs should include the competence of the National trauma society as well as the European Board of Trauma Surgery. A multilateral accepted practice programme for training should be described by the European Board of Trauma Surgery in close connection to the National Societies.
5. Training programmes should be based on practical experience and skills in management of trauma patients.
6. This training programme can be recognised only by the European Board of Trauma Surgeons (EBTS), if both, the director of the programme and the department meet the EBTS-Standards. Approval of the programme is valid for 5 years as a maximum, a reapply with giving details of personal and facility changes is necessary. Inspections can be performed by national EBTS authorities.
7. The Trauma Training Programme should be divided into:
  - surgical basis training (common trunk) – 2 years
  - primary trauma training (part of common trunk) – 2 years
  - advanced trauma training – 2 years
8. Only surgeons, who have completed the training programme are considered trauma surgeons.
9. The entire contents of the training are defined by the EBTS.
10. Scientific work and research is encouraged. This could be performed in an additional period of training.
11. The program director is a trauma surgeon, who has successfully passed the national training standards, who has acquired extensive experience during a period of 5 years in minimum, who is a distinguished professional, interested and capable in carrying a training program and willing to spend sufficient time to practical teaching as well as participation in clinical rounds, training management meetings and administrative obligations involved. The director is expected to take part regularly in publications and presentations on trauma subjects at national and international level. It is recommendable, that another trauma surgeon, than the programme director is involved in the training instructions.
12. The program director has to inform the national organisation for certification and the EBTS by signing the proposed training syllabus before starting the programme. After finishing a training period, the director has to inform all involved authorities of the trainee's approval.
13. The department of trauma surgery, although it may structurally be part of surgery, has to be a recognizable unit with a trauma surgical staff.
14. The department's operating list should comprise a wide range of trauma surgical procedures with a recognisable outpatient clinic.
15. The hospital facilities must include a well equipped radiologic department (CT, angiography). A detailed register, published audit and library is necessary.

16. The trainee should be in possession at a basic medical qualification and certification to practice medicine, issued by a national authority in the EU. A minimum duration of common trunk surgical training of 2 years is required. A numerical record of the trainee's clinical experience is to be represented in a log book and should be presented at visits or exams. The trainee is responsible for providing data and information on the proposal training schedule (periods of time of training-common trunk, basic trauma, advanced trauma). The data should be signed by the program director.
17. A certificate of quality recognition is awarded to trauma surgeons, who have completed the whole program accredited by the European Board of Trauma Surgeons, and have attained a satisfactory standard.