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200 delegates attended the 1st World Congress on Surgical Training. Image credit: Surgicon Congress.

Surgicon – The 1st World Congress On Surgical Training

Publisher Andy Smith shares his insights after attending the September 2011 conference on surgical training.

Although this event took place in early September 2011 its topic, content and the international audience from 31 countries that it attracted, make it an event that should be of interest to the surgical training community.

Surgicon was created by Margareta Berg, M.D., Consultant Orthopedic Surgeon of the Sahlgrenska Institute in Gothenburg, Sweden. As the Introduction to the Congress Handbook stated Sweden is often associated with terms like 'quality' and 'safety' and was the first country to create a national register of surgical results back in 1979. It is a superb setting for an innovative and much needed event.

The conference was opened by Lena Furmark, R.N., Political Advisor, Ministry of Health and Social Affairs, Sweden, with a review of the avoidable errors within the Swedish healthcare system which serves a population of just over 9 million. Approximately 100,000 patients are affected by avoidable injuries while

undergoing treatment resulting in around 3,000 deaths and 630,000 additional care days and a direct cost of Eu 6 million [\$US 7.67 million].

These numbers were put into global context by Prof. Gerry O'Sullivan, the immediate past President of the Royal College of Surgeons in Ireland and of the European Surgical Association. O'Sullivan added global statistics of 30 percent of all admissions leading to surgery or 247 million procedures per year resulting in 7 million complications and approximately 1 million deaths. The underlying assumption of the meeting that something would be done and was being done to combat this situation and improve patient safety was highlighted by Ms. Furmark whose government has adopted a zero tolerance stance on avoidable medical error similar to that which it took with regard to road traffic accidents. That resulted in an all-time low rate of traffic related deaths in 2010.

The Swedish approach is based on a system oriented concept, not specific

to an individual error but looking at both individual and systemic preventable errors and adopting a zero tolerance policy toward patient harm. To participate in funding designed to help improve patient safety the healthcare provider is required to:

- Establish an annual patient safety report including measures implemented and the results;
- Participate in work against resistant bacteria;
- Contribute to a national patient survey; and
- Assist in developing national standards of care.

Adoption of WHO Checklists and a safe surgery scheme run by the association and supported by Insurers were also mentioned.

After that context setting the conference proceeded to look at contentious subjects such as the 'selection' of suitable future surgeons to ensure that a minimum of the training resource is wasted and the need for a radical change to training itself such that student surgeons spend their time specifically in training and less in providing general service. Irish, Australian and New Zealand speakers outlined recent developments in training in their own countries whilst anatomical training, team training and training delivery were all given their due and the event also exposed the different experiences of English, Italian and Swedish doctors in training to the new EU rules on limits to working hours. The experience is needless to say dramatically different. A final session on the role of industry in providing and supporting training pointed out the need for this to be done and the effectiveness of this type of training. An acceptable and transparent working relationship between physicians and industry they agreed was needed. Also, industry support must be free of commercialism. Throughout the event digital voting technology was used to poll the attendee's views and the results were shared after each session.

All in all, a strong start and a worthwhile first event which will be followed by the second iteration in 2013. Details can be viewed at www.surgicon.org. **medsim**