



Introduction

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There is no doubt that postgraduate education and all "professional development activity" is in crisis, not only in our country but in all of Europe. The crisis is on one hand due to a lack of resources which has been evident for more than a decade, and on the other hand due to factors such as organization, culture, and education. Many of the chief medical disciplines such as internal medicine or general surgery, have been literally crushed and replaced by a myriad of subspecialties that have undermined the original unified character of the main disciplines¹. The teaching regulations in recent years have significantly limited students' opportunities to have direct, practical experience with surgery, which would allow them to develop their abilities and a true vocation, both crucial for a profession such as surgery which requires specific qualities and skills. Moreover the new regulations regarding admission to residency programs do not require candidates to make a definitive decision up front about what they want to specialize in, but rather leads them to accept any position among those still available after the candidates who are higher on the national rank-order list, get first pick of all specialties. General surgery is not among the specialties that are most popular in Italy and this appears to be true all over the world. It is therefore one of the few specialties that candidates with a low ranking are allowed to enter, even if they have no natural affinity for this discipline and no special desire to become a general surgeon. This is detrimental not only for healthcare as a whole and patients in particular, but for those doctors who would have selected surgery as their first choice, but cannot because they are too far down on the rank-order list. As a result a significant number of surgeons in training will leave during the five-year training period or after obtaining their diploma or will dedicate themselves to parasurgical activities or specific subspecialties, losing in

a short time the broader skills of general surgery and emergency surgery. At the same time the universities have neither the organizational capacity, nor the resources to ensure that all these new subspecialties have the same degree of status and funding. Consequently, the training offered in each subspecialty is currently dependent not on an organic strategy but on factors such as problems with funding and administration, support from the medical industry, or, or even temporary appeal. The crisis of training in emergency surgery is paradigmatic probably due to all of the above factors. The lack of foresight of the European institutions in charge has unfortunately had an completely negative influence on this discipline. While general surgery was imploding, the increase in the average age, the evolution of mechanization, the logistics of both work and pleasure, and the explosion of home automation, has dramatically increased the number of both trauma and non-trauma emergencies, increasing the need for professionals with specific cultural and technical skills. Coping with surgical emergencies accounts for up to 50% of all surgical activity, but in Europe training in Emergency surgery, the only surgical discipline that still maintains the scientific, clinical, technical, and organizational knowledge and skills of general surgery, has been reduced to a bare minimum. This affects morbidity and mortality rates, leading to a considerable increase in hospital costs².

Our English colleagues put a spotlight on this problem some time ago, highlighting the professional and existential problems of surgeons who do not feel able to adequately manage any type of surgical emergency. They therefore demand on the one hand more effective technical training and on the other hand that emergency surgery be reserved only for specialists in the sector. But who will train them if residency programs in emergency surgery have been eliminated and have not been replaced, as they have, by training courses such as "Acute Care Surgery"?

Thanks to the attitude of national and continental institutions, the number and quality of training opportunities continues to decline. Recently, the

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European Working Time Directive(EWTD) has been introduced, reducing by 50% the time that both tutors and residents could devote to professional activities (3). As a result, for some time now, public and private institutions, cultural and professional associations, trade union representatives, specialty organizations, scientific societies and whatever else, have been proposing and organizing events of all kinds: theoretical and practical courses, Masters programs, single-theme seminars, continuing medical education events, distance learning courses, Technical training live or on the simulator, Cadaver labs and so on, many of which have increased the financial burden on the individual doctor. The Royal College of Surgeons, calculated that the cost of completing the post-university requirements in surgery is today on average about £ 3360 (with a range of \$2735 - 20780) compared to £2815 for internal medicine and £ 2215 for anesthesiology .This contributes significantly in increasing young doctors' loss of interest in this specialty. In particular, this applies to emergency surgery because of the poor quality of life , wage limitations, increased responsibilities, and legal disputes associated with this discipline⁴ .

We feel that scientific societies must attempt to compensate for the deficits of institutional education by producing and supplying qualified products at a low price. In recent years various, chiefly Anglo-Saxon societies have proposed live courses on trauma surgery such as the ATOM and DSCT and practical theoretical courses on the first approach to patients requiring emergency care. AEMS has planned theoretical courses in emergency surgery aimed in particular at the acquisition of a European certificate of professional competence and qualification in emergency surgery and ESTES has done the same with regard to professional development in specific diagnostic and therapeutic emergency procedures ⁵. The Italian Society of

Emergency Surgery and Trauma (SICUT), after having validated and proposed in Italy the best English-speaking products and having directly imported the DSCT, began its own production of residential events and dedicated education proposals addressed in particular to the young surgeons.

The current symposium consists of a series of short presentations of the various training initiatives for the professional development of emergency surgical care staff that the SICUT has organized in the last few years . This is a series of educational and training events of different kinds, many of which are produced in partnership with other organizations, dedicated to surgeons willing to implement or renew their knowledge and technical skills.

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