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Short Communication

An analysis of plastic surgery training: Belgium and the United Kingdom

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Dear editor,

Both Belgium and the United Kingdom (UK) strive to deliver high-quality training, but there are striking differences between these countries. The purpose of this study was to compare plastic surgery training in both countries and to identify strengths in each training system. The organisation of training, scope of the training scheme, teaching, research during training, and evaluation methods were taken into account.

Health care systems in Belgium and the UK are having different implications for plastic surgery training. British plastic surgery training takes place within the National Health Service (NHS), which allows plastic and reconstructive surgery, but no cosmetic procedures[1]; whereas, cosmetic procedures are allowed in Belgian training centres. Training centres in the UK cover larger populations, allowing trainees to rotate in specialised subunits. Training centres in Belgium cover smaller populations, but each of them offers a wider range of procedures. The UK has a more hierarchic training system, with trainees being classified as foundation doctors, core trainees, and specialist registrars. Belgian training

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Table 1
Organisation of plastic surgery training in Belgium and the United Kingdom.

	Belgium	United Kingdom
Demographics		
Number of training centres	8	50
Number of trainees	40	325
Curriculum[†]		
Duration of foundation training (months)	N/a[*]	24
Duration of surgical core training (months)	24	24
Duration of specialty training (months)	48	72
Evaluation		
Number of exams	4	1
Numerical benchmarked system	Yes[**]	Yes
Research		
Research mandatory during training	Yes	Yes
Number of mandated first author publications during training	1	2[***]
Workload		
Maximum working hours per week	60[****]	48

[†] The shortest possible curriculum; does not consider possible extensions or variances between training centres within one country.

[*] The final year of medical school in Belgium consists of full-time clinical practice, comparable to the British first foundation year. Following medical school, selected trainees can start with their surgical core training immediately. No separate foundation training is provided.

[**] There is a numerical benchmarked system in place for Flanders, not for Wallonia.

[***] The UK trainees are expected to have at least one scientific achievement per training year, of which, two must be first author publications

[****] Belgian trainees would have been restricted to 48 working hours per week in adherence to European laws; however, trainees can sign an opting-out form whereby they agree to an average maximum of 60 working hours per week.

has a less explicit hierarchy among trainees. Table 1 illustrates the differences in the organisation of training between Belgium and the UK.

The scope of the training varies per county. UK trainees perform more emergency cases and get better exposure to hand surgery. Belgian training is more focused on elective surgery and trainees are annually exposed to approximately 350 more cosmetic procedures than in the UK (cfr. NHS commissioning policies[1]). Hand surgery in Belgium is mostly covered by orthopaedic surgeons. Because UK trainees lack exposure to cosmetic surgery in the NHS, the Joint Committee on Surgical Training guidelines state that provision must be made for trainees to attend clinics and operating sessions in cosmetic surgery at least once a month[2]; but the execution of this directive is variable.

Belgian trainees have an overall higher volume of casework owing to more working hours. Belgian trainees would have been restricted to 48 working hours per week in adherence to European laws[3]; however, trainees can sign an opting-out form whereby they agree to an average maximum of 60 working hours per week. In contrast, UK trainees are contracted to a 48-h working week with no option to opt-out, creating a more balanced working environment without burdening trainees with an internal conflict.

In Belgium, the Collegium Chirurgicum Plasticum (CCP) annually organises three teaching days at the national level – covering topics that are part of a four-year cyclic curriculum. In the UK, teaching is organised at a regional level. In London, the Pan Thames program is organised monthly with a recess during the summer months. The British Association of Plastic, Reconstructive, and Aesthetic Surgeons (BAPRAS) runs national educational courses that are recommended for the trainees to attend although not compulsory at present. Furthermore, UK trainees are expected to follow management and leadership courses as part of their training. In both countries, local teaching is organised in addition.

Trainees in both countries are encouraged to attend (inter)national conferences and to submit articles and posters at these meetings. Work schedules and rota in the United Kingdom allow more time for personal study and scientific development. On average, a half-day per week is reserved for scientific development per UK trainee. According to a Belgian ministerial decree, four hours per week should be provided for scientific development.[4] However, in many Belgian training centres, this is not

scheduled in a rota and is dependent upon clinical workload. British trainees are allowed up to 30 days of study leave annually, compared to five days of study leave in Belgium. Access to educational facilities, including library and IT resources, is good in both countries.

Belgian trainees must be the first author of at least one peer-reviewed scientific publication to be allowed to sit for the exit exam. UK trainees are expected to have at least one scientific achievement per training year, of which two must be first author publications.[5]

Both countries use continuous evaluation systems based upon logbook evaluations and individual assessments. A numerical benchmark system has been used in the UK for many years and a comparable system was introduced in Flanders in 2020, but not in Wallonia. The UK and Belgium organise the FRCS(Plast) and FCCP examinations for final year trainees, respectively. Additionally, Belgian trainees are prepared for the exit exam by yearly board examinations. Trainees from both countries can attend the European Board of Plastic, Reconstructive, and Aesthetic Surgery (EBOPRAS) exam, but this is not mandatory.

Belgium and the UK each have their own strengths in training programs. Ideally, these insights should be implemented on an international level, as this might improve plastic surgery training.

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Declaration of Competing Interest

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Ethical approval

Not required.

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