

**Application for approval as
TRAINING CENTRE
of the
EUROPEAN BOARD OF GASTROENTEROLOGY
(EBG 3)**

Name of Hospital:.....
Name of Department/Rotation:.....
Address:.....
Phone:..... Fax:.....
e-mail address:.....

National status of the Unit:

Approved for Gastroenterology Training by the appropriate National Body: _____
University hospital _____ University affiliated _____
For training rotation, please ask the Unit Training Director to complete EBG 6 for the rotation and EBG 3 for each hospital (separate sheet for each).

Associated hospitals/clinics:

1.
Name of Hospital:.....
Name of Department/Rotation:.....
Address:.....
Phone:..... Fax:.....
e-mail address:.....
Status of the clinic: University hospital _____ University affiliated _____
Approved for Gastroenterology Training by the appropriate National Body: _____

2.
Name of Hospital:.....
Name of Department/Rotation:.....
Address:.....
Phone:..... Fax:.....
e-mail address:.....
Status of the clinic: University hospital _____ University affiliated _____
Approved for Gastroenterology Training by the appropriate National Body: _____

3.
Name of Hospital:.....
Name of Department/Rotation:.....
Address:.....
Phone:..... Fax:.....
e-mail address:.....
Status of the clinic: University hospital _____ University affiliated _____
Approved for Gastroenterology Training by the appropriate National Body: _____

Are they approved/seeking approval by the European Board of Gastroenterology?

1.....
2.....
3.....

Names of trainees in Gastroenterology in your clinic?

- 1:.....
- 2:.....
- 3:.....
- 4:.....

Titles of training posts?

- 1:.....
- 2:.....
- 3:.....
- 4:.....

Senior staff of the clinic involved in Gastroenterology training

Name & qualification	Fellow of EBG?	Number of sessions per week		
		Ward rounds	Outpatients	Endoscopy
1:.....
2:.....
3:.....
4:.....

Clinical facilities

Is the gastroenterology clinic associated with general internal medicine? Yes:..... No:.....
Number of beds in: medical clinic:.....; primarily for gastrointestinal patients:.....
Number of admissions per year: General internal medicine:.....; gastroenterology:.....
Number of outpatients per year: General internal medicine:.....; gastroenterology:.....

Endoscopy activity in the clinic

	Number per week	
	Sessions	Patients (approx.)
Oesophago-gastro-duodenoscopy		
ERCP		
Flexible sigmoideoscopy		
Colonoscopy		
Rigid sigmoidoscopy		
Proctoscopy		

Therapeutic endoscopy techniques (tick box)

Balloon dilatation	Sclerotherapy
Laser therapy	PEG insertion
Sphincterotomy	Gallstone removal
Biliary stenting	Polypectomy

Abdominal ultrasound

Does the trainee has access to ultrasound training (tick box)
in the clinic__ in radiology department__ in associated clinic__ none__

Duties of trainee

Weekly timetable

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

On- call duties - please specify

Outpatient sessions per week: _____

Speciality patients (indicate the approximate share of patients)

Gastroenterology__% Hepatology__% General internal medicine__%

Teaching duties - indicate type (lectures, tutorials, bedside teaching etc.)

Undergraduate

Postgraduate

Other (please specify)

Medical audits

What is the involvement of the trainees in audits ?

Staff rounds and conferences (indicate number per week)

Internal____ With the surgeons____ With the radiologists____ Combined____

Library facilities

Office facilities for trainees

Study leave arrangements for trainees

Special training facilities:

Therapeutic endoscopy (please specify)

Motility studies (please specify)

Breath tests (please specify)

GI laboratory tests (please specify)

Laparoscopy

Hepatology (please specify)

Research programme of the clinic: (enclose list of publications)