

## SPECIAL REPORT

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# Surgical training in Greece: is there a feasible and efficient plan to overcome the Crisis?

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One of the most famous quotes that Martin Luther King ever said was “I have a dream”. This one can be the starting phrase of several thoughts that a Greek surgical trainee can express today. The thought that surgical residents in Greece will have chance to work and live in Greece rather than to work abroad and eventually live in Greece.

One of the remarks that President Obama made for young people during his visit in Greece was that “you don’t have to travel overseas, you can put roots right here in your home, in Greece, and succeed”. Greece is currently facing the worst “brain drain” since the World War II. Most Greeks who have left the country in search of a better future abroad have done so with the intention of staying away for at least five years or not returning to Greece to live at all, according to a recent survey by ICAP [1]. The “brain drain” which is currently evident amongst surgeons in Greece, is closely linked to the country’s severe financial woes [2,3].

The truth is that surgical training in Greece seems to be less attractive that it used to be. This is reflected by the short time of staying at the Waiting list to enter a residency in Surgery (around 1 year after graduation from medical school that was much higher before the financial crisis). Also, a significant attrition rate is noted among general surgery residents. Obvious reasons for that are the income reduction and over-taxation, together with limited budgets for research initiatives that dis-

courage young surgeons to work with motivation and dignity [4,5].

Moreover, surgical training frame in Greece lacks standardization and homogeneity. First, training Hospitals and residency programs are not of equal volume and spectrum and the level of training varies. Also, there are no national principles/guidelines for systematic training as well as Log-book is kept only on volunteer basis. Rotation of trainees is not legislated and biomedical research is not encouraged in all Hospitals (usually only in University Hospitals on the basis of PhD thesis). Moreover, there is no Hospital/Department for surgical trainee evaluation (quality control). Finally, there are no criteria for selection of trainees at the stage of program matriculation and there is no annual in-service examination and evaluation during the years of residency in Surgery.

Taking as an example the US Surgical Training Model, which is considered to be the best worldwide so far, we could see the future directions that the Greek Surgical Training System should take to become more efficient. We are not suggesting just blind copy-paste. We are suggesting an adjusted training system to the domestic needs. This proposal includes the affiliation of all non-university hospitals (NUH) with the University Hospitals (UH). The NUH will offer high volume surgical training during junior residency years (1<sup>st</sup> to 3<sup>rd</sup> out of 6 years of residency). In this way, trainees

will obtain and develop fundamental surgical skills since they will be exposed to different settings of care (from rural to tertiary) and a variety of cases (ob/gyn, urology, etc). The last 3 years of training (4<sup>th</sup> to 6<sup>th</sup>) will take place at the University Hospital.

The formation of the new Hospital Groups should also change. Now, the Chairman of each Department of Surgery at University Hospitals, besides the operating-surgical responsibilities, has also an administrative role to run the department and the residency program. This overexposure often leads to neglecting the residency program that eventually leads to stagnant training conditions, without the appropriate threshold to adjust to the rapidly evolving training needs on the field of Surgery. The crucial step to deal with this problem would be the establishment of the role/position of the Program Director. A faculty member responsible for the mentorship, the guidance and the evaluation of the residents. A faculty member assigned to listen and understand the individual needs of the resident and ensure the training quality and well-being.

The most difficult - but mandatory- reform of the training system should be the selection of the trainees in each Hospital Group. Since the number of residents in each hospital is decided by the Ministry of Health, the Hospital Group Surgical Leadership should be allowed to select the residents based on specific criteria, including grade of Medical Degree/Magna Cum Laude, academic performance and interests, publications, subinternships/rotations and personality assessment after interviews with faculty members including the leadership (Chairman and Program Director) as well as current residents. Then, we can consider establishing a matching process where the Program/

Hospital group and the applicant will express their preference based on their needs and personal goals/interests.

Global Surgery Initiative aims to transform volunteer and mission-based global surgery efforts into an educational experience in surgical systems strengthening [6]. The objective of this initiative is not only to fulfill and satisfy the basic surgical needs around the world but also to establish a legacy of standardized basic and advanced Surgery through international partnerships across disciplines [7]. This replicable model of synchronizing efforts, leveraging the funding resources available and establishing a formal surgery curriculum for residents could allow for higher quality of surgical education in terms of skills and training to compete in the global economy. It is highly unlikely that the current Greek economy could financially support this extensive reform needed. Global Surgery Initiative, though, could ensure the viability of the reform needed for surgical training frame in Greece in the form of tracking funds investment, targeting Surgery [8].

As career and training choices in general surgery continue to change over time, surgical training programs must strive to meet the challenges of the modern era, including rapidly evolving technology, financial and humanitarian crises, gaps in quality and safety of surgical services, among higher and lower income countries, as well as maldistribution of surgical resources within countries and regions [9]. The reforms suggested for the Greek Surgical Training System could be attractive to young surgeons who are eager to learn and work hard to get the surgical training that they deserve, and achieve it in their homeland, without immigrating to fulfill their endeavors.

## References

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