

SAUDI COMMISSION FOR HEALTH SPECIALTIES

**THE SAUDI FELLOWSHIP IN
COLON AND RECTAL SURGERY**

Eighth Edition

1432-2011

Updated: 22 May 2014

SAUDI FELLOWSHIP IN COLON AND RECTAL SURGERY

1. Introduction

The Kingdom of Saudi Arabia has witnessed major changes over the past decades. As the percentage of population above the age of 15 years grows bigger, the incidence of colon and rectal cancer has increased dramatically. It is the second commonest cancer among Saudis. Moreover, the incidence of inflammatory bowel disease has steadily increased. There is more demand for specialists in the field of colon and rectal diseases. The Saudi Fellowship in Colon and Rectal Surgery will provide the population of Saudi Arabia with specialists in the field who can provide the highest standards of care in such an area.

2. The Goals of the Training Program

The goals of the Saudi fellowship in Colon & Rectal Surgery Fellowship are to provide the trainee with:

- a. The expertise to independently investigate and treat patients with surgical diseases cared for within the discipline of colon and rectal surgery.
- b. The capability to participate in the progress of colon and rectal surgery through education, research and publication.

3. Content of the Curriculum

The objectives of the fellowship program are met through the development of the following: basic science skills, clinical skills, problem-oriented skills, technical diagnostic skills, technical therapeutic skills and professional attitude skills:

a. Basic Science Skills

- Embryology, anatomy and physiology of the intestine, colon, rectum and anus.
- Pharmacology as it relates to diseases of the intestine, colon, rectum and anus.
- Microbiology of the intestinal tract.
- Fluid and electrolyte management in surgical disorders of the intestine, colon, rectum and anus.
- Surgical nutrition.
- Principles of radiation and medical oncology for colorectal diseases and malignant anal disorders.
- Basic concepts in molecular biology for colorectal cancer.

b. Clinical Science Skills

- a. History and physical examination with emphasis on relevant areas.
- b. Establish an appropriate differential diagnosis.
- c. Select the appropriate laboratory, radiologic and other diagnostic tests necessary to help establish a diagnosis and demonstrate proficiency in the interpretation of these investigations.
- d. Establish an appropriate management plan while demonstrating knowledge of both operative and non-operative management of colorectal diseases.
- e. Demonstrate an understanding of the preoperative evaluation of the surgical patient, the physiologic responses produced by general, regional and local anesthetics and the ability to discuss the indications and contraindications of these various methods.
- f. Manage the routine preoperative, operative and postoperative phase of the colorectal surgical patient while demonstrating the ability to treat potential complications of the primary as well as complications of the surgical procedures and treatment.
- g. Establish a plan for the follow-up of the surgical patient.

c. Problem-oriented Skills

The trainee who has completed training should be able to demonstrate a comprehensive knowledge of the etiology, pathophysiology, pathology as well as investigation and management of the following colorectal diseases:

Abdominal

Congenital Malformation of the Colon and Rectum

Atresia and stenosis of the colon
Imperforate anus
Hirschprung's disease

Inflammatory Disorders

Diverticulitis and diverticulosis of the colon
Mucosal ulcerative colitis
 Inflammatory polyps (pseudopolyps)
 Toxic Megacolon
Transmural disease (Crohn's disease)
 Small bowel
 Colon and rectum

Drug induced necrotizing enterocolitis

Infectious colitis

Parasitic infestations of the colon

 Amebiasis

 Intestinal

 Extraintestinal

 Balantidiasis

 Trichuriasis

 Enterobiasis

 Ascariasis

 Strongyloidiasis

 Schistosomiasis mansoni

 Bacterial infections

 Samonella brucella

 Shigella proteus

 Fungi

Vascular Disease

 Arteriovenous malformation

 Mesentric occlusion

 Abdominal angina

Neoplastic Disease

 Polyps of the colon and rectum

 Villous

 Adnomatous

 Juvenile polyps

 Peutz-Jeghers Syndrome

 Familial adenomatous polposis

 Gardner's syndrome

 Turcot's syndrome

 Canada Cronkite Syndrome

Tumors of the Colon and Rectum

 Benign tumors

 Lymphoid hyperplasia

 Lipoma

 Endometriosis

 Leiomyoma

 Hemangioma

 Lymphangioma

 Granular cell myoblastoma

 Malignant tumors

 Carcinoma

 Adenocarcinoma

 Medullary

 Scirrhou

 Papillary

 Villous

 Muroid

- Epithelioma**
 - Squamous cell
 - Cloacogenic
 - Basal cell
- Carcinoid**
- Sarcoma**
 - Leiomyosarcoma
 - Fibrosarcoma
- Myxosarcoma**
- Angiosarcoma**
- Malignant Lymphoma**
 - Reticular cell sarcoma
 - Lymphocytic sarcoma
 - Hodgkin's disease
 - Follicular lymphoma

Functional disorders

- Chronic constipation**
 - Megacolon / megarectum
 - Colonic inertia
 - Rectal outlet obstruction / obstructed defecation

Diarrhoea

- Acute diarrhoea
- Chronic diarrhea

Colonic Obstruction

- Obstruction of the large bowel
- Volvulus

Miscellaneous disorders

- Extracolonic diarrhoeas**
 - Gastric
 - Pancreatic
 - Bile salt deficiency
 - Primary, i.e. nontropical sprue, tropical sprue
 - Secondary, i.e. malignancy, Whipple's disease
 - Post-irradiation syndrome

Intestinal fistula

Anorectal Disorders

Inflammatory disease

Abscess-acute suppurations

- Perianal abscess
- Ischiorectal abscess
- Deep postanal abscess
- Submucous abscess
- Pelvirectal abscess
- Hidradenitis suppuration

Fistula in ano

- Intersphincteric
- Transsphincteric
- Suprasphincteric
- Extrasphincteric
- Submucosal
- Anal sinus
- Perianal sinus
- Rectal
- Anovaginal
- Rectovaginal

Chronic anal inflammation

- Nonspecific proctosigmoiditis

Sexually transmitted disease

- Venereal lymphogranuloma
- Donovanosis (Granuloma inguinale)
- Anorectal gonorrhoea
- Syphilis
- Condylomata acuminata
- Perianal herpes
- HIV

Vascular disease

- Hemorrhoidal disease

Fissure in ano

Neoplastic disease

- Dermoid cyst
- Giant cell tumor of the sacrum
- Anterior sacral meningocele
- Chordoma of the sacrum

Miscellaneous Diseases

Fecal incontinence

- Paradoxical/overflow
- Neurogenic
- Traumatic

Anal stenosis

- Iatrogenic anal stenosis
- Acquired anal stenosis

Pilonidal sinus disease

Obstructed defecation complications

- Rectocele
- Rectal prolapse
- Enterocele
- Omentocele
- Internal rectal intussusception

Pruritis ani

- Idiopathic
- Secondary
 - Dermatologic
 - Secondary
 - Surgical

Anal skin disease, i.e. acrodermatitis, enteropathica, psoriasis

Malignant perianal diseases

- Basal cell**
- Melanoma**
- Kaposi's sarcoma**
- Verrucous carcinoma**
- All other malignant skin diseases of the anus**

Malignant anal disease

- Squamous cell**
- Basaloid**
- Malignant hydroderma**
- Malignant melanoma**
- Adenocarcinoma**

Trauma

- Penetrating wounds of the colon and rectum**
- Blunt trauma to the colon**
- Foreign bodies in the colon and rectum**

d. Technical Diagnostic Skills:

Upon completion of training the trainee should be capable of demonstrating proficiency in the following diagnostic skills:

- 1. Digital exam**
- 2. Anuscopy**
- 3. Rigid proctoscopy**
- 4. Flexible sigmoidoscopy**
- 5. Colonoscopy**
- 6. Mucosal biopsy**
- 7. Anal manometry**
- 8. Pudendal nerve motor latency testing**
- 9. EMG recruitment assessment**
- 10. Defecography**
- 11. Endorectal and endoanal ultrasound examination**
- 12. Gross and microscopic evaluation of surgical specimens under the supervision of the attending pathologist**
- 13. Proficiency in the interpretation of all radiologic examinations of the small intestine, colon, rectum and anus namely the interpretation of plain abdominal series, double and single contrast barium enemas, small bowel follow through, enteroclysis, abdominal and pelvic ultrasound, thoracic, abdominal and pelvic CT scan, Magnetic resonance imaging of the Abdomen and pelvis and nuclear imaging including bone and PET scans.**

e. Technical Therapeutic Skills:

Upon completion of training the trainee should be capable of demonstrating proficiency in the following therapeutic procedures including proper indications, technical conduct, management of complications and appropriate follow-up:

Therapeutic Procedures

General Procedures

Hyperalimentation

Total parental nutrition

Elemental and special diets

Stomal therapy

Chemotherapy

Radiation therapy

Anorectal Procedures

Sigmoidoscopic polypectomy

Incision and drainage of abscess

Excision of thrombosed hemorrhoid

Injection of hemorrhoids with sclerosing solution

Elastic ligation

Hemorrhoidectomy

Anal fistulotomy

Anal insertion of seton for fistula in ano

Endoanal advancement flap for fistula in ano or rectovaginal fistula

Fibrin glue for fistula in ano

Anal sphincterotomy

Anoplasty for stricture

Lay open pilonidal sinus

Excision of hidradenitis suppurativa

Excision/fulguration of condyloma acuminata

Chemical treatment of condyloma acuminata

Transanal polypectomy

Endoanal excision of rectal villous adenoma or cancer

Perineal proctosigmoidectomy

Delorme procedure

Anal sphincteroplasty

Levatoroplasty

Rectovaginal fistula repair

Gracilis transposition

Endoscopic Procedures

Colonoscopy examination with polypectomy and biopsy

Decompression pseudo-obstruction colon

Detorsion volvulus

Colonic stenting

Endoscopic closure of perforation

Endoscopic control of bleeding

Endoscopic submucosal resection

Endoscopic mucosal resection

Operative Procedures

Right hemicolectomy

Left hemicolectomy

Partial colectomy

Total or subtotal colectomy with ileorectostomy

Low anterior resection

Hartmann's procedure

Abdominoperineal excision

Pull-through procedure

Small bowel resection

Abdominal colostomy, polypectomy

Colostomy

Colostomy closure

Colostomy relocation
Ileostomy (loop and end)
Ileostomy revision and relocation
Paracolostomy hernia repair
Ventral hernia repair
Lysis of adhesions (bowel obstruction)
Cecostomy
Ileoanal pouch
Rectal prolapse procedure-abdominal rectopexy
Laparoscopic colon or rectal resection

Miscellaneous Procedures

Electrocoagulation of rectal tumor

f. Professional Attitude Skills:

During and at completion of the program, the trainee must demonstrate a professional standard of conduct acceptable to the faculty. This will include:

1. The ability to work independently as well as to function harmoniously as an integral member of the health care team while respecting the roles and abilities of other members of the team.
2. The ability to give advice and to receive advice and to accept constructive criticism in a professional manner.
3. The ability to communicate with patients, family members and with other members of the health care team with respect, sensitivity and tolerance.
4. The demonstration of an acceptable work ethic, honesty, integrity, initiative and reliability.
5. High ethical and moral standards.
6. Motivation for high academic standards and continuing self-education.

4. Organization of the Program Content

The Saudi fellowship in Colon and Rectal Surgery will provide the successful trainee with three years of training. The details of training are as follows:

- i. 30 months will be spent at certified training centers in the area of Colon and Rectal Surgery. At the end of this rotation, the trainee will be versed in the science of colorectal diseases, the etiology , diagnosis and treatment of such diseases. The rotation can be divided into segments, but none should be less than 6 months. 6-12 months of the rotation can be spent at an International Center certified in colon and rectal surgery training as per the rules in item 4.1. Also, 6 months of this period can be spent as an elective rotation at a non-training center that provides colorectal surgery and under supervision of a certified colorectal surgeon upon approval of the program director.
- ii. 1 month in Gastroenterology. At the end of this rotation, the trainee will be competent in the etiology, investigation and medical management of inflammatory bowel diseases.
- iii. 1 month in Gastrointestinal Radiology. At the end of this rotation, the trainee will be competent in the interpretation of radiological investigations in the field of colon and rectal surgery like: Plain X-ray, Fluoroscopy, CT, MRI, Ultrasound, PET scan, PET-CT and virtual colonoscopy.
- iv. 1 month in Gastrointestinal Pathology & Molecular Genetics. At the end of this rotation, the trainee will be able to interpret histopathologic findings on gross and microscopy that will help him interpret findings during colonoscopy and intra-operatively. The trainee will also learn how to interpret the molecular genetics testing result for hereditary colorectal diseases.
- v. 1 month in Enterostomal Care. At the end of this rotation, the trainee will be competent in the science of Enterostomal care, pouching the different ostomies and manage their complications effectively.
- vi. 1 month in Anorectal Physiology. At the end of this rotation, the trainee will be able to conduct anorectal physiology tests efficiently and interpret such tests collectively in the area of anorectal physiologic disorders.

vii.2 weeks in Radiation Oncology. At the end of this rotation, the trainee will understand the mechanism of radiation, planning, field configuration, complications of radiation and their management.

viii.2 weeks in Gastrointestinal Medical Oncology. At the end of this rotation, the trainee will be able to understand the mechanism of chemotherapy treatment, its complications and their management.

4.1.

International training for a period of no less than 6 months and not more than 12 months can be granted to the trainee after observing the following rules:

1. Training must be conducted at a training center certified for training in colon & rectal surgery in the following countries: USA, UK, Canada and Australia.
2. The trainee must pass successfully the licensing examination for medical practice in the respective country prior to commencement of training.
3. The trainee must be licensed to practice medically by the respective official body in the respective country where the training will be conducted prior to the commencement of training.
4. The aim of training is not solely to conduct research or attend as an observer.
5. The trainee must provide the local program director with a detailed report of his training internationally from the director of the training program at the international center. The report must comply with the Saudi Commission for Health Specialties bylaws and must be filed using its own official forms.
6. All correspondence to obtain international training should be established officially between the local program director and the international program director.

5. Educational Strategies

The selection of the appropriate educational strategy for each institute is not simple and it should be founded on a strong basis.

Operative Procedure Log

The Saudi fellowship in Colon & Rectal Surgery requires a minimum requirement within each of the following 17 operative categories. Trainees displaying insufficient numbers in five or more categories will not be allowed to enter the certification process until they are able to furnish sufficient case numbers to meet the requirements.

Refer to Appendix 1-3.

6. Assessment Methods

The trainee will be evaluated during his/her training. The rules governing the evaluation process will be as follows:

1. The by-laws of the Saudi Commission for Health Specialties governing the evaluation process must be observed.
2. The promotion of the trainee from the first year to the second year should be determined by passing the End-of-Year Examination which is made of two parts: written and clinical. The trainee must pass the written examination to be promoted. Failure of the clinical examination does not prevent promotion to the second year. The trainee must have passed a recognized Board of General Surgery by the Saudi Commission of Health Specialties to be promoted from the first year to the second year of the fellowship. Failure to pass a recognized Board of General Surgery by the Commission will disqualify the trainee from continuation of his fellowship training. He will be evicted from the fellowship. He will have to apply as a new trainee if he passed

his Board of General Surgery thereafter. His previous training in the Fellowship will not be credited if he was accepted again.

3. The promotion of the trainee from the first year to the second year should be determined by passing the End-of-Year Examination which is made of two parts: written and clinical. The trainee must pass the written examination to be promoted. Failure in the clinical examination does not prevent promotion to the third year.
4. If the trainee did not pass the End-of-Year Examination, he/she should repeat the whole year of training.
5. Achieving a minimum average evaluation score for the whole year of 3 out of 5 without a score of less than 2 in any single rotation.
6. A score of 2 out of 5 demands repetition of the rotation at the same institution. Request to change the institution should be approved by a majority of the board members if valid and documented reasons were presented by the trainee. Those reasons should prove the presence of a personal conflict issue supported by a report from the program director.

a. Assessment Tools and Mechanisms

1. The Examination committee should be made of at least 6 members divided into two subcommittees.
2. Each subcommittee is made up of 2 examiners and one observer who does not participate in the examination process, but records any irregularities.
3. The subcommittee will conduct the written and oral examination.
4. Oral examination will be conducted according to a written syllabus.
5. To avoid bias, examiners should not participate in the examination of trainees from their own institution.
6. An international examiner from an international board in colorectal surgery should participate in each subcommittee in the oral examination, but not as an observer.
7. Written examinations are to be conducted in the last week of January of every Gregorian year.
8. Oral examinations are to be conducted in the last week of March of every year.

b. Standards for Success or Failure and Grades

Before applying for the final certification examination, the candidate must:

1. Have fulfilled all his duties as a trainee as per item 15.
2. Have passed his End-of-Year examination after the first year of training.
3. Have met the minimum requirement within all the 17 operative categories.
4. Achieved a minimum average evaluation score for the whole year of 3 out of 5 without a score of less than 2 in any single rotation for the whole period of the Board; nonetheless, he/she is allowed to apply for certification if the rotation with a score less than 2 has been repeated and the new score is 3 or more.
5. Have passed the two components of the final examination: written and oral with an absolute minimum of 60% in each component and a summative average score of 70% for both. No binomial curve adjustment shall be used.
6. He/she must pass the written examination to qualify for the oral examination.
7. Have registered with the Saudi Commission for Health Specialties.

c. Examination Regulations:

Examination rules for the written and oral sessions of the final and annual examination for the Saudi Fellowship in Colon & Rectal Surgery.

i. Written sessions are conducted once a year in a time specified by the Examination Committee. It is comprised of 100 multiple choice questions. The pass mark is 70 out of 100. Each question is assigned one mark if answered correctly. The candidate cannot set for the oral session if he did not pass the written session.

ii. Committee regulations:

1. A committee is comprised of two examiners who are experienced certified colorectal surgery consultants (have been in practice for at least 5 years as independent consultants with outstanding clinical and academic track history). Each committee must include an observer who is a certified colorectal surgery consultant (his clinical experience as a consultants can be less than 5 years).

2. One of the examiners in each committee should be an international experienced colorectal surgery consultant.

3. The observer must maintain the questions within a reasonable latitude. He/she is required to report any irregularities. His report is integral to the certification of the results.

iii. Examination Regulations:

1. Two examination committees will conduct the examination.

2. Each committee will examine the candidate with one long case and 2 short case.

3. The total mark for the examination is 100 distributed as follows: 30 for the long case, 10 for the short case.

4. The long case discussion includes 15 questions. Each if answered fully is awarded 1-3 marks depending on the completion of the answer and the mark assigned to that question (questions differ in their value of importance, some are assigned 1 mark others are assigned 2 or 3 marks, but the total mark for the 15 questions should be 30)

5. The short case discussion includes 5 questions, each is assigned 1-3 marks based on the importance of the question, but the total mark for all the 5 questions should be 10.

6. A model answer is included for each question. It is left to the examiner to decide if the candidate provided a full answer. The examiner has the right to give less than the full mark for an answer.

7. Wrong answers or answers that may have led to malpractice, negative impact on the patient should receive a negative mark of -1 or -2.

8. Answers that do not add to the discussion and have no deleterious effects on the patient should be awarded a 0 mark.

9. Deviation from the set questions provided is allowed based on the flow of the discussion, but with reasonable latitude. The observer role is to record such deviation and raise objections if the deviation is not reasonable.

10 Each examiner is to record his mark on a separate sheet and the average will be calculated by the Chairman of the Examination Committee.

iv. Result Certification:

1. The results of each committee must be certified by both examiners and combined with a report from the observer atesting that the examination was conducted within a reasonable latitude without the observation of any irregularities.

2. The Chairman of the Examination Committee must submit a report with the result to the Head of the Scientific Committee that includes:

a. Names of applicants.

b. Results of the written examination.

c. Results of the oral examination.

d. Attach the report of both committees signed by the examiners.

e. Attach the report of both observers in each committee.

f. Attach a report of suggestions/observation on the process of examination from the International Examiners signed by each International examiner.

7. Teaching Methods

Training will be delivered through a certified training center (see Training Center). Training will be based on the general and specific objectives of the fellowship program. It will be delivered in the following manner using the wise man approach:

i. Weekly Outpatient Clinic

- ii. Weekly Endoscopy Clinic
- iii. Weekly Operative Schedule
- iv. Daily Ward Rounds.
- v. Weekly Grand Rounds.
- vi. Weekly Journal Club.
- vii. Weekly Combined Colorectal Surgery and Pathology Meeting.
- viii. Weekly Combined Colorectal Surgery and Radiology Rounds
- ix. Weekly Morbidity and Mortality Rounds.
- x. The fellow must conduct research activity excluding case reports, editorial letters and review articles that will lead to at least one publication into a peer-reviewed journal.

8. Evaluation Plan

The assigned training instructors at the end of any rotation will provide a standardized evaluation of the trainee. For rotations longer than 3 months, an evaluation should be carried out every three months. The result of the evaluation will be conveyed to the program director who will ultimately convey it to the trainee. The trainee must sign the evaluation form and write his/her comments. The trainee should fill a standard evaluation form to evaluate all his/her training instructors. The result of those evaluations should be conveyed by the program director to the concerned training instructors.

9. Communication of the Curriculum Details

The trainee will be supplied with a study guide to help him appreciate the goals of the program, the curriculum, the structure of training, the educational methods and means used to achieve the goals, the assessment mechanisms, the by-laws and regulations governing the fellowship including the duties and responsibilities of the trainee.

The program director will hold a meeting with the trainee at the end of the rotation to convey the results of evaluation of any rotation equal to or shorter than 3 months and a quarterly meeting for rotations longer than 3 months.

10. Educational Environment

It has been shown that the environment strongly affects trainee achievement, satisfaction and success. It is necessary therefore, for the educational environment to be supportive and to encourage the trainee to build good learning and study skills and to enhance professionalism, honesty and respecting deadlines.

11. Management of the Educational Process

The Saudi Board of Colon and Rectal Surgery will be established and charged with the task to maintain and improve the quality of colon and rectal surgery training throughout the Kingdom of Saudi Arabia by developing and setting the professional and educational standards for the training and certification of trainees in the field of colon and rectal surgery.

A. Responsibilities of the Saudi Board of Colon and Rectal Surgery

The Saudi Board of Colon and Rectal Surgery will provide detailed information on the scope, objectives and structure of training in the field of colon and rectal surgery, including description and specification of:

1. The educational standards of the training program.
2. The activities and responsibilities of the trainees at each level.
3. The nature and volume of clinical material available to the program.
4. The duration and nature of rotations during training.
5. The training centers involved in the training program.
6. The physical facilities and other resources available for the program.
7. The proposed number of trainees in each year of the program.
8. The minimum operative procedure log required from the trainee.
9. The requirement to enroll in training.
10. The interview of the applicants for the program.
11. The requirement to certify the trainees enrolled in the program.

12. Regulation governing the holidays.
13. Regulations governing on call duty.
14. The program director and his nomination to the position.
15. The President of the Board and his nomination to the position.
16. The Deputy President of the Board and his nomination to the position.
17. Disciplinary actions and dismissal of the trainee from the program.
18. The setup of the certifying and End-of-Year examinations.
19. The award of the Saudi fellowship in Colon and Rectal Surgery to the trainee upon completion of the requirements.
20. The award of an Honorary Saudi fellowship in Colon and Rectal Surgery to Consultant Colon and Rectal Surgeons who had major and exceptional contributions to the practice of Colon and Rectal Surgery in the Kingdom of Saudi Arabia or Internationally.

B. Members and President of the Boards

- i. The Board Council is made of at least seven to eleven members who are certified as full time consultant colon & rectal surgeons by the Saudi Commission for Health Specialties.
- ii. Decisions in the Board are taken by anonymous vote of the majority of those present in a quorum.
- iii. A meeting is in session if it is presided by the President AND if a quorum is reached with at least 50% of the number of members of the Board including the President. The members can attend the meeting through telephone or satellite link.
- iv. Decisions are abiding once a quorum has been reached. In case of equal nay and yea votes, the vote of the president will be the majority vote.
- v. All meetings should be scheduled on a fixed timetable produced annually and after nomination of the President. At least two meetings should be held per year.
- vi. Unscheduled meetings can be requested by a majority of the members or the President.
- vii. In his official absence and with delegation of authority from the President, the Program Director will assume the responsibilities of the President as per item xiii.
- viii. At the first meeting, a President is elected by a majority of the members in the quorum.
- ix. The president legally represents the Board and oversees all its activities including its financial and administrative affairs.
- x. A President should be a dedicated consultant colorectal surgeon who has 5 years of experience behind him.
- xi. The duration of his tenure is 4 years not renewable. Exemption of this rule can only be obtained from the Secretary General of the Saudi Commission for Health Specialties.
- xii. A President can assume the same position after at least two years have elapsed from the last day of his previous presidency.
- xiii. Rules under item v, vii, x will apply to the Program Director. Rules iv, vi, ix, xv do not apply to the Program Director.
- xiv. A program director is nominated by a majority of the Board in the quorum. The duration of his/her tenure is 4 years not renewable. Exemption from this rule can only be obtained from the Secretary General of the Saudi Commission for Health Specialties.
- xv. A third of the members of the board should be replaced every year by random selection. If no replacement is available and the number of members is below 7, then a one term extension should be obtained for those who were selected for replacement by a majority vote. The selection of members for extension should be done through item ii, iii, iv.

C. Revision of the Fellowship

The Saudi Board of Colon & Rectal Surgery will also conduct a 2 yearly evaluation process of the curriculum and the training process. The evaluation process will depend on the following:

1. Questionnaire of the exit fellows of the program.
2. Interview of the exit fellows.
3. Audit review by the international examiners.
4. Questionnaire of the training instructors (consultants and colorectal therapists).
5. Evaluation of the results of the examination process.
6. Evaluation of the trainers by the trainees (Appendix 4).
7. Conclusions drawn from each of the above will be reviewed by the Saudi Board of Colon & Rectal Surgery in order to improve the fellowship of colon and rectal surgery.

D. PROGRAM DIRECTOR

He/she should be a certified full time colon and rectal surgery consultant by the Saudi commission for Health Specialties and have served in this capacity for a minimum of 3 years. He/she should also be approved by a majority of the members of the Saudi Board of Colon and Rectal Surgery. He/she should be able to:

- 1. Demonstrate commitment to the specialty of colon and rectal surgery.**
- 2. Show interest, authority and commitment necessary to fulfill teaching responsibilities in order to develop, implement and achieve the educational goals and objectives of the board.**
- 3. Maintain an active clinical involvement in the service of colon and rectal surgery.**
- 4. Pursue continuing education in colon and rectal surgery.**
- 5. Exhibit an active interest in medical research related to colon and rectal surgery.**

E. Training Center Accreditation and Requirements

A training center for the Saudi Fellowship in Colon and Rectal Surgery will be accredited for training by the Saudi Board for Colon & Rectal Surgery if it complied with the following:

1. The general accreditation rules for the Saudi Commission must apply.
2. The accreditation process will be reviewed regularly by the Saudi Board of Colon and Rectal Surgery and renewed periodically every 4 years.
3. Provided a minimum of two fully employed, qualified and certified by the Saudi Commission for Health Specialties consultant colon and rectal surgeons with experience in teaching and commitment to carry out the training process stipulated by the Saudi Board of Colon and Rectal Surgery.
4. Presence of Clinical Services as follows:
 - Inpatient colorectal surgery service with a minimum of 6 beds.
 - Outpatient service with minimum two clinics per week.
 - Operative load that complied with the minimum requirement specified in Appendices 2-3.
 - Endoscopy service with one clinic per week.
5. Curriculum-based teaching activities as below:
 - a. Weekly Outpatient Clinic
 - b. Weekly Endoscopy Clinic
 - c. Weekly Operative Schedule
 - d. Daily Ward Rounds.
 - e. Weekly Grand Rounds.
 - f. Weekly Journal Club.
 - g. Weekly Combined colon and rectal surgery and Pathology Meeting.
 - h. Weekly Combined colon and rectal surgery and Radiology Rounds
 - i. Weekly Morbidity and Mortality Rounds.

12. The Admission Criteria

- i. The applicant must have successfully completed training in an accredited general surgery residency program with progressive responsibility.
- ii. Complete Board certification by the Saudi Board or any equivalent certification recognized by the Saudi Commission for Health Specialties is preferred; however, application from board eligible applicants is as well accepted. Those applicants must pass a recognized Board of General Surgery by the Saudi Commission of Health Specialties within the first year of training in the Saudi Fellowship of Colon & Rectal Surgery.
- iii. Pass the interview for admission into the Saudi fellowship in Colon and Rectal Surgery.
- iv. Interviews are to be conducted in the last week of March of every Gregorian Year.
- v. Provide a letter of sponsorship from the institution of the trainee allowing him/her to participate on full time basis for the entire period of the program if he/she is employed by that institution. The trainee will not receive any financial salary or support from the Board.
- vi. Provide three letters of recommendation from consultants with whom the trainee has recently worked with for a minimum period of six months. The letters must refer to the two years past to the application of the trainee to the Board.

13. The Program Accreditation

The Saudi Board committee of Colon & Rectal Surgery will acknowledge the bylaws of the Saudi Commission for Health Specialties with regard to clinical fellowships. The Saudi Fellowship in Colon & Rectal Surgery will be accredited and recognized by the Saudi commission for Health Specialties. Accreditation rules and guidelines as laid by the Saudi Commission for Health Specialties will be observed by the Saudi Board of Colon & Rectal Surgery. Finally, the trainee will be accredited a clinical fellowship in Colon & Rectal Surgery.

14. Number of Fellowship Positions

A maximum of two trainees will be accepted into the program every year and a maximum of one trainee will be allowed to participate at any one time in any colon and rectal surgery rotation to provide high load of operative experience for that trainee.

15. Duties of the Trainee

The trainee as a general principle should seek education in continuum. He/she should follow patients from outpatient department to the inpatient department and again to the outpatient department in order to be exposed to the whole disease process. The trainee must achieve the following:

- i. The general objectives of the program.**
- ii. The specific objectives of the program.**
- iii. Meet the minimum operative load requirements.**
- iv. Complete the specified rotations.**
- v. Attend at least 80% of the educational activities mentioned under item 7-**
- vi. Publish at least one article in a peer-reviewed journal.**
- vii. Pass the End-of-Year examination after the first year of training.**
- viii. Pass the certifying examination.**
- ix. Comply with the rules of the holidays.**
- x. Comply with the rules of duty on call.**
- xi. Maintain registration with the Saudi commission for Health Specialties.**
- xii. Provide an end evaluation of the training instructors in each rotation.**
- xiii. Participate actively in the Annual Colon & Rectal Surgery Forum held in the last week of March every year.**
- xiv. Abide by the laws of the Saudi Commission for Health Specialties.**
- xv. Abide by the decisions rendered by the Saudi Board of Colon and Rectal Surgery.**
- xvi. Comply with the advice of the program director.**
- xvii. In case of personal conflicts, the trainee must comply with the instructions of the training instructor at the Training Center where the conflict arose pending the final ruling of the Saudi Board of Colon and Rectal Surgery. Any violation of this rule will void and nullify the right of the trainee for his case to be presented at the level Board.**
- xviii. Rotations should not be changed without approval of the Program director and the Training Centers involved with the exchange.**

16. On Call Duty

On call duty is comprised of: new consults, outpatient calls, emergency room calls, responsibility for all inpatients on the service. The trainee should be on call 50% of the duration of his rotation at least. Major management decisions during duty are expected to be discussed with the attending staff. The trainee takes calls from home. Weekend rounds are to be conducted by the trainee if he/ she is on call. Finally, the trainee is to have full on call duty during daytime and night time during the colorectal surgery rotation.

The trainee is also expected to have calls and weekend rounds during the clinical rotations outside the specialty of colorectal surgery. The call starts during these non-colorectal surgery clinical rotations after the end of working hours and ends with the start of the next working day. During the research rotation, it is up to the discretion of the program director to award calls to the trainee.

17. Disciplinary Actions and Dismissal

Disciplinary actions and dismissal from the program will be taken according to the rules and regulations of the Saudi Commission for Health Specialties. Those actions should be approved by a majority of the members of the Saudi Board of Colon and Rectal Surgery.

- a. The trainee is allowed to apply for certification for 3 consecutive years. If he/she elects not to apply in a certain year, then he/she has lost one of the 3 opportunities for certification.**
- b. If the trainee was not able to pass the certifying examination after 3 years, then he/she must repeat the training in its entirety after approval of the Board.**
- c. The trainee is allowed only one repetition of the training program. After which, he/she has 3 years to pass the certifying examination. If he/she failed, then he/she will be dismissed and will not be allowed any further**

chances in the future to obtain the Saudi fellowship in Colon and Rectal Surgery. No exemptions from the Saudi Board of Colon & Rectal Surgery and the Saudi Commission for Health Specialties are allowed to this rule.

- d. Any violation of the above rules under item 15- should be included in the report made by the Program Director to the Saudi Board.
- e. Violations are a premise to deny the trainee: the right to continue training, to take the end-of-year examination and to take the final examination. The decision should be taken at the level of the Saudi Board of Colon & Rectal Surgery.

18. Research

The trainee will be required to participate in ongoing clinical or basic science studies and produce at least one publication during his/her training for submission to a recognized peer reviewed medical journal. It is expected that the trainee will contribute substantially to these publications.

19. Holidays

- a. The trainee is allowed 30 days of leave per year.
- b. The trainee is allowed consecutively or in two divided segments 14 days of leave per 6 months rotation.
- c. In rotations less than 6 months, the trainee is allowed 3 days per month.
- d. No leave in rotations less than one month are allowed.
- e. The trainee is allowed one Eid Holiday per year.
- f. Sick leave of more than one week requires the trainee to extend his/ her rotation to the duration of his/her sick leave. This rule applies to sick leaves applied by pregnant trainees.
- g. In case of delivery, the trainee is awarded a maternity leave of 1 month.
- h. Carry-over of leaves is not allowed.

20. Salaries and Benefits

The trainee will not receive any financial aid or salary from the Saudi Board of Colon and Rectal Surgery during his training. The registration fee, annual fee and examination fee will be arranged through the Saudi Commission for Health Specialties.

21. Certification

Upon completion of the above, the trainee will be awarded the “Fellow of the Specialty of Colon and Rectal Surgery”.

22. Legal Rules and Regulations:

The Fellowship is governed by the rules and regulations as approved by the Board of Trustees for the Saudi Commission for Health Specialties (Training & Examination) for the year 1425, No. 5/a/25 dated 16-2-1425H. Any update on these rules that has been approved by the Board of Trustees for the Saudi Commission for Health Specialties will apply to this fellowship.

23. Recommended Reading

Besides following the major colorectal journals, the trainee should familiarize him/herself with the colorectal surgical textbooks and all other relevant references available in the Medical Library.

22. Definitions

- **Trainee:** a candidate that has been admitted to the Fellowship of Colon & Rectal Surgery
- **Training Instructor:** any Colon & Rectal Surgeon at a Training Center who is providing training to the Trainee.
- **Training Center:** A Healthcare facility where training is conducted and delivered as part of the Fellowship of Colon & Rectal Surgery.
- **Saudi Board of Colon & Rectal Surgery:** is the body governing the Fellowship in Colon & Rectal Surgery.
- **Program Director:** Is a Consultant Colon & Rectal Surgeon who oversees the Trainee's and provide day-to-day management of training.

23. Appendices

- a. **Appendix 1. Operative Procedures Standards Policy.**
- b. **Appendix 2. Trainee Study Guide.**

The Saudi Fellowship in Colon and Rectal Surgery

Operative Procedure Standards Policy

Minimum requirements within each of the 17 operative categories have been established. Accordingly, fellows displaying insufficient numbers in five or more categories will not be allowed to enter the certification process until they are able to furnish sufficient case numbers to meet the requirements.

Fellows should consult with their Program Directors for specific details about reaching the required numbers within his/her own institution. The Board recommends a periodic evaluation prior to the conclusion of training to ensure that the expected numbers are being met.

Operative Procedure Guidelines

#	Operative Procedures	Category Descriptions	*Minimum Requirements
1	(1-2-3)	Procedures for Hemorrhoids	34
2	(4-5-11-15-16)	Abscess/Fistula	32
3	(6)	Procedures for Fissure	9
4	(8-9-10-60)	Pilonidal/etc.	12
5	(7-14)	Anoplasties	5
6	(13)	Transanal Excision/Tumor	7
7	(17-51)	Proplapse Procedures	4
8	(20-21-22-23)	Rigid Sigmoidoscopy	20
9	(24)	Flexible Sigmoidoscopy	25
10	(25-26-27-28-29-30-31)	Colonoscopy	138
11	(32-46-61)	Segmental Colectomy	37
12	(33-34)	Low Anterior Resection	11
13	(35)	Abdominoperineal Resection	4
14	(36-37-38-39)	Resections for Crohn's	4
15	(40-41-42)	Resections of CUC/FAP	3
16	(43-44)	IPAA/Coloanal	7
17	(48-49)	Stoma Procedures	19

*When considering what the "Minimum Requirements" are, it should be stressed that these figures do not reflect what the Board considers to be the ideal number of cases.

The Saudi Fellowship in Colon and Rectal Surgery
Operative Procedure Standards Policy
CPT Codes by Category

CATEGORY			SUB CATEGORY		CPT CODES
N o.	Description	Minimum Requirement	N o.	Description	
1	Procedures for Hemorrhoids	34	01	Excisional hemorrhoidectomy	46255, 46250, 46260
			02	Non-excisional hemorrhoidectomy	46221, 46500, 46934, 46935, 46936
			03	Excisional thrombosed external hemorrhoid	46320
2	Abscess/Fistula	32	04	Incision and drainage of abscess (non Crohn's)	46040, 46045, 46050, 46060
			05	Anal fistulotomy or fistulectomy	46270, 46275, 46280, 46285
			11	Drainage of fistulotomy, perineal Crohn's	46000, 46040, 46045, 46050, 46060
			15	Endorectal flap procedure for ano-vaginal/ano-perineal fistula	57300+ 14040, 46288
			16	Repair rectovaginal fistula (other than with flap)	57300
3	Procedures for Fissure	9	06	Lateral internal sphincterotomy	46080
4	Pilonidal/etc.	12	08	Excision or exteriorization, pilonidal disease	11770, 11771, 11772
			09	Excision or exteriorization, hidradenitis suppurativa	11470, 11471
			10	Excision or fulguration, condylomata acuminata	46924, 46922
			60	Excision perianal lesion	46922 also 11400-11406
5	Anoplasties	5	07	Anoplasty for stricture or ectropion	Adult 46700 Infant 46705
			14	Repair incontinent anal sphincter	46750
6	Transanal Excision/Tumor	7	13	Transanal excision or fulguration of rectal tumor	45170 snare 45307
7	Prolapse Procedures	4	17	Perineal procedure for rectal prolapse (resection, circlage, etc.)	45123, 45130
			51	Resection or fixation of rectal prolapsed or intussusceptions	44111, 44050

8	Rigid Sigmoidoscopy	20	20	Diagnostic/screening	45300
			21	Therapeutic (fulguration, snare)	45315, 45308, 45309
			22	Detorsion of volvulus	45321
			23	Other sigmoidoscopy procedure	
9	Flexible Sigmoidoscopy	25	24	Flexible sigmoidoscopy	45330

The Saudi Fellowship in Colon and Rectal Surgery
Operative Procedure Standards Policy
CPT Codes by Category

CATEGORY			SUB CATEGORY		CPT CODES
No.	Description	Minimum Requirement	No.	Description	
10	Colonoscopy	138	25	Diagnostic colonoscopy (inflammatory bowel disease)	45378
			26	Diagnostic colonoscopy (other)	45378
			27	Colonoscopic polypectomy	45383, 45384, 45385
			28	Decompression of volvulus or pseudo-obstruction	45337 sigmoidoscopy
			29	Endoscopic laser therapy	
			30	Dilatation of strictures	45303 rigid
			31	Other	
11	Segmental Colectomy	37	32	Partial colectomy for cancer (left, right, segmental)	44140
			46	Resection for Diverticular disease	44140
			61	Resection for other reasons	44140
12	Low Anterior Resection	11	33	Resection for cancer stapled anastomosis	44145
			34	Resection for cancer sutured anastomosis	44145
13	Abdominoperineal Resection	4	35	Abdominoperineal resection for cancer	45110, 45126
14	Resection for Crohn's	4	36	Small bowel	44120
			37	Ileocolic resection	44160
			38	Colectomy with proctectomy	44152, 44155 Total
			39	Colectomy without proctectomy	Total 44150
			40A	Resection for ulcerative colitis with proctectomy	44155

15	Resections for CUC/FAP	3	40B	Resection for ulcerative colitis without proctectomy	44150
			41	Resection for polyposis syndrome colectomy with proctectomy	44155
			42	Resection for polyposis syndrome colectomy without proctectomy	44150
16	IPAA/Coloanal	7	43	Ileoanal procedure (ulcerative colitis or polyposis)	44152 or 44153, 45113
			44	Coloanal procedure	45119, 45112
17	Stoma Procedures	19	48	Creation, revision, relocation or closure of colostomy or cecostomy	44343, 44320, 44340, 44620, 44626, 44345, 44346
			49	Creation, revision, relocation or closure of ileostomy	44314, 44312, 44310, 44620, 44625

Name of Hospital:		Tel. No.:		F a x No.:	
Names of the colorectal surgeons and attach their CV's :					
Number of inpatient beds:		Number of outpatient clinics per week:		How many of all inpatient patients are colorectal surgery patients?	
Load of new patients per clinic per week:		How many of all outpatient patients are colorectal surgery patients?			
Number of operation days per week:					
Number of endoscopy clinics per week:		Number of joint rounds attended by all consultants per week:			
A timetable of all clinical activities for each surgeon: operations, clinics and endoscopy:	(Attach a timetable for each consultant including day and duration of clinical activity)				
Operative load per surgeon: Provide a list of operations performed for the last year for each surgeon.	(Attach a log of surgeries for each consultant)				
Teaching Activities:					
a. Number of Grand Rounds per month:		Is it joint with General Surgery?		How frequent it is dedicated to Colorectal Surgery?	
b. Number of Journal Clubs per week :		Is it joint with General Surgery?		How frequent it is dedicated to Colorectal Surgery?	
c. Number of Pathology Rounds per week:		Is it joint with General Surgery?		How frequent it is dedicated to Colorectal Surgery?	
d. Number of Radiology Rounds per week:		Is it joint with General Surgery?		How frequent it is dedicated to Colorectal Surgery?	

	e. Number of Morbidity & Mortality Rounds per week:		Is it joint with General Surgery?		How frequent it is dedicated to Colorectal Surgery?		
Administrative:							
	a. Does the surgeon report to a Colorectal Surgery Unit?	Yes	No	Does the unit have a Chief?	Yes	No	What is the name of the Chief?

Documents Required:

1. Letter of dedication signed from each surgeon that he will commit to training of the fellow in the operating room, the clinic, during rounds and other clinical and educational activities.
2. Timetable of the clinical activities of the unit.
3. Timetable of the educational activities of the unit signed by the academic department in the hospital.
4. If there is a dedicated unit to colorectal surgery, please provide a proof of its existence through an administrative memo from the hospital administration.
5. Operation log for each surgeon provided from the operating room and signed by the respective authority.



**TRAINER EVALUATION
SCIENTIFIC BOARD OF COLON & RECTAL SURGERY**

6. Endoscopy log for each surgeon provided from the endoscopy unit and signed by the head of endoscopy.
7. Log of numbers of patients seen per clinic per consultant (new and follow ups). How many are colorectal patients? The log should be provided by outpatient services.

TRAINER NAME:			
Hospital:	Rotation:	From:	To:

(TICK THE APPROPRIATE BOX: √)

No	CRITERIA	UNSATIS-FACTORY 1	BELOW AVERAGE 2	AVERAGE 3	ABOVE AVERAGE 4	OUT-STANDING 5	NOT APPLICABLE
----	----------	----------------------	--------------------	--------------	--------------------	-------------------	----------------

(A) TEACHING SKILLS

1	Ability to convey wealth of basic scientific knowledge						
2	Ability to convey wealth of clinical knowledge						
3	Ability to convey wealth of operative experience						
4	Ability to reason, debate and convince in a scientific way						

(B) PERSONAL ATTITUDE AND RELATIONSHIP

5	Strength of Trainee-Trainer relationship						
6	Degree of Non-Authoritarian component in the relationship						

7	Emotional reinforcement experienced during training						
8	Degree of Generosity component in the relationship						
9	Degree of Peering component in the relationship						

(C) COMMUNICATION AND AVAILABILITY

10	Punctuality						
11	Availability and Attendance						
12	Communication						

Total Score:	No. of Evaluated Items:	Percentage: total score/No. of Evaluated items * 20 =
Comments:		
Name of Evaluator:	Signature:	Date:

Name :		Signature :		Date :	
---------------	--	--------------------	--	---------------	--

Director of Fellowship Training Program

Name: _____ **Signature** _____ **Date:** _____
:

EVALUATED TRAINER