

Anomalies (ERNICA)



Updated Proposal: ERNICA-eUROGEN Joint Flagship Surgical Training Programme

July 2025

Objective

To increase exposure of high-potential young consultants to rare and complex surgical procedures, ensuring long-term continuity of care across ERNICA and eUROGEN disease areas. The updated model adapts to real-world dynamics in which centres requiring support often bypass central coordination, and offers a more feasible, educationally-focused approach.

Revised Programme Model

1. Expanding Flagship Case Definition

The original model relied on centres requesting external help for rare cases via CPMS. In practice, most centres directly contact known experts, limiting central coordination. To address this, the programme will also support those cases in which assistance has been arranged directly between centres (provided that young consultants are involved), as well as cases at expert centres where no assistance is needed but where there is strong educational value.

Expert centres planning highly complex, or ultra-rare surgeries will thus also be encouraged to host a "travel team", including one or more junior consultants, with travel and accommodation covered by the Flagship budget (within the limitations of EU unit costs policies).

In any circumstances, all Flagship cases must:

- Be uploaded to CPMS for prospective or retrospective (if urgent timelines prevent uploading the case beforehand) discussion.
- Involve young consultants selected by their senior mentors based on demonstrated commitment and potential.
- Include discussion of post-operative outcomes to close the learning loop.

2. Eligibility of Conditions

In addition to originally scoped diseases (see **Figure 1** below), the programme now includes other ultra-rare or highly complex congenital conditions, such as giant omphalocele or any case deemed suitable by the panel based on rarity and training value.

Complex anorectal conditions

cloacal malformation complicated reoperative cases (anorectal malformations, M. Hirshsprung's)

Complex esophageal and airways problems

long-gap EA redo surgeries for EA recurrent fistulas esophageal reconstructions tracheal stenosis and cleft

Figure 1: Originally scoped diseases

CPMS Integration Workflow

To ensure coordination, transparency, and educational impact, all cases under this revised model must be handled through CPMS. Once the ERNICA Project Management Team has confirmed eligibility of the case, the process below should be followed:

Before Surgery:

- 1. Contact CPMS Helpdesk: Notify cpmshelpdesk@ernica.ern-net.eu and martine.joseph@aopd.veneto.it (for ERNICA) or Darren.shilhan@radboudumc.nl (for eUROGEN) to flag the case.
- **2. Case Upload:** The local centre (Panel Lead or an Assistant from the same institution) uploads the case to CPMS with guidance from CPMS Helpdesk.
- **3. Panel Formation**: A panel participant, ideally from the hosting institution, volunteers to chair the panel. At least five experts should be invited to the panel.
- **4. Meeting invite:** In the meeting title on the CPMS, it needs to be indicated that the case is to be considered for the Flagship Training Programme. After the patient record is created, the meeting invite will have the title flagship followed by an abbreviation or the full name of the diagnosis. For example, "Flagship [Condition/Diagnosis]" under the meeting name.

5. Panel discussion: If time permits, a pre-operative discussion is scheduled. If urgent, the retrospective summary is uploaded post-surgery. After the discussion, the Panel Lead will close it, with a summary of the guidance given.

Note: If the surgery has been performed prior to the CPMS discussion, contact the CPMS helpdesk person. Then follow the normal steps for uploading a case discussion: case upload, including Pre/intra/postoperative data; panel formation; panel discussion; case closure (not the same day). Ideally the discussion on the CPMS should be scheduled (but not necessarily take place) within 30 days from the date the case was flagged to the CPMS helpdesk.

After Surgery:

- 1. **Follow-up Panel:** Within 30 days of surgery, the CPMS team schedules a follow-up panel. All operating surgeons must attend. The Panel Lead re-opens the case and uploads anonymised post-op reports.
- 2. Outcomes Reporting: The Panel Lead signs off on final documentation.

Note: The CPMS Helpdesk can support closing/reopening panels and help coordinate meetings.

Junior Consultant Involvement

- **Selection:** Seniors nominate young consultants based on skill, motivation, and commitment to training activities.
- **Involvement:** Trainees may join travel teams and participate remotely via CPMS panel discussions.
- **Cost:** Travel/accommodation for up to two team members per case may be covered. Centres are encouraged to co-finance when possible to expand capacity.

Conclusion

This revised approach ensures optimal use of the Flagship budget by leveraging opportunities at expert centres while maintaining alignment with the original educational goals. It enriches junior consultants' experience and ensures that knowledge and expertise are sustainably transferred to the next generation of surgeons.

Contacts for questions or to initiate a Flagship panel:

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