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## 1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS

Adopted by the Management Council of the UEMS in its meeting in Killarney, Ireland, 24 October 1997

### **Preamble**

The UEMS has been active in the field of quality improvement of specialist training for years. It has formulated guidelines and criteria for this purpose, that are accepted by the representative organizations of medical specialists in the European Union. This work finds its condensation in the European Training Charter for Medical Specialists (1995), which brings together the recommendations on content of postgraduate and continuing medical education in the whole field of specialist medicine.

Quality of training is one of the most important factors in the domain of quality of medical care. In the member states of the European Union (EU) national professional authorities assess, improve and control specialist training in their countries. For this purpose feedback is necessary and several feedback instruments should be employed.

### **Visitation**

An important feedback instrument in quality improvement is the visitation of training centers, often coupled with national certification or recertification of trainers and training centers. In the UEMS the need is felt for harmonization and encouragement in the field of visitation of training centers as national approaches show much variation in the EU presently. This charter presents the general outlines of a national program for visitation of training centers. More detailed guidelines are given in the annexes. These are meant as examples and can be adapted to the case at issue.

### **Statutes for Visitation**

The responsible national authority is recommended to establish programs for this purpose as far as these have not been developed already. These programs are increasingly required and they tend to become obligatory, as already is the case in several member states of the EU.

#### **Voluntary visitation:**

Training centers are encouraged to participate in voluntary visitation programs that award additional quality titles. The UEMS European Boards are active in this field (see Annex E).

Annexes:

- A. Questionnaire for the chief of training
- B. Questionnaire for the trainees
- C. Check list for visitors
- D. Model Visitation Report
- E. International Visitation

## **National Visitation of Training Centers**

*National Professional Authority.*

The National Professional Authority is the body responsible for the *qualification* of medical specialists in each member state of the EU. It can be a combination of competent professional and/or university organizations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EU legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organized regionally within the country with national coordination. The National Professional Authority is responsible for the implementation of the national visitation program.

*Training program (training log-book)*

Training should take place following an established program with specified contents approved by the National Authority in accordance with national rules and EU legislation as well as considering UEMS/ European Board recommendations.

The different stages of training and the activities of the trainee should be recorded in a training logbook. Every trainee should have a structured training program.

### 1. Article 1. Purpose of the visitation

The purpose of the visits is improvement, assurance and assessment of the quality of training in the training center. To achieve this the level of training is compared with criteria that are adopted by the national professional authority charged with the assurance of quality of training in the particular EU member state. The outcome of the visitation can be used in a national certification and recertification program of training centers dependent on existing rules.

### 2. Article 2. Application

The initiative for the visitation can be taken by the training center itself or by the national professional authority. In the case of a new certification or reapplication after loss of certification, the trainer or the training center will usually take the initiative. When a national recertification program exists there will be a statutory period for renewed visitation and the initiative will usually be taken by the national professional authority.

### 3. Article 3. Visiting committee

The visiting committee is appointed by the national professional authority and consists of at least 2 qualified medical specialists in the specialty of the training center. It is recommended that a trainee in the specialty is attached to the visiting committee. Preferably this trainee should be appointed by the representative junior doctor organization. One member will act as president, another as secretary. The committee can be enlarged if necessary or desirable. A specialist in another specialty may be attached to the visitation committee. The national professional authority provides the visiting committee with reports of previous visitations, the current requirements for

certification and other relevant correspondence. These documents must be in the hands of the visitors at least 2 weeks before the date of the actual visit.

#### 4. Article 4. Organization of the visits

The president of the visiting committee consults with the head of the training center to select a date for the visitation suitable for the visitation committee and the training center. The training center provides the visiting committee with suitable refreshments and meals dependent upon the duration of the visit. If necessary hotel accommodation should be arranged.

Prior to the visit a questionnaire (Annex A) must be completed by the head of the department or an authorized deputy. A second questionnaire (Annex B) must be completed by a representative of the trainees. The chief of training should take care that the questionnaires are in the hands of the visitors at least 2 weeks before the date of the actual visit together with a detailed program for the visit. A copy of the current training program and the last annual report of the training center should be added to the questionnaires.

The questionnaire filled in by the trainees should be sent in under confidential cover.

#### **Annex A (Questionnaire for chief of training)**

Basic data

Medical Personnel

Clinical experience available

Clinical facilities

Structure of the center

Records

Medical audit

Registration of training

Evaluation of training

Research activities

Comments

Annex B (trainees):

Personnel, time in training

Clinical experience

Facilities for trainees

Division of tasks

Working hours

Extent of tutor structured training

Relation between formal and opportunistic training

Comments

#### 5. Article 5. The actual visitation

Usually it is desirable to hold a preliminary meeting with the specialists concerned. The visitors should see the main hospital(s) and unit(s) involved in the training program and the specialists with whom the trainee will work. All specialists of the senior and junior staff and trainees should be interviewed privately. A team discussion with the trainees may be particularly helpful as well. Information from the trainees should remain confidential. Concluding the visit a debate with the teaching staff should take place. The visiting committee should have an interview with a representative of the board of directors of the hospital(s) in which the training takes place.

Visits should preferably be concluded within one day. In the case of a repeat visit half a day may be sufficient. The timetable for the visit should allow for a concluding private session of 30-60 minutes, so that if at all possible the visiting team may formulate its conclusions, conditions and recommendations. The compiler of the report

can add details later, but if practical decisions are left for correspondence, this leads to delay.

#### 6. Article 6. Criteria and assessment

The visitation committee in the assessment of the training should use nationally accepted criteria. The national professional authorities are encouraged to implement the UEMS criteria into the national regulation. The check list for visitors (Annex C) should be used by the visitors in the collection of data.

The visiting committee will make an assessment of all data and all observations that become available to the committee. These will be compared with existing criteria according to the rules of the national professional authority.

### **Annex C (Model checklist for Visitors)**

General

Laboratory services

Radiology/imaging

Rehabilitation

Intensive care

Postgraduate facilities

Research

Library and computer facilities

Records

Interviews with trainees

#### 7. Article 7. The report of the visiting committee

The visiting committee should formulate its conclusions, conditions and recommendations in a fully agreed and dated report clearly stating the identity and address of the chief of training and the training center that was visited.

The training center that has been visited should be granted inspection of the draft of the report to correct any factual errors. Prior to the submission of the report visiting teams should discuss any adverse conclusion with representatives of the national professional authority that is responsible for the certification of trainers and training centers.

The report should be submitted to the national professional authority at the earliest opportunity and definitely within one month. The report should be accompanied by the training program of the training center and the data from the questionnaire filled in by the chief of training prior to the visitation. The president of the visiting committee should sign the report. The identity and address of the members of the visiting committee should be stated in the report.

### **Annex D (Model visitation report)**

Part 1, Basic data chief of training, teaching staff, trainees,

Is the teaching staff sufficiently large and qualified for adequate supervision of the training and is this actually effected?

Part 2, Basic data training institution,

Does the training institution offer adequate facilities for training?

Part 3, Clinical activities,

Is the volume and variation of the clinical work sufficient for a complete specialist training program?

Is the clinical work well organized and systematic?

Does the department offer a favorable educational environment?

Is the number of trainees appropriate for the structure and facilities of the training institution?

Does the department offer satisfactory theoretical education?

#### Part 4, Research activities

Does the department offer trainees research opportunities?

#### Part 5, Information from trainees,

Part 6-8, Recommendations, conclusions, data visiting committee.

#### 8. Article 8. The final judgment by the national professional authority

In its report the visiting committee gives its advice to the national professional authority. This body has the final responsibility and makes its decision according to national rules in the field of certification and possible recertification. On this level implementation of national rules concerning sanctions has to take place when these rules exist.

#### 9. Article 9. Confidentiality

Visitors and the national professional authority are obliged to preserve the confidentiality of the contents of the draft of the visitation report. However, visitors should be aware that their report might be circulated nevertheless. This requires prudence in the framing of the report. At the same time it is important that information obtained during interviews with trainees remains absolutely confidential. Any matter visitors do not wish to be made common knowledge should be put in a separate letter to the national professional authority under confidential cover.

#### Addresses of the report

The draft of the visitation report should be sent to the chief of training for correction of factual errors. The final report is to be sent to the National Professional Authority, responsible for the national visitation program and to the chief of training. Further dissemination of the report to the medical staff and the board of directors of the hospital is advisable, but is to be left open to the chief of training.

#### 10. Article 10. Appeal body

The national professional authority consisting of independent individuals should set up an appeal body. A second visitation may be an option.

#### 11. Article 11. Annual report by the national professional authority

The national professional authority should report an evaluation of the visits with statistical data annually. This report must contain a list of training institutions with a valid certification and the dates of issue and expiration.

It is not desirable that data from visitations can be linked to individual training centers.

#### 12. Article 12. Financing of visitations

In the visitation program the expenses are to be met by the national professional authority that is charged with the running of the program. This authority must raise funds for this purpose. Sources are the professional organizations, but also participating institutions, governments, social security or health care insurances or private sources. The national professional authority has to preserve its independency, especially in the case of external financing.

#### Levels of financing

a) The expense of the actual visits has to be met.

b) The expense of the national professional authority with its superstructure for the visitation program has to be met. This authority has to run the program, organize the visits and evaluate the results.

## 1.1. **Annex A: Questionnaire Chief of Training**

### 1.1.1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS FOR THE CHIEF OF TRAINING PRIOR TO THE VISITATION.

#### 1.0. *Basic data*

- 1.1. Hospital: name, address, type (university, regional etc.).
- 1.2. Department: name, address. Chief of training: name, title, address and date of registration in the particular specialty, location of specialist training.
- 1.3. Comments on the structure, organization, composition and location of the training center.
- 1.4. Other hospitals in which training takes place under the responsibility of the parent-training center. Give name(s), address, number of beds and specialties; specify type of the training center.
- 1.5. Other hospitals in which training takes place under separate responsibility. Give name(s), number of beds and specialties. Specify the type of the training center and the trainer(s) who are responsible at this location.
- 1.6. Special commitments: specify representation in societies and exchange with other training centers.
- 1.7. Training program, written "aims, goals and objectives" for the general activity of the department, written "aims, goals and objectives" for the educational activity, the annual report.
- 1.8. Autopsies: absolute number, percentage of mortality.

#### 2.0. *Medical personnel*

- 2.1. Name of head(s) of training center, staff members, other qualified specialists, trainees (with time in training), status of personnel (permanent/transitory, non-nationals, full-time/part-time).
- 2.2. Other personnel: number of nurses, assistants, technicians, secretaries, clerks, library, computer and other staff (specify). Relate part-time positions to full-time positions.
- 2.3. Allocation of medical personnel: During office hours: qualified specialists, trainees. Outside office hours (on call): qualified specialists, trainees.
- 3.0. Clinical experience available:
  - 3.1. Number of outpatients. Diagnoses?
  - 3.2. Number of admissions, stationary and day-care. Diagnoses?
  - 3.3. Diagnostic procedures number and type.
  - 3.4. Therapeutic procedures number and type.
  - 3.5. In what measure are the trainees supervised by specialists in their daily practice?

#### 4.0. *Clinical facilities*

- 4.1. Number of clinical beds (including short-stay beds).
- 4.2. Number of day-care beds.
- 4.3. Number of units in the outpatient department.
- 4.4. Number of units for function tests, both clinical and for out-patients.
- 4.5. Number of intensive care beds.
- 4.6. Emergency service facilities.
- 4.7. Number and character of operating theatres (if applicable).

#### 5.0. *Structure of the training center*

- 5.1. Physical connection between the locations of the training center.
- 5.2. Accommodation of teaching staff and trainees.
- 5.3. Laboratory facilities, especially for training purposes.
- 5.4. Research facilities, measure of participation of trainees in research.

- 5.5. Library: full-time librarian, adequate room for reading and studying, sufficient current textbooks, audio-visual and interactive learning tools and journals. Supply a list of books acquired in the last 5 years.
- 5.6. Availability of secretarial facilities for clinical, teaching and scientific purposes.
- 5.7. Facilities for data processing (and related facilities like access to Internet).
- 5.8. Relations with other training centers in the specialty.
- 5.9. Relations with trainers in other specialties in the hospital.
- 5.10. What other specialties are represented in the hospital?
- 5.11. What other specialties in the hospital are recognized as training centers?
- 5.12. Are the trainees insured against medical liability while working in the training centre?
- 5.13. Annual budget of the training institution.

#### 6.0. *Records*

Structure of the case records, combined for the whole hospital? Separate for in-patients and outpatients? Are letters of advice written to referring physicians?

#### 7.0. *Quality Assurance / Medical audit*

- 7.1. Systematic reporting of incidents.
- 7.2. Systematic registration of complications and incidents.
- 7.3. Staff meetings.
- 7.4. Critical incident conferences. Do trainees attend these meetings?
- 7.5. Systematic reporting of complaints from patients and relatives.
- 7.6. Departmental meetings in the field of quality assurance (other than above).
- 7.7. Autopsies: absolute number, percentage of mortality.

#### 8.0. Registration of training

- 8.1. Training program.
- 8.2. Written personalized teaching programs.
- 8.3. Trainee log-books.
- 8.4. Registration of the progress of training by the chief of training.
- 8.5. Other educational activities. Please list.

#### 9.0. *Evaluation of training*

How are the trainees evaluated as to progress of their knowledge and skill in the specialty?

#### 10.0 *Research activities*

Please list the research activities of the department. Supply a list of publications and attendance of major medical meetings of staff members in the last 5 years. Is there an university affiliation with an undergraduate teaching function in the hospital?

#### 11.0 Comments

Please list.

### 11.2. **Annex B. Questionnaire for Trainees**

#### 1.2.1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS FOR THE REPRESENTATIVE OF THE TRAINEES PRIOR TO THE VISITATION

##### 1. Personnel

Names and addresses of trainees, time in training.

##### 2. Clinical experience

Description of the clinical experience of each of the trainees. When a logbook is available this can be done in a general way.

3. Description of the training comments on the process of the training the trainees receive.
4. Facilities for trainees  
Accommodation, secretarial support, equipment for personal use, access to library, room for study, research facilities.
5. Division of tasks  
Description of the division of tasks among the trainees themselves and between the trainees and the specialist staff of the institution.
6. Working hours  
Description of the working hours, the relation between time spent in supervised and not-supervised training and clinical work. Extent of tutor structured training. Relation between formal and opportunistic training. Description of the time spent in research and study. The report should be specified according to the period of the training.
7. Comments  
Please list.

### 1.3. **Annex C. Checklist for visitors**

#### 1.3.1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS

In the course of the visit a number of points should be given special attention.

- 1.0. General
- 1.1. Check through the information given by the chief of training on the questionnaire.
- 1.2. Check details of information on the training institution, building(s), training units, beds, day-care, out-patient department, budget for clinical and scientific activities.  
Clinical department: distribution of beds, intensive care, day-care, availability of separate rooms for examination and treatment, technical facilities within the wards for the specialty concerned.  
Special departments such as operation theatres, recovery, endoscopy rooms and other functional facilities dependent on the specialty.
- 1.3. Structure of the out-patient department: size and organization, localization, equipment, appointment system, number of units and sessions, supervision by qualified specialists, structure of records, duration of stages of trainees in the out-patient department, number of patients during these stages, number of emergency cases.
- 1.4. Check number of trainees, junior and senior staff members and their working time within the training institution.
- 1.5. Check the number of specialist diplomas obtained in the training institution in the last 3 years.
- 1.6. Number of beds for which each trainee is responsible, degree of supervision.
- 1.7. Organization of clinics, ward rounds, teaching rounds. Who organizes these events?
- 1.8. Admission arrangements.
- 1.9. Emergency arrangements.
- 1.10. Interaction with paramedical staff.
- 1.11. Interaction with other medical disciplines.  
The process of quality improvement and control in the training institution.
- 2.0. Laboratory services:
- 2.1. Arrangements for consultation between clinical laboratory staff and clinical staff.



- 2.2. General quality and availability of clinical laboratory services including details about special arrangements for the specialty concerned.
- 2.3. Available training in laboratory sciences.
- 2.4. Clinical Pathological Conference attendance. How many specialists could reasonably be expected to attend? Who organizes these events?
- 3.0. Radiology / imaging  
Arrangements for consultation between radiologists and clinical staff, arrangements for training of staff and trainees, both inside and outside the department.
- 4.0. Rehabilitation  
Extent of services provided, liaison with community health services, regular conferences with para-medical and nursing disciplines.
- 5.0. Intensive care  
Who is in charge of the department? Do duty doctors have an opportunity to gain experience in the use of intensive care facilities?
- 6.0. Postgraduate facilities  
Journal clubs, access to other hospital postgraduate facilities, special teaching ward rounds, availability of meetings which general practitioners can attend, ease of access by general practitioners to specialists.
- 7.0. Research  
Facilities available for trainees including time and access to research funds. Number of publications in the last five years in which junior staff members or trainees were author or co-author.
- 8.0. Library  
Structure of library services in the department and in the hospital, availability of books of general reference, number of books and journal subscriptions available. Availability of Internet and other computerized search facilities.
- 9.0. Records
- 9.1. Structure of case records.
- 9.2. Mentioning of differential diagnoses, program for examination and treatment, argumentation for treatment, decursus, conclusions. Special sheets for laboratory, roentgen and pathology results?
- 9.3. Who writes the summaries, who writes the discharge notes to general practitioners, how is this supervised?
- 9.4. What is the length of delay of sending of the definitive discharge note after discharge, is there an immediate discharge note to general practitioners?
10. Interviews with trainees
- 10.1. Confirm that trainees are interviewed by the visiting teams in private.
- 10.2. Invite anyone who would like to amplify their comments to write to the committee under confidential cover.
- 10.3. Are the trainees familiar with the training program and the national requirements?
- 10.4. Do they feel that their jobs fulfill these requirements?
- 10.5. Is study leave available and sufficient?
- 10.6. What do they think of the teaching? Who does most of it? To what extent is clinical training supervised?
- 10.7. Is there enough time for research?
- 10.8. Check of the logbooks.

#### **1.4. Annex D: Model Visitation Report**

##### 1.4.1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS

##### 1.4.2.

Part 1. *Visitation report, Part 1, Basic data chief of training, teaching staff, trainees.*

Chief of training, members of the (teaching) staff, trainees, president board of governors. As far as applicable: name, address, date and university of graduation, date and place of certification as specialist, date of certification as teacher, membership national and international professional societies, attendance of professional meetings in the last 5 years, scientific publications in the last 5 years, training assignment, contact with other teachers in the hospital, type of practice in teaching hospital and elsewhere, special interests in branches of the specialty.

Certification for training in the same training institution in other specialties and in basic medical training.

Is the teaching staff sufficiently large and qualified for adequate supervision of the training and is this actually effected?

## Part 2. *Visitation report, Part 2. Basic data training institution.*

Description of the training institution, building(s), training units, beds, day-care, outpatient department, budget for clinical and scientific activities.

Clinical department: distribution of beds, intensive care, day-care, availability of separate rooms for examination and treatment, technical facilities within the wards for the specialty concerned.

Special departments such as operation theatres, recovery, endoscopy rooms and other functional facilities dependent on the specialty.

Structure of the out-patient department: size and organization, localization, equipment, appointment system, supervision by qualified specialists, structure of records, duration of stages of trainees in the out-patient department, number of patients during these stages.

Does the training institution offer adequate facilities for the training?

## Part 3. *Visitation report, Part 3. Clinical activities.*

3.1 Number of clinical and day care beds, number of admissions, average hospitalization time.

Number of outpatient units and patients.

Yearly number and type of diagnostic and therapeutic procedures (see annual report of the training institution).

Is the volume and variation of the clinical work sufficient for a complete specialist-training program?

Is the clinical work well organized and systematic?

3.2 Records: central medical registration, availability for statistical purposes of diagnoses, type of codes, interventions, complications, incidents, availability of records in the follow-up period.

Structure of patient records: organization, clinical-ambulatory, availability of laboratory reports, mentioning of primary problem, differential diagnosis, program of investigation and/or treatment, reports of diagnostic and therapeutic interventions, decursus, summary and conclusions at the time of discharge, report to referring physician. Is this report discussed with the trainee and authorized by the teacher?

3.3 Contact with other specialties: consultations, combined clinical conferences, combined therapy, organization of intensive care, autopsies.

Contact with ambulatory para-medical staff.

3.4 Training: number of trainees presently and in the last 5 years, full-time/part-time, number of beds/trainee, measure of supervision by qualified specialists in clinical activities.

Frequency of general teaching ward rounds and clinical conferences, scientific meetings.

Training in literature research, research methods, writing of scientific papers.

Cursory training in special aspects of the specialty, stages?  
Assessment of training: regular assessment, examinations?  
Does the department offer a favorable educational environment?  
Is the number of trainees appropriate for the structure and facilities of the training institution?  
Does the department offer satisfactory theoretical education?

3.5 Structure of Quality Assurance in the department (see Annex A, point 7).

Part 4. *Visitation report, Part 4*

Research activities.

These are listed in questionnaire A, point 10. Additional information may be obtained by the visiting committee during the visit.

Does the department offer trainees research opportunities?

Part 5. *Visitation report, Part 5.*

Information from trainees.

Report of the interviews with the trainees regarding the training in the teaching institution.

Part 6. *Visitation report, Part 6.*

Conclusions.

General impression, shortcomings, necessary improvements with time scale.

Advice for the certifying authority.

Part 7. *Visitation report, Part 7.*

Recommendations.

Recommendations for the training institution by the visiting committee.

Part 8. *Visitation report, Part 8.*

Visiting committee.

Names and addresses of the members of the visiting committee, signature of the president.

## **1.5. Annex E, International Visitation**

### **1.5.1. UEMS CHARTER ON VISITATION OF TRAINING CENTERS**

#### **1.5.2.**

European Boards, responsible authority

A European Board is a body set up by the relevant UEMS/Specialized Section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EU member states by ensuring that the training of specialists is raised to an adequate level. This aim is achieved by the following means:

- Recommendations for setting and maintaining standards of training,
- Recommendations for training quality,
- Recommendations for setting standards and recognition of training institutions,
- Monitoring of the contents and quality and the evaluation of training in the EU member states,
- Facilitation of exchange of trainees between the EU member states,
- Facilitation of free movement of specialists in the EU.

#### **1. Purpose of the visitation**

European Boards have their own programs for international visitation. In these visitations the level of training is compared with criteria for trainers and training centers adopted by the European Boards and stated in the UEMS European Training Charter. The European Boards will develop these criteria further.

The visitation leads to a quality mark issued by the European Board. This serves the harmonization of the level of training in the EU.

2. Application for visitation

Training centers are encouraged to apply for visitation by the European Board in their specialty on a volunteer basis.

3. Visiting committee

When the European Board is invited to visit a training center, the European Board appoints a visiting committee of at least 2 qualified medical specialists in the specialty of the training center. One member will act as president, another as secretary. It is recommended that a trainee in the specialty is attached to the visitation committee. Preferably this trainee should be appointed by the representative junior doctor organization. The committee can be enlarged if necessary or desirable. A specialist in another specialty may be attached to the visiting committee. In this committee, one (not more) medical specialist in the committee must come from the country of the training center to be visited. In the formation of the visiting teams the European Boards should take care to avoid language problems.

In the case of visitation by a committee of the European Board the visiting committee should have an understanding of the current national requirements for certification of training institutions in the specialty concerned.

4. Organization of the visits

The European Board establishes contact between the chief of training and the president of the visiting committee. They select a suitable date for the visitation and make an agreement concerning the languages to be used during the visitation.

The chief of training sees to it that the members of the visiting committee receive at least 2 weeks prior to the actual visit the relevant documents. These include the current national certification requirements and training program and the questionnaires (Annex A and B) filled in by the chief of training and by the trainees. The chief of training should submit a detailed program for the visitation.

5. The actual visit (see checklist Annex C)

The visitors should see the main hospital(s) and unit(s) involved in the training program and the specialists with whom the trainee will work. A delegate or delegation of the trainees and the specialists of the senior and junior staff should be interviewed personally. The international visit will preferably last one full day.

6. Criteria and conclusions

In the case of an international visitation the available data and observations will be compared with the criteria formulated by the European Board. This will lead to a judgment according to the rules of the European Board. The training center that has been visited should be granted inspection of the draft of the report to correct any factual errors. The president of the visiting team should discuss an adverse conclusion with a representative of the European Board prior to the submission of the report.

7. The report of the visiting committee (see model Annex D)

In the case of an international visitation the language of the report should be English or French. The choice should be determined by local circumstances. The European Board should agree on the use of a language or languages with the president of the visiting committee and the chief of training prior to the actual visitation.

The visiting committee should formulate its conclusions, conditions and recommendations in a fully agreed and dated report clearly stating the identity and address of the chief of training and the training center that was visited. The training center that has been visited should be granted inspection of the draft of the report to correct any factual errors. The report

should be submitted to the European Board at the earliest opportunity and definitely within 2 months. The training program of the training center and the data should accompany the report from the questionnaire filled in by the chief of training prior to the visitation. The report should be signed by the president of the visiting committee and should mention name and address of the members of the visiting committee.

8. Final judgment by the European Board

In the case of an international visitation the visiting committee gives its advice to the European Board in the specialty concerned. This body has the final responsibility. The European Board awards an European Quality Mark according to its rules.

9. Confidentiality

The visitation report and other data collected during the visitation should remain confidential between the training center, the visiting committee and the European Board. The training center that has been visited is entitled to make the visitation report public.

10. Appeal body

For international visitations the European Boards must set up an independent appeal body.

11. Annual report

The European Boards should submit an annual report of their activities in the field of visitation of training centers with statistical data to the Management Council of the UEMS. This report can be included in the general annual report of the UEMS Specialist Sections/European Boards. In this report it may not be possible to link data to individual training centers unless the training center has given its approval for publication of the visitation report.

12. Financing of visitations

In the case of European visitations traveling expenses by the visiting committee should be met by the training center. The expense of the organization and assessment of the visits by the European Boards should be met by the Boards.

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