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EUROPEAN TRAINING REQUIREMENTS

WORKING DOCUMENT FOR RELEVANT GUIDELINES

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1. Introduction

At the UEMS Council meeting in Granada, it was agreed that it would be important for Specialists Sections and Boards to agree on certain guidelines regarding the content and format of the UEMS European Training Requirements (ETRs). Following an initial presentation by Professor Papalois, followed by discussion among the Sections and Boards of Group II (Surgical Specialties), the Sections and Boards of Group II agreed on the principles presented and requested to produce a working document that will facilitate further consultation within Group II.

2. The need for ETRs and relevant guidelines

In the heart of work of the UEMS is to promote the free movement of medical specialists across Europe while ensuring the highest level of medical training which will pave the way to the improvement of quality of care for the benefit of all European citizens.

Most individual Countries across Europe have their own training requirements for all specialties existing in those countries based on their national needs and experience. In 54 specialties completion of the national program allows medical specialists to have their specialist qualifications automatically recognized (as established by EU law) in other EU Countries, in which the relevant specialty exists. The UEMS respects this principle and recognizes its contribution to professional mobility. However, the automatic recognition does not cover the following issues:

- Not all specialties are recognised in all Countries and therefore not all Countries have training requirements for all specialties. In fact, only 19 automatically recognized specialties do exist in all EU countries.

- Even when specialties are recognised in certain Countries across Europe there is great variation regarding the way the relevant training requirements are established and the quality of those requirements.

- The free movement of healthcare professionals across Europe generates the need for quality assurance regarding the qualifications of medical specialists that would go beyond training duration and basic knowledge and would be based on assessment of professional competence including knowledge, skills and attitudes.

- The influx of medical specialists in Europe from Countries beyond the broader European area also generates the need for sound benchmarking and quality control of their knowledge, skills and qualifications, as stipulated by EU law that indicates that qualifications of such specialists should be at least at the same minimal level as qualifications of EU specialists.

  Therefore, the UEMS ETRs do not aim to be imposed over established EU or national legislation but to complement and support them by offering robust European training guidelines created by medical specialists and based on EU-wide experience for the benefit of EU patients.

3. Scope of the guidelines

The guidelines aim to provide overall direction for the development of ETRs and they don't aim to be restrictive. The guidelines are based on the challenges faced and the experience gained over the years from the development of ETRs by UEMS Sections and Boards and they address overall principles rather than specific details. Sections and Boards are encouraged to use the principles of the guidelines and then tailor the development and writing of the ETRs in a way that matches the character and experience of their Specialty.

4. Development and Content of the ETRs

4.1 Process of development

Adopting the lowest common denominator while establishing ETRs would be automatically very inclusive but will mathematically result in recommending very low standards that cannot guarantee high quality training and, subsequently, high quality care.

On the other hand, setting unrealistically high expectations regarding the standards of training that could only reflect an ideal and most probably unattainable approach will also almost certainly make it utterly impossible for any European Country to follow.

The recommended approach is as follows:

- Phase 1: Extensive review of the existing experience regarding training requirements for the relevant Specialty in individual European Countries as well as of the relevant work and experience of the relevant European Scientific Societies.

- Phase 2: Production of summary document of the existing experience.

- Phase 3: Extensive internal consultation in the relevant Section and Board.

- Phase 4: Consultation with other UEMS Section and Boards which have potentially overlapping area of expertise and practice.

- Phase 5: Consensus regarding ETRs of high standards.

- Phase 6: Submission to the UEMS ETR Committee and to Group II for comments/ necessary adjustments to be made.

- Phase 7: Submission to the UEMS Council for approval.

- Phase 8: Final adjustments based on the recommendations expressed at the Council meeting.

4.2 Historic background

It is most important that the ETRs give a sound summary in the beginning regarding the history of the development of the relevant specialty across Europe including historical milestones, similarities and differences in practice. Areas of common interest and cooperation with other specialties need to be highlighted and the work (ETRs etc) of other Sections and Boards regarding those common areas to be properly referenced.

4.3 The European Specialist

In the modern world, top class specialist practice that translates into top class patients care, requires a holistic approach regarding the qualifications of specialists. It is therefore recommended that the ETRs reflect the qualifications of European specialist as an:

- Expert clinician
- Academic scholar
- Professional leader
- Inspired humanitarian

This holistic approach also reflects the overall philosophy of the UEMS that our profession needs to be *owned*, *managed* and *led* by the professionals.

4.4 General and Specialist training/ Duration of training

ETRs focus on specialist training. However, it is overall recognised that it is not advisable for trainees to start with specialist training without sound and relevant general training background defined as a common trunk in line with the UEMS policy (UEMS Charter on Training of Medical Specialists in the European Community). It is important that the type and time of training needed in preparation for the relevant specialist training is clearly presented in the ETRs. If the authors believe that for the specific specialty a general training background is not needed, it is important to clarify the relevant reasons.

The exact number of years requested for the overall training for a specific Specialty (basic and specialist) has to be decided by the relevant Section and Board. However the following issues need to be taken into consideration:

-Training is not a box ticking exercise but a process that requires time so that trainees can mature and develop.
-The demanding nature of modern practice absorbs many working hours of the trainees towards service provision at the expense of training.

-The rights of trainees to rest, personal/ family life and leisure have to be recognised.

4.5 Competency based syllabus, curriculum, assessment

Considering the variety of modern Specialties, it is neither possible nor advisable to recommend one uniform way of developing the relevant syllabus, curriculum and assessments. However, certain principles should be recommended:

- The ETRs must reflect the basic principle that training has to be competency based. The ultimate criterion for the quality of the ETRs is if they support the trainee to attain a defined competency and to apply it safely and efficiently in clinical practice.

- The ETRs can include a variety of training activities (operative procedures, interventional procedures, ward rounds, outpatient clinics, multidisciplinary meetings, basic/ translational or clinical research, writing of scientific abstracts and papers, attendance of training courses - to name just a few). What is recommended is that a training activity has to fulfil the following criteria:

  - takes place at the right place (accredited training centre) supervised by the right person (accredited trainer)
  - is linked to outcome
  - translates into actual competency
  - is assessed specifically and overall
  - is put into the overall context of professional development

4.6 Training Centres/ Trainers/ Assessments (Exams)

High quality training can be provided only in high quality centres by high quality trainers and has to be assessed in a meaningful and robust way. It is recommended that when developing ETRs, Sections and Boards need to take into account:

- The UEMS Chapter on visitation / appraisal of training centres

- The recommendations by the UEMS Council of European Specialist Medical Assessments (CESMA) (to be presented for approval at the UEMS Council meeting in Brussels 10-11 April 2015):
- The development and organisation of assessments (exams)
- Selection and training of trainers and assessors
- Quality control of assessments

4.7 European Clinical Standards

It is not within the scope of the ETRs to produce guidelines for clinical standards related to the relevant specialty. However, since the ETRs aim to "produce" specialists who will deliver high quality of care, it is advisable that already published clinical standards (preferably more than one document) for the specific specialty which are considered to be of high quality by the relevant UEMS Section and Board and their collaborating European Scientific Society are referenced in the ETRs.

4.8 European Fellowships

The complexity of modern specialist training dictates on many occasions for trainees to be trained in more than one centres, sometimes in more than one countries. This is not only a necessity but also recommended practice that supports cooperation and contributes to the training of aspiring junior doctors across Europe in a way that will allow them to have sound qualifications as well as a broader view of their specialty, current status and future developments; all this can only be for the benefit of patients across Europe.

When this is possible, ETRs should recommend ways to develop training fellowships for the relevant specialty with the support of training centres across Europe, preferably centres that have been through the UEMS process of visitation/ appraisal.

4.9 Review/ Revisions

The constant development of specialist training and practice dictates the need for a periodical review of the ETRs (every 2-3 years) to ensure that they are up to current practice and fit for purpose. Although Sections and Boards can go through the whole process of ETR development as described in 4.1, for the purpose of updating, it is possible that this could be the work of a dedicated sub-committee.

5. Next steps

The current draft document will be reviewed and discussed at the meeting of Group II in Brussels on the 10th of April 2015. Any suggestions for revisions will be incorporated and the document will be circulated for one final review and comments. The document can then also be circulated to Groups I and III for their

views. The final document will be put up for approval at the Group II meeting in Warsaw; if there is agreement between the three groups, then a joint document could be forwarded to the UEMS Executive for approval at the Council meeting in Warsaw in October 2015.