



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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UPDATING APPENDIX

ON THE UEMS 1997 CHARTER ON VISITATIONS OF TRAINING CENTRES

3.4.2017

1. Introduction

Since the UEMS Council meeting in Granada Autumn in October of 2014, the Sections and Boards of three Groupings reviewed and discussed extensively the UEMS 1997 Charter for Visitation and Accreditation of Training Centres as well as the current practice of the Sections and Boards that have an active and successful visitations/ appraisal and accreditation (A/A) programme.

Following an extensive consultation process there was an agreement on the following points:

- The 1997 UEMS Charter is a very comprehensive, progressive and well written document that has served the Sections and Boards well regarding the development of their own A/A programmes.
- Sections and Boards have developed their own robust terms of reference for their A/A programmes based on the 1997 Charter but also tailored in a way that reflects the character of their specialty and the experience gained over the years from the implementation of those programmes.
- Despite the sound 1997 Charter and terms of reference of the Sections and Boards, the consultation allowed to identify areas where the current documents could be complemented with some agreed recommendations.
- Those recommendations would be added as an "Updating Appendix" in the 1997 Charter.

- The recommendations do not aim to be restrictive or didactic but instead to support Sections and Boards in:
 - creating terms of reference for A/A programmes if they don't have established ones
 - updating (if they wish to do so) their established terms of reference for their A/A programmes

2. Principles/ Benchmarking

At the heart of the 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 top quality of care for the benefit of all European citizens.

The UEMS European Training Requirements (ETRs) do not aim to replace established EU or national legislation regarding training and accreditation but to complement and support them where this is needed by offering robust European training guidelines created by medical specialists and based on EU-wide educational and training experience for the benefit of EU patients.

The UEMS ETRs are completed for most Sections and Boards with a robust assessment process that leads to the relevant accreditation; based on the decision of the UEMS Council in Granada in October of 2014, those assessments need to be periodically appraised by the UEMS Council of European Specialist Medical Assessments (UEMS-CESMA) based on very robust and approved by the UEMS Council terms of reference.

It is clear that sound and comprehensive training leading to European accreditation can only be provided by well-established/ top class training centres. Therefore, for each specialty, the UEMS recommends that appraisal and accreditation of training centres is of paramount importance if it is to achieve our goal of providing excellent training leading to excellent clinical care.

The 1997 Charter gives a lot of emphasis in supporting National Accreditation Authorities in the development of their A/ A programmes in a way that this takes into consideration the overall UEMS principles and practice. The current updating appendix aims to complement this by recommending that for their A/A programmes UEMS Sections and Boards need to focus on ensuring that:

- centres provide training that will allow trainees to move and practice safely across Europe by setting high standards
- the high standards of training match the proposed ETRs by the Section and Board of the relevant specialty and approved by the UEMS Council

3. Acceptance in a training programme

The selection process of trainees for a certain training programme is of great importance for the quality of the programme and the career progression of the trainees.

It is recommended that:

- Each programme has a formally established selection process focusing on the qualifications and ability of the trainees; random selection or just time spent on a waiting list for training are clearly not recommended.
- The selection process has to be robust and transparent and conducted by senior members of the selecting programme with the presence of external members as well.
- For all trainees selected, the programme needs to have a way of early stage assessment to ensure that they are progressing well and that this is the right career for them. If it is established that trainees face challenges that cannot be dealt with all good professional support by their trainers, it is advisable to have a robust way to re-direct them to other training opportunities in a constructive way that does not harm their career prospects.

4. Activity per trainee

In the overall evaluation process of a training centre, the 1997 Charter and the terms of reference of Sections and Boards give a lot of emphasis (and rightly so) on the overall centre/departmental clinical, educational and research activity. However, experience shows that there are centres that although they offer world class services, this does not translate necessarily into actual training.

It is recommended that A/A programmes review for a every centre:

- the working hours of the trainees which are actually dedicated to training and those dedicated to service provision and if service provision is constructively incorporated in the training process
- how much of the overall activity of the appraised department actually translates into active training

5. Balance of training during the training years

Training is not a box ticking exercise but a gradual process of professional development and maturity. The fact, for example, that a trainee has done a good number of a cases for a certain type of operation and has overall an acceptable number of years in training does not necessarily guarantee good quality of training nor competence; it is not advisable for instance, in the context of the specific example, that the trainee did the vast majority of those cases the last few months of his training with no exposure or experience in the first years.

It is therefore recommended that A/A programmes take into consideration the following elements of a training programme:

- Distribution of training over the years.
- Opportunity for trainees to gradually mature and progress.
- For each trainee, presence of a dedicated supervisor/ mentor who will always be the “advocate” of the trainee.
- Absence of favouritism on behalf of some or all of the trainers for certain trainees.
- Regular external quality control of the training programme.

6. Professional qualifications

Clinical and academic training are the very core of the professional development of every trainee. However, since we believe that our practice has to be owned, led and managed by the professionals it is of utmost importance that an A/A programme takes into account if a centre offers robust opportunities for training and development in the following domains (the list not being definitive or complete):

- Leadership
- Management

- Clinical governance
- Research governance
- Innovation
- Communication
- Ethics
- Health policy and finances

7. Links with EACCME accredited educational events and pathways

In the modern world, there is a plethora of live or e-learning educational events that can be recommended or be obligatory for trainees in a specific centre. However, since the appraisal by the UEMS Sections and Boards aims to benchmark training centres against European training standards, it is advisable that part of a UEMS A/A programme would be to review the amount and content of EACCME accredited events that trainees attend during their time of training and how this is incorporated in their overall professional development.

8. Collaborative training programmes

The UEMS encourages the collaboration of centres at a national and European level for the development of training programmes. It is recommended that UEMS Sections and Boards give the opportunity to centres that have developed such training collaboration to apply for its appraisal and accreditation.

9. Outcome of training

An additional criterion (to be considered into the context of all the other elements of an A/ A programme) regarding the quality of the training offered by a centre is the proportion of trainees who actually get a formal position as specialists. This information could be linked with some evidence regarding their career development in the first years of their specialist practice.

A high proportion of trainees who get a specialist job is a clear indicator that the training programme is not only excellent but also of real professional value and in alignment with the workforce needs at a national and European setting.

10. Future prospects

As it is the case with UEMS ETRs, the Charter of 1997 as well as the terms of reference of Sections and Boards regarding A/A programmes focus on training up to specialisation. However, there is significant development across Europe of programmes offering subspecialisation training after the completion of specialist

training. It is recommended that a similar A/A process will eventually be established for those advanced training programmes.

11. Review/ Revisions

The constant development of specialist training and practice dictates the need for a periodical (every 3 years) review of the current guidelines at a UEMS and Section/ Board level to ensure that they are updated and fit for purpose.