

Training Requirements for the Specialty of ...

European Standards of Postgraduate Medical Specialist Training

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I. INTRODUCTION

1. UEMS Preamble

The UEMS (Union Européenne des Médecins Spécialistes, or European Union of Medical Specialists) is a non-governmental organisation representing national associations of medical specialists at the European level. With its current membership of 40 national associations and operating through 43 Specialist Sections and their European Boards, 17 Multidisciplinary Joint Committees and 4 Thematic Federations the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the professional consensus on the framework for the highest possible level of their training which will pave the way to the improvement of quality of care for the benefit of all European citizens and beyond.

UEMS and its Postgraduate Medical Specialists Training programmes. In 1994, the UEMS adopted its Charter on Postgraduate Training aiming at providing the recommendations at the European level for high quality training. This Charter set the basis for the European approach in the field of harmonisation of Postgraduate Specialist Medical Training, most importantly with the ongoing dissemination of its periodically updated Chapter 6's, specific to each specialty. After the most recent version of the EU Directive on the recognition of Professional Qualifications was introduced in 2011, the UEMS Specialist Sections and other UEMS Bodies have continued working on developing the documents on European Training Requirement(s) (ETRs). They reflect modern medical practice and current scientific findings in each of the specialty fields and particular competencies covered and being represented within the UEMS. In 2012 the UEMS Council adopted the document Template Structure for ETR.

The linkage between the quality of medical care and quality of training of medical professionals. It is the UEMS' conviction that the quality of medical care and expertise are directly linked to the quality of training, achieved competencies and their continuous update and development provided to the medical professionals. No matter where doctors are trained, they should have the same core competencies. The UEMS ETRs reflect many years (or even decades) of experience on the ground of the UEMS

Sections/ Multidisciplinary Joint Committees (MJC) and Boards developing in close collaboration with the relevant European Scientific Societies training requirements coupled with European Medical Assessments. It is one among the clear aims of the UEMS ETRs to raise standards of training to make sure that European patients find high quality standards of safe specialist care. While professional activity is regulated by national laws in EU Member States, it is the UEMS understanding that it has basically to comply with international treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

UEMS and European legislation facilitating the mobility of medical professionals.

The UEMS Council and its Specialist Sections, first created in 1962, have regularly provided advice and expert opinion to the European Commission. This helped create the framework that informed the drawing up of the Doctors Directives in 1975, which provided for the mutual recognition of medical diplomas and the free movement of doctors throughout the EU. The revised EU Directive on the recognition of Professional Qualifications (2013/55/EU) allows member states to decide on a common set of minimum knowledge, skills and competencies that are needed to pursue a given profession through a Common Training Framework (CTF) which represents the third mechanism that could be used to ensure mobility within the EU. This directive states that “professional qualifications obtained under common training frameworks should automatically be recognised by Member States. Professional organisations which are representative at Union level and, under certain circumstances, national professional organisations or competent authorities should be able to submit suggestions for common training principles to the Commission, in order to allow for an assessment with the national coordinators of the possible consequences of such principles for the national education and training systems, as well as for the national rules governing access to regulated professions”. The UEMS supported CTFs since they encompass the key elements developed in modern educational and training models, i.e. knowledge, skills, professionalism. In addition, the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare introduced a strong incentive for harmonisation of medical training and achieved competencies among EU/EEA Countries through the requirements to assure good and comparable quality of care to increasingly mobile European citizens.

The UEMS ETR documents aim to provide for each specialty the basic training requirements as well as optional elements, and should be regularly updated by UEMS Specialist Sections and European Boards to reflect scientific and medical progress. The three-part structure of these documents reflects the UEMS approach to have a coherent pragmatic document for each individual specialty, not only for medical specialists but also for decision-makers at the national and European level interested in knowing more about medical specialist training. To foster harmonisation of the ETR by adopting more specific guidelines, the CanMEDS competency framework is recommended which defines the entire set of roles of the professionals which are

common across both medicine and surgery. UEMS has an agreement to use an abbreviated version of the competencies within those roles.

Importance of making a distinction between Knowledge and Competency in ETR documents. Competency-based education is not oriented towards the period of clinical rotations, but towards trainee, and trainee's progress in the acquisition of competencies. Having a clear distinction within an ETR's contents between competencies and knowledge helps define both how that training should be delivered and how it should be assessed. The UEMS considers that the appropriate use of different methods of assessment of knowledge and acquired skills, emphasising the workplace-based assessment, is an essential component of quality postgraduate training, focused on high standards of specialist medical practice. To improve the methods of assessment it is also recommended to use the so-called Entrustable Professional Activities (EPAs) in all specialties ETRs. In order to recognise common and harmonised standards on the quality assurance in specialist training and specialist practice at a European level some UEMS Specialist Sections and Boards also have, for a long time, organised European examinations (supported and appraised by the UEMS CESMA - Council of European Specialist Medical Assessments).

Overlapping of learning outcomes and competencies. Each of the UEMS ETRs defines a syllabus or knowledge base and describes learning outcomes defined for given competencies. Some of these curricula encompass a whole specialty, other focus on areas within or across specialties and define content of the training requirements for specific areas of expertise. By recognising the potential overlapping it creates the opportunity for those writing ETRs to draft overlapping or common goals for learning outcomes. Similar measurement does not necessarily equate to the same targets. Rather, across different specialties the final goal may differ, i.e. there may be clearly defined individual goals for trainees with different expectations.

UEMS ETRs and national curricula. The UEMS strongly encourages the National Medical Competent Authorities (NMCAs) to adopt such requirements and believes that this is the most efficient way of implementation of good standards in postgraduate training. We clearly respect and support the vital role of the NMCAs in setting high standards of training and care in their respective Countries and checking through robust quality control mechanisms the qualifications of medical specialists moving across Europe. The UEMS ETRs are developed by professionals for professionals and this adds unique value to them. UEMS aim is to indicate the knowledge and competencies that should be achieved by trainees in EU/EEA countries and also competencies and organisation of the training centres. The training environment and results described in UEMS ETRs may be achieved in adapted ways, depending on local traditions, organisation of healthcare system and of medical specialist training. Adaptation of UEMS ETRs to local conditions assures the highest quality of specialist training and each state may include additional requirements, depending on local needs.

Importance of collaboration with other representative European medical bodies. The UEMS always wishes to work with all Colleagues, NMAs, professional and scientific

organisations across Europe. In the process of ETRs development, the UEMS recognises the importance of meaningful collaboration with the other European medical representative bodies, the European Junior Doctors (EJD representing doctors in training), the European Union of General Practitioners (UEMO – Union Européenne des Médecins Omnipraticiens), the Standing Committee of European Doctors (CPME - Comité Permanent des Médecins Européens), the Federation of European Salaried Doctors (FEMS) and the European Association of Senior Hospital Doctors (AEMH - Association Européenne des Médecins Hospitaliers). In addition, UEMS continues to develop closer links with the many European specialist societies. UEMS, in collaboration with its fellow European representative bodies, has constantly been highlighting the importance of coordinated postgraduate specialist medical training programmes always accepting the differing needs of different specialties. In this way quality medical care is delivered by highly qualified medical specialists - essential to ensuring consumer confidence and protection all over Europe.

Conclusions. UEMS is very proud for all the hard work that has been done until now in developing the UEMS ETRs as well as that they are increasingly implemented as national curricula. However, we also recognise the need for constant improvement, and we are always open to further suggestions. The UEMS insists that the medical profession remains the driver in defining its own specialist training and continuous professional development needs. On this basis, we sincerely look forward to working with the key European Union responsible bodies, as well as the national stakeholders in implementing the basic common strategies and requirements outlined with this initiative. We are confident that the priorities detailed in UEMS ETR documents developed for individual specialties (and/or competencies) will become evident in national strategies and programmes, as well as action plans for postgraduate medical education and training.

2. Specialty of ...

3. Aims of the Specialty

4. Procedure of ETR Development/ Revision

II. TRAINING REQUIREMENTS FOR TRAINEES

1. Trainee in ...

A medical trainee is a doctor who has completed their general professional training as a medical doctor and is trained and assessed in an accredited training programme leading towards medical specialist registration. Variably known in different countries as an intern, or registrar.

2. Content of training and learning outcomes

'Learning Outcomes' means statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.

a. Competencies required of the trainee

'Competency' means knowledge, skills and professionalism. Competency implies a specific set of skills and behaviours which allow appropriate tackling of a task.

CanMEDS Framework

CanMEDS is a physician competency framework that describes the abilities of physicians required to effectively meet health care needs and groups them thematically under seven roles. The role as medical expert is essential and in the centre, and is linked to the roles as Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. A competent physician seamlessly integrates the competencies of all seven roles.

i. Theoretical knowledge

Should include the main domains covered by the specialty with a short description of domains that the trainee should master in the specialty, to be listed in the Syllabus.

ii. Practical and clinical skills

Key skills to possess in this specialty

Both to be listed in the Syllabus and Curriculum

iii. Non-technical skills and professionalism

To be listed in the Syllabus and Curriculum.

The so-called soft CanMEDS competencies— communication, teamwork, leadership and professionalism— are usually integrated in clinical assignments. Physician's overall ability to perform a specific task includes multiple key skills from the the CanMEDS framework.

b. Levels of Competence

Competence implies the legal recognition of an overall capability involving, through one or more steps in training, the successful achievement of one or more competencies. The ability to perform a task effectively is achieved through knowledge, technical and non-technical skills, professionalism and experience.

Levels of competence widely used are

- 1: The trainee has observed, has knowledge of, describes*
- 2: The trainee performs, manages, demonstrates under direct supervision*
- 3: The trainee performs, manages, demonstrates under distant supervision*
- 4: The trainee performs, manages, demonstrates independently*

Entrustable Professional Activities (EPAs) form a higher level of competence, and at the same time go beyond as they connect the competency framework to the workplace. EPAs are defined units of professional work that can be entrusted to a trainee once he/she has demonstrated sufficient competence to perform the activity independently, without assistance or need for advice. The UEMS strongly encourages to include EPAs in the ETR.

When describing the level of competence for particular parts of the curriculum or for EPAs, including their assessment, the application of the different **CanMED roles** may be helpful.

3. Organisation of training

a. Schedule of training

Minimum duration of training

Include required timing

b. Curriculum of training

*The European Specialist Curriculum must cover not only knowledge and skills, but also domains of professionalism. A 'Curriculum' is prescriptive or specific and refers to the entire content taught in the training programme. At the same time, it presents details about the objectives, academic content and the **methodologies to be adopted** during training in order to achieve the aims.*

c. Assessment and evaluation

Assessment: The activity of evaluating the mastery of curriculum content, using pre-defined criteria, and passing a judgment by assigning a value (i.e. a grade or numerical value) to such mastery. It is a systematic approach intended to increase quality.

Evaluation: Inherent in the idea of evaluation is "value." Process designed to provide information that will help us make a judgment about a given situation

i. Formative Assessments

'Formative assessments' evaluate on trainees' understanding and progress during the training. They happen throughout the learning process. A Formative Assessment is carried out mainly to give feedback to the trainee to improve him/herself or others (e.g. teachers, accrediting bodies, examiners, educational institutions).

ii. Summative Assessments

A 'summative assessment' evaluates formally what trainees have learned and are competent to perform at the end of the learning process. The primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards. If available, they include a UEMS Exit Examination.

e. Governance

III. TRAINING REQUIREMENTS FOR TRAINERS

1. Process for recognition as trainer

a. Requested qualification and experience

The director of the training programme should be a certified specialist with at least 5 years of practice after specialist certification. He or she should possess the proper educational,

organisational and leadership qualities, especially considerable knowledge and experience in postgraduate training, and should have completed the 'Training the Trainer Courses'

Trainers should be certified specialists. It is recommended that trainers are at least certified specialists with a minimum of 3 years of practice.

b. Core competencies of trainers

Special Qualifications of the trainers (if not covered by EU Directive on Professional Qualifications) should include but not be limited to the following:

Trainers should

- I. know all aspects of the given specialty curriculum and the problems related to its clinical implementation.
- II. be familiar with principles of modern medical education with focus on assessment tools, how to support trainees in difficulty and how to give effective feedback, including career advice.
- III. be able to promote trainee's competencies including ethical behaviours and humanistic values as well as trainee's scientific curiosity.
- IV. further develop their own leadership and mentorship competencies.

2. Quality management for trainers

Ample time should be assigned to the daily management of the training programme. Adequate administrative support should be provided.

The programme director should be responsible for creating a safe and prosperous learning environment. He/she should ensure that there is an appropriate balance between service and training. He/she should meet regularly with the trainees, ascertain that necessary assessments are carried out and provide support and advice regarding professional development.

There should be a minimum number of specialists on the staff to ensure adequate supervision of trainees.

Staff policy should include support for trainers including psychological support and offer training in medical education, especially encourage continuous professional development for programme directors and trainers, including relevant 'Training the Trainers Courses'. The evaluation of mentors by trainees should be implemented.

IV. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

1. Process for recognition as training centre

a. Requirement on staff and clinical activities

Minimal number of patients cared for as inpatients and as out patients; kind and minimal number of (surgical) procedures

Range of clinical specialties required for the training programme

Composition and availability of faculty

Training programme defined, guidelines application

Trainee / trainer ratio

Relevant scientific activity

A system for support, counselling and career guidance of trainees

b. Requirement on equipment, accommodation

Medical-technical specialty-specific equipment

Clinical and educational activities supporting trainee's acquisition of competence.

Opportunities for Research and Development

Information technology support: those required for research, healthcare information systems, patient data, electronic or distance learning resources

Virtual and artificial intelligence resources

Physical spaces for study to ensure a learning environment

Physical spaces and resources for research_

2. Quality management within training institutions

Accreditation and reaccreditation by the national competent authority

Clinical Governance

Manpower planning as part of the defined national manpower plan

Regular report on teaching and scientific activities sent to relevant authorities

External auditing

Internal auditing and quality assurance

Transparency of training programmes

Structure for coordination of training

Framework of approval – how are they approved

References

Glossary including list of acronyms with explanations

Contributions

Appendices including general UEMS documents

List of general UEMS documents

Commented [NN1]: links to be added

To be included as appendices where applicable to the specialty:

Document written by TF Green and Sustainable Medical Practice

Document written by TF Equality, Diversity and Inclusivity

Training objectives for UEMS specialists pertaining to the care of adolescents and young adults (version sept 2022)

Genetics + Genomics for UEMS ETRs_220303

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3. Harvey L. History of the UEMS. In: Fras Z, Destrebecq F, eds. Building on solid foundations to improve specialist healthcare for European citizens. UEMS 50th Anniversary Conference, Brussels, 18th April 2008. Book of papers. Brussels: European Union of Medical Specialists, 2008: 29-32.
4. Twomey C. Postgraduate Training for Medical Specialists – what more can be done for greater harmonisation in Europe? In: Fras Z, Destrebecq F, eds. Building on solid foundations to improve specialist healthcare for European citizens. UEMS 50th Anniversary Conference, Brussels, 18th April 2008. Book of papers. Brussels: European Union of Medical Specialists, 2008: 19-22.
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https://wfme.org/wp-content/uploads/2023/03/WFME-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION_2023.pdf