

Dear colleagues,

I would like to propose the following agenda for our WG meeting in which we will be getting together soon in Brussels .

WGPGT Meeting

Friday 18/10/2024 from 13:30 to 15:00,
Stavanger Room (Ground Floor).

- 1) Our dear friend Prof. Arthur Felice will be presenting the draft of his work ***Glossary and List of Acronyms: One aspect of Standardisation of Terminology***

The completed First Draft of the document, authored by Prof. Felice, as well as the edited version of this, intended to lead to the Second Draft will be introduced. This is still works in progress and consequently not finalized. Marc Hermans and Arthur are actively involved in this editing process, but attending delegates will be able to see it at the *statu quo*, incompletely revised stage, as Arthur stated.

- 2) Regarding **appraisal of training centers:**

We have already sent the questionnaire prepared mainly with great effort from our dear friend Dr. Andreas Papandroudis to our Brussels burau to be delivered to S&Bs and MJC's presidents, as well as NMAs UEMS representative. The aim is as you know to collect data on accreditation of training centers in Europe.

We will be asking your personal help to actively take part in filling the questionnaire for your S&B or NMA etc. with relevant colleagues there.

- 3) Regarding **ETRs**, the facilitators of our sub group dear our experienced colleague Prof. Nada Çikes and Dr. Vesna Kuşec will be reporting the process in ETRs.

In this point, I would like to propose a new set of subjects for our WG to discuss which I found very important to be added to all (or groups of) ETRs.

As we all know ETRs are very valuable documents prepared with great effort and time of many of our colleagues with a much-structured way thanks to our ETR committees' hard work. They are incredibly detailed guides mostly technical for any given specialty but lacks defining many common "non-technical" knowledge and skills which should be present in any training process of medical specialist to gain the highest standards not only in her/his profession but also protect her/himself, patients and society.

You can add many more to the "non-technical" topics which I have listed below. Most of them should be included in graduate phase of medical training but a lot is not, and some are appearing in a fast mode, as "Ethical and legal aspects of emerging technologies, artificial intelligence in specialist medicine etc."

But in practice because of lack of many of these subjects in PGT, both our young colleagues whom we are training and their patient's safety are vulnerable and can be in danger.

Some of these subjects can be added to all ETRs like the one proposed from our colleagues from BMA some years ago and endorsed in the GC meeting "protecting the fragile sub-

groups of patients". Whereas some can be prepared for only surgical disciplines for example, like "proper documentation of surgical operations".

I would like to hear your contributions during our discussion in this subject.

Some of the **important non-technical topics**:

Discrimination, bias, stigma: immigrants, Vulnerable groups (elderly, disabled, convicts and prisoner etc.), gender, Individuals who are stigmatized due to their illness

Addiction

Scientific research methods and ethics

Epidemic diseases

Climate migration and immigrants: Disasters and extreme weather events (floods, heavy rains, heat waves, drought, etc.)

Extraordinary situations/disasters

Specialists: Work overload and burnout, Alienation from the profession, sense of belonging, Durability, Physical and mental health, job satisfaction, economic well-being

Legal and ethical distinctions and dilemmas in medical practices

National and international documents, legal legislation and ethical codes related to medicine and health

Accidents

Chronic/Non-communicable diseases

Violence against healthcare workers

Conflict/intimidation (mobbing) in health service delivery processes

Aspects of health practices that require self-criticism

Violence: against women, children, the elderly, cyber violence, Violence in vulnerable groups, peer bullying

Technology and health interaction: Artificial intelligence, Digitalization, personal health data and big data management, wearable technologies, Current diagnostic-treatment tools, Technological communication tools and channels, Technology addiction, misuse and abuse of technology, Management of media and excessive/noisy information h. Online health applications, Use of advanced technology and ethical issues

Medical errors and unprofessional behavior

Social and cultural diversity

reproductive health/sexual health

Old age

- 4) Regarding the **"duration and presence of medical specialist training in UEMS countries and disciplines"** we should be re-organize working in a sub group with our young colleagues from EJDs to handle the existing data together.