**Review of Documents for WGPGT – Arthur Felice 11/04/2025**

**Doc 1**

**ETRs in relation to Accreditation of Training Programmes and Centres**

**Arthur Felice 20/07/2022**

Process for Accreditation of Training Programmes and Centres

Important as it is to accredit the “product” (trainee) it is equally or even more important to accredit the system producing this “product” (training centre). An initial report and review of the documents is followed by an onsite visit and inspection of all the activities of the applying centre along with interviews of all stake holders. The most important criterion for this appraisal for accreditation of the Training Centre and its Programme, is the activity of the applying centre (clinical and academic) and the trainees and how this translates finally into professional development and maintenance of standards. The purpose of the accreditation process is improvement, assurance and assessment of the quality of training in the training centre. To achieve this, the level of training is compared with criteria that are adopted by the particular Specialty in its ETR and the national professional Authority, in charge of the assurance of quality of training in the particular EU Member State. The outcome of the accreditation process can be used in a national certification and recertification program of training centres, dependent on existing rules. To have any real meaning the Accreditation needs to be Specialty-specific in an initial phase. The sum total of the Specialty Training Programmes, in addition to an overview, is what should determine the overall Accreditation of the Centre itself. It is not just simply counting the number of ETRs ‘accepted’ by the Training Centre. The main point is the Standard achievable in the Training Centre in the various Specialties.

Being in essence Specialtyspecific, this appraisal should be done by the Section, Division, Working Group or MJC which designed the corresponding ETR for the UEMS to ratify. These are the bodies which have the expertise and competence to accredit a Training Centre for the particular Specialty. Whether these UEMS Specialty bodies have the resources to carry out the Accreditation Process or not, may constitute an issue.

The visiting committee reports and advises the European Board in the specialty concerned and the responsibility lies with this UEMS body. UEMS policy on Visitation and Certification of Training Centres – Main points:

1. There is no UEMS central Body that governs Visitation and Certification of Training Centres, but only a Charter that sets out the rules

2. It is standard practice for each Division or Working Group to organise Certification, particular to Training in that specific specialty, which really reflects the requirements for ETRs. They follow the rules of the Charter. UEMS Charter for Visitation of Training Centres (Reviewed a few years ago)

• 12 Articles (1 – 12)

• 5 Annexes (A – E0

Thus, there are two different and distinct processes: 1. Accreditation of training centres – Assessing the mechanism (Training Centre and Programme) 2. Examinations assess the product, i.e. The Candidate’s competence. The two are linked by the Specialty-specific ETRs, with all their components.

The EU Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification. This was a positive breakthrough, but in fact does **not** provide the necessary safeguards to assure standards in the interest of patient safety. Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations.

The ETRs for any specialty should be based on the most recent update of the previous Chapter 6 of the Training Charter and The Working document Guidelines. It defines specialist competencies and procedures as well as how to document and assess them.

European Training Requirements (ETRs) are essential because of:

• Harmonization • Professional mobility with safeguards

• Maintenance of standards

• Quality Assurance and Improvement

• Equity and ultimately:

• Patient safety Maintenance of Standards is the clue term in this respect.

That is essentially what needs to be assessed in the accreditation process. It clearly should not be limited to counting the number of ETRs formally accepted by the Training Centre. This could prove to be very misleading

**NOTE THAT I ONLY CORRECTED ONE TYPO AND ADDED ONE SENTENCE – Arthur Felice**

**Review of Documents for WGPGT**

**Doc 2**

UEMS CHARTER ON VISITATION OF TRAINING CENTERS

Andreas’ 2nd attachment was difficult to edit because of its format and because it is a pdf document. It is still essentially a valid document. The comments I made in 2022 (above) still apply.

**See Doc 4**

**Review of Documents for WGPGT**

**Doc 3**

**Appraisal of Training Centres – Groupings – Visitations – Guidelines**

Well written and insightly document which is still valid. I have only one remark to make:

Item 5 Balance of training during training years – Last point: There should be Internal and External Quality Assurance mechanisms.

**Review of Documents for WGPGT**

**Doc 4**

**Guidelines for Appraisal and Accreditation of Postgraduate Training Centers**

My views converge with Naishadh Patil’s editing and comments. I can only add a few:

* It would be helpful to have a formal Template for Visitation of Training Centres. This would help the Training Centres to prepare for the Visitation, and the Appraisal Officers to document their findings systematically. It would include all essential aspects of Postgraduate Medical Specialty Training.
* Encouraging the adoption of the concepts of **Entrustable Professional activities (EPAs) and CanMeds Competencies.** An EPA is ‘a critical part of professional work that can be identified as a **unit** to be ***entrusted*** to a trainee once sufficient competence has been reached’. An EPA goes a level higher than the traditional 4th level of competence which is the ‘independence competency’. The key factor is *Trust****.*** The trainee is not only capable of tackling the particular procedures or units independently, but he can be ***trusted*** to do this by his tutors. EPAs constitute both an expression **competency** (abilities possessed by trainees/applicants) and are also **units of professional work.** They can function as a link between CanMeds and competence assessment, e.g. during Formative Assessments, or the Eligibility Process for an eventual Summative Assessment, in a Training Programme.