



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

*Association internationale sans but lucratif International non-profit organisation*

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## **WORKING DOCUMENT FOR AN UPDATING APPENDIX**

### **ON THE UEMS 1997 CHARTER ON VISITATIONS OF TRAINING CENTRES**

*Draft September 2015*

#### **1. Introduction**

During the last two UEMS Council meetings (Brussels Spring of 2014, Granada Autumn of 2014), the Sections and Boards of Group II 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 this 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 the group to identify areas where the current documents could be complemented with some agreed recommendations.
- Those recommendations could 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**

In 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 the improvement of 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 aiming to support medical specialists for the benefit of 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 absolutely 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 those proposed 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 paramount 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 do 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
- 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; 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 6 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 supervision/ 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**

The final and perhaps most important criterion 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 training post-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 2-3) review of the current guidelines at a UEMS and Section/ Board level to ensure that they are updated and fit for purpose.

## **12. Next steps**

The current draft document will be reviewed and discussed at the meeting of Group II in Brussels on the 10<sup>th</sup> 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.