



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Kroonlaan, 20, Avenue de la Couronne,
B-1050 - BRUSSELS.
www.uems.net

tel: +32-2-649.51.64
fax: +32-2-640.37.30
uems@skynet.be

The Training, Qualification and Continuous Professional Development of the Medical Specialist in the future, a Challenge for the UEMS.

Introduction.

An hybrid yet comprehensive structure – specialist, political and scientific

The European Union of Medical Specialists (UEMS) was established in 1958, one year after the signing of the Rome Treaty, and is the representative organisation of the National Associations of Medical Specialists in the European Union, its associated and observer countries and beyond. With a current membership of 35 countries, the UEMS represents an estimated 1.5 million specialist doctors, notably through its 38 Specialist Sections and Boards and 8 Multidisciplinary Joint Committees (MJC's) It has strong links and relations with the European Institutions (Commission and Parliament), the other independent European Medical Organisations (e.g. PWG, UEMO, CPME) and the European Medical / Scientific Societies.

Its structure consists of a Council responsible for and working through its Specialist Sections and MJC's, each with its own European Board, addressing training in the Specialty and incorporating representatives from academia (Scientific Societies, Colleges and Universities). An Executive, made up the President, the Secretary-General, the Liaison Officer, and the Treasurer, is responsible for the daily functioning of the organisation.

By its agreed documents, the UEMS sets standards for high quality healthcare practice for the benefit of patients and the harmonisation of high level training across Europe that are transmitted to the

Authorities and Institutions of the EU and the National Medical Associations (and through them the National Health Authorities) stimulating and encouraging them to implement its recommendations.

In 2000, the UEMS established the extremely important European Accreditation Council for Continuing Medical Education (EACCME[®]), which facilitates the exchange of CME credits obtained by attending international medical congresses. This recognition is achieved by virtue of common memoranda of agreement on mutual recognition reached between UEMS, the National Accreditation Authorities and the American Medical Association.

A further step forward was realized in 2009 at the Istanbul Council of the UEMS where the European Accreditation Council for Medical Specialist Qualification was officially created. It was agreed to start with a pilot project for a period of two years for three Specialties and have a harmonization of the Assessment of the Training.

The oldest of the European Medical Organisations

On 20th July 1958, delegates from the professional organisations representing medical specialists of the six founding countries of the new European Economic Community convened in Brussels and set up the UEMS. Thanks to the leadership and perspicacity of its founding members, the UEMS soon established contacts with the newly created European Institutions to define the basic principles of the field of training for European medical specialists. During its (more than) 50 years of existence, the UEMS continued to deliver a considerable amount of work with the constant aim to promote the quality of care across Europe.

When addressing the issue of quality, the UEMS obtained from the European Commission and the Member States that the highest levels of training for the future medical specialists of the Six Common Market countries would be guaranteed by European legislation. This vision of the future resulted in the elaboration of common general criteria, applicable to all specialists wishing to move from one member country to another.

To realise this ambitious objective, the UEMS created in 1962 Specialist Sections for each of the main disciplines then practiced in the Member States. These groups of experts, made up of representatives of the national associations of the specialty concerned, carried out a considerable workload with the idea of coordinating and harmonising specialist training and criteria for the recognition of medical specialists. Today the UEMS has 38 Specialist Sections and Boards as well as 8 Multidisciplinary Joint Committees (MJC's) all together having about 2000 specialists working on those important issues.

This active collaboration with the European Institutions and Member States led to the adoption in 1975 of the first Directives providing for the free movement of doctors across Europe by ensuring the recognition of their qualifications.

The UEMS naturally contributed to further improvements and updates to the Doctors' Directives following to the successive enlargements of the European Community. These also led to important changes in the bodies and composition of UEMS. Progressively, the number of UEMS Sections increased and reaches now 38.

In order to support the implementation to these Directives, the European Commission established the Advisory Committee on Medical Training (ACMT) with an aim to engage European professional medical organisations, universities and national governments. The UEMS, through its Specialist Sections, was naturally deeply involved in the consultations launched by this body. Each Section was asked to report on its understanding and possible proposals regarding the developments occurring in the specialty. Progressively, four reports of the ACMT, conducted by Members of the UEMS Executive, were implemented by the Commission when updating its legislation.

Confronted with the need to a greater involvement of the academic world and the large European Scientific Societies, the UEMS created in 1990 European Boards as working groups of its Specialist Sections to address issues related to medical training and ultimately guarantee optimal care by raising quality and training standards. Thanks to this closer collaboration, European Charters were elaborated on various issues such as specialist training, quality assurance in specialist medicine or the autonomy of practice for medical specialists.

In 1999, the UEMS set up the European Accreditation Council for Continuing Education (EACCME[®]) with an aim to harmonise and improve the quality of specialist medical care in Europe through facilitating the mobility of health professionals for learning and training purposes. In the fields of continuing medical education (CME) and continuing professional development (CPD), the EACCME ensures access to recognised high quality CME-CPD activities by securing the exchange and recognition of CME credits for medical specialists in Europe through the European CME Credits (ECMEC's).

In the recent years, the UEMS has shown itself to be very active in major issues dealt with at the EU level. These include among others the consolidation of the Doctors' Directive into the Directive on the recognition of professional qualifications; the organisation of working time and; patient mobility and cross-border care.

The UEMS has celebrated its 50th Anniversary having celebrations held in Brussels from 17th to 19th April 2008.

In 2007 at the initiative of the Section of Pediatric Surgery a meeting was organized in Glasgow where some of the Sections met that were organizing European Board Examinations with the aim to harmonize those. At that time 11 UEMS Sections were represented and the so-called Glasgow Declaration was issued at the end of the meeting.

The main points on the Glasgow declaration are : the European Board Examinations have no Legal Value and they can be seen as complimentary to National Examinations. We have to promote the European Examinations, as they can be considered as a Label of Excellence. Important is to set a clear Curriculum and to have a Reference Book. There should be clear Eligibility criteria and we have to harmonize the certificates for successful application.

In the meanwhile, the Council for European Specialty Medical Assessment (UEMS-CESMA) has been more formally installed and working very well. Today 30 UEMS Sections are participating in the activities of this group and more are joining as they understand the importance of harmonizing the process. UEMS-CESMA has the support of the UEMS Council and Executive. The UEMS President as well as the UEMS Secretary-General being ex-officio members of UEMS-CESMA.

UEMS–CESMA together with the Working Group of the UEMS Council on Post Graduate Training will be part of the ECAMSQ together with the National Licensing Authorities in the European Union as well as the UEMS Executive to constitute the Standing Committee on PGT of the UEMS.

This process is very important, especially in view of the revision of the EU Directive on the Recognition of Qualifications which is expected to be finalized in 2012.

The introduction of e-learning material in the EACCME® (European Accreditation Council for Continuous Medical Education) « package » from April 9th 2009 onwards.

Since 2000 the UEMS is working on the harmonization of the Continuous Medical Education and Continuous Professional Education in the European area, by creating the European Accreditation Council for Continuous Medical Education (EACCME®). From 2004 on the EACCME® has signed an agreement with the American Medical Association for the mutual recognition of international events happening on both sides of the Atlantic Ocean.

First the EACCME® took into consideration for the accreditation only live events but obviously e-learning is becoming an important tool for physicians to improve their knowledge, skills and attitudes so it was decided by the UEMS Council to also consider e-learning material for accreditation and this started on April 6th 2009.

The introduction of long distance learning was also an opportunity for the UEMS to improve the quality criteria for the evaluation of the e-learning activities and those criteria, being very strict and of high standards, will in the future be retrofitted to live events.

The document UEMS 2008.20 (Revised) presents the criteria that have to be fulfilled for e-learning material before being approved and granted for credits by the UEMS-EACCME[®].

Another important improvement in the UEMS-EACCME[®] process was the change in provider who is taking care of the webbased application form. In January 2008 the UEMS decided to introduce a webbased application form, as the numbers of events applying for UEMS-EACCME[®] accreditation were increasing and the manual processing became too demanding for the UEMS Brussels Office Staff.

From the start the intention was to have a fully efficient system including the evaluation by the experts of both UEMS Sections as well as the National Accreditation Authorities and also to increase and improve the communication between the different partners in the process, the applicant, the experts and the UEMS-EACCME[®].

As with all new systems that are introduced, we experienced some problems at the start but unfortunately, it seemed that they were not appropriately solved and many complains remained so that we had to change the webmaster and since January 2010 the system works extremely well and there are nearly no complaints any more concerning the processing of the applications.

The actual webmaster is providing an excellent service to UEMS-EACCME[®] and things are going smoothly and efficiently now.

This can be measured as since the introduction of the new webmaster, the number of applications is increasing quite strongly but globally, the quality of the events remains outstanding in a large proportion.

Also the number of agreements between the UEMS Sections and Boards and the MJC's as well as the National Accreditation Authorities is increasing steadily and moreover, contacts have been undertaken with other areas of the world such as Canada, Australia and the Middle East to reinforce the position of EACCME[®] and the accreditation issue all over the world.

The agreement between the UEMS-EACCME[®] and the American Medical Association on the mutual recognition of credits was first issued in 2002 as a pilot and since 2006 it was a real agreement.

Now in July 2010, the agreement has been renewed as both parties reviewed the process and decided to include also e-learning material being an important tool nowadays.

We do not have to forget that especially with the introduction of the e-learning material, borders are vanishing and the whole issue of CME-CPD is getting more and more global and worldwide.

The launch of a new structure : the European Accreditation Council for Medical Specialist Qualification (EACMSQ).

Both the “Charter on Specialist Training” and the “Charter on Quality Assurance of Specialist Practice in the EU” stresses the importance of assessing the training at one level or another. Obviously, the Policy Statement on Assessments during Postgraduate Medical Training crystallizes the thinking of the UEMS Council in this respect. Everything starts with the definition of clear and harmonized training programs and curricula so that candidates have a strong base to build their education upon.

This work has been done by our different UEMS Sections and Boards as well as the MJC’s and is continuously updated. Many Sections are also participating in the UEMS Council for European Specialist Medical Assessment (UEMS-CESMA) project. UEMS-CESMA started in February 2007 at a meeting organized by the Section of Paediatric Surgery in Glasgow and has gained momentum steadily since with more Sections and Boards becoming involved.

In 2009, at the April Council meeting, a first presentation of the ECAMSQ was given by the UEMS President, and this can be seen as the first step in the starting up of this very important initiative. The aim is to combine the UEMS-CESMA project and the Working Group for Post Graduate Training of the UEMS Council and create a structure, similar to EACCME[®] for CME-CPD involving all the important stakeholders in the field of PGT in Europe.

Similarly to the EACCME[®], the partners involved here are the UEMS Sections and Boards and the MJC’s as well as the National Licensing Authorities.

The Council decided in its meeting of Istanbul in October 2009 to establish the ECAMSQ, with the ECAMSQ becoming operational in 2010 (starting with a pilot project lasting for two years and involving three specialties, Anesthesiology, Cardiology as well as Radiology).

Orzone and UEMS share the vision of improving healthcare quality through the harmonization of training and education in Europe. For this purpose a collaboration has been established for developing a comprehensive electronic platform to support medical training, assessment and continuous professional development. The strategic direction for the establishment and the primary focus of this initiative is to extensively improve the education and training of European medical doctors, improving medical outcome and patient safety

As an organization, the UEMS promotes the best possible standards of harmonized specialist training, continuing medical education (CME) and professional development (CPD), as well as quality assurance of specialist medical practice.

By doing so, the UEMS is committed and serves to encourage decision-makers as well as healthcare professionals to ensure appropriate mechanisms for safe specialist medical care across Europe and this

for each European citizen.

As this topic clearly involves Trainees in the different specialties, the Permanent Working Group for Trainees (PWG) will have a delegate in the EACMSQ. It is obvious, that in order to have free movement of Specialists in the European Union and the Specialties to be recognized throughout the Member States, the training curriculum and content should be very similar everywhere in Europe and an Assessment would confirm the ability of a Specialist to work in similar conditions within the European region.

ECAMSQ will be a structure that will help in this harmonization process easing access to all EU specialists to all kinds of equivalent positions all over Europe. Obviously, as in EACCME[®] it is fundamental to involve strongly the National Training & Licensing Authorities of the different Member States in the process in order to guarantee the value of the end product.

It is clear that the ECAMSQ has to receive its mandate from the national licensing authorities.

Thoughts on the revision of the Directive on the Recognition of Qualifications (Dir 2005/36 EC and 2006/100 EC).

The Directive on the Recognition of Qualifications was updated in 2006 with the admission of Bulgaria and Romania as Member States of the European Union but there were no major amendments introduced at that time.

As the Directive will be revised in 2012, we have to think on issues that are important and that could be introduced or modified. First of all, the denomination of the Specialties have to be looked at and for instance the name of one Specialty, "Physical and Rehabilitation Medicine" has to be corrected as it is now cited as "Physiotherapy". Secondly, the minimal length of training of the different specialties has to be updated as for instance for Anaesthesiology, the Directive only considers a minimal Training Time of 3 years although the profession globally advocates a training of at least 5 years. In this respect it should be also good to consider including not only length of training but also the required competences as identified by the Core Curriculum as proposed by the different UEMS Sections and Boards as well as the MJC's (the so-called Chapter 6 of the UEMS Charter on Post Graduate Training).

A crucial concept that could be introduced and would help a lot in the recognition of special fields of activities in medicine is the concept of so-called "Particular Qualification".

Nowadays, the actual Directive only recognizes Basic Specialties but activities such as Intensive Care Medicine and Oncology are left aside and ignored.

It will be a major task of the UEMS to convince the European Parliament, the European Commission and the National Authorities of the different EU Member States, that the introduction of these Particular Qualifications are an important issue to help many of our Colleagues active in some fields of Medicine to be recognized all over Europe and by having this, help to enhance the healthcare of the European Citizen.

Likewise the actual version of the Directive, there will be a list in the Addendum listing the different Particular Competences that would be recognized also presenting the countries where they are already existing.

Important issue for Sports Medicine.

Obviously, the revision of the EU Directive on the Recognition of the Qualification is very important for all specialties and also for Sports Medicine, especially as Sports Medicine is not yet mentioned in the Addendum of the EU Directive.

The inclusion of a specialty in the Addendum is regulated and needs some minimal recognition in a minimal number of EU Member States as a full specialty.

When this number is reached, it is needed that at least one of the EU Member Countries formally request the EU Commission to include the specialty in the Addendum with reference to the EU Member Countries where the specialty is recognized as an independent specialty.

From the moment this is done and published in the Official Journal of the EU, the colleagues having the recognition of Sports Medicine in one of the countries where the specialty is recognized and would like to move to another country that is mentioned in the list, this will be an automatic recognition of the specialty without any prior prerequisites.

The work done by the Multidisciplinary Joint Committee on Sports Medicine, under the leadership of Nicolas Christodoulou, André Debruyne, Maurizio Casasco, Norbert Bachl, Fabio Pigozzi and Joe Cumiskey is tremendous and it paves the way for this step forward toward the recognition of Sports Medicine at the European Level.

This is not only important for Medicine but also for Sports and the athletes as our colleagues will have harmonized training, CME-CPD and recognition all over Europe and so it will guarantee a fair and professional approach for the specific problems encountered in the field of Sports.

Internal organizational changes.

As mentioned before, the UEMS was created in 1958 and in 1962 the first UEMS Section was created and since then, the UEMS started EACCME and recently ECAMSQ and so there have to be some changes in the organization of the meetings for instance in order to improve the collaboration and cooperation of those different bodies as to ensure efficiency and progress.

In 2009, the UEMS Council decided in its meeting in Istanbul, to have one delegate from each UEMS Section and Board or MJC in the Council meetings and this from the Prague meeting in October 2010 onwards, without voting right.

By doing so, the Sections and Boards will be much more involved in the decision making process and this will increase the input and contribution of the UEMS Sections and it will also create an interaction between our different Sections and the National Medical Associations.

As the UEMS Sections and Boards play an important role in the evaluation of CME activities and play a key role in the Assessment through the ECAMSQ, their involvement in the work of the UEMS Council is of the utmost importance.

Conclusions.

As reflected in this article, the UEMS is very active in many different fields concerning Specialized Medicine and there are still a lot of important challenges that remain to be realized. One of those being the whole issue of e-Health that will increasingly influence our practice through telemedicine, e-prescription or electronic patient record for instance.

The mobilization of all the actively involved members of the UEMS in the different bodies, the delegates from the National Medical Associations, the delegates of the UEMS Sections and Boards as well as the

MJC's as well as the participants in both the EACCME[®] and the ECAMSQ will be needed to achieve those important goals that have been set up in the Strategy Document of the UEMS, proposed by our President, that lies at the basis of all those initiatives.

Dr. Bernard Maillet

Former Secretary General of the UEMS (2002 – 2011).