Harmonising Training and Accreditation of Medical Specialists in Europe

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European Union of Medical Specialists (UEMS)

Royal Academy for Medicine in Belgium
27 February 2016
Late 1950s...early 1960s...

• Birth of European Medical Organisations

• Aiming to translate the ideas and ideals of European collaboration and integration into the medical profession
Union Europeenne Des Medicins Specialistes
European Union of Medical Specialist

The European Medical Association
The European Medical Senate
(National Medical Associations with equal rights)

58 years young

37 countries-EU and beyond, 1.6 million Healthcare Professionals

43 Specialist Sections

15 Multi-disciplinary Joint Committees (MJCs)

2 Thematic Federations

Management Council/ Elected Executive
UEMS Main Aims

*UEMS influence European Health Policy*

- Promote the interests of medical specialists in Europe
- High standards of care, training and practice
- Continuing Medical Education and Professional Development/ EACCME
- Quality assurance in specialist practice
UEMS Section of Surgery
Structure

- 12 Divisions

General Surgery
Bariatric Surgery (working group)
Breast
Colorectal
Emergency Surgery (working group)
Endocrine
Hand
HPB
Surgical Oncology
Transplantation
Trauma
Upper GI Surgery (working group)

- Active in 5 MJCs of the UEMS
UEMS Section of Surgery Operation

National Surgical Associations
- Delegates (two per Country)
- Financial support
- Organisational support
- Faculty for projects

The same model is used for all Divisions

Total of 1,000 Specialist Surgeons supporting the work of Section

Offices, Domus Medica Europea, Brussels
Website: www.uemssurg.org
UEMS Section of Surgery
Agenda

The National Surgical Societies
set the Agenda!!!

Joint Symposia and Sessions
with the National Surgical Societies
The main question

Is there a need for European projects for training, accreditation and professional development in surgery (and of course all specialties)???
The clear answer

YES!!!
New world-New realities

- Free movement of heath care professionals
- Free movement of patients
- Health care systems across Europe are *inter-dependent*
- In many countries, assessments of training, competence and professional development either they do not exist or they are not well developed
EU Healthcare Directive 2011/24/EU

The rights of the patients

The freedom to receive health services throughout the European Union must be accompanied by guarantees of quality and security. In order to make an informed choice, patients must be able to access all the information they require on the conditions under which they will receive healthcare in another EU Member State and the conditions under which they will be reimbursed once they return home.
EU HEALTHCARE DIRECTIVE 2011/24/EU

Quality of outcomes

Transparency

Accountability
New world-New realities

- Criteria of selection for training
- Development of fit for purpose training centres
- Training of the trainers
- State of the art training, supervision, monitoring and outcome
- Post-CCT training
- Training of specialists
- Professional skills
- Re-validation, re-accreditation
Re-think about training and provision of healthcare services

- Financial challenges
- Workforce planning
- Technology
- Changing landscape of health problems
- Different needs and demands by patients: users of healthcare services
Worldwide migration

Sources: National Public Radio; The Economist
Working Restrictions

- 40 hours maximum working week made statutory 3 decades ago in Scandinavia
- No more than 19 hours continuous work (in-hospital on call)
- No work the *day before* and *day after* night shift [i.e. "night-shift" = 4am – 9pm]
- Several mandatory courses to attend
- Compensatory days off [every 7-10th week]

⇒ residents less available for clinical work & training
### Average age with approval as specialist 2004-2013

<table>
<thead>
<tr>
<th>Specialty</th>
<th>years</th>
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<tbody>
<tr>
<td>General surgery</td>
<td>40,41</td>
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<tr>
<td>Pediatric surgery</td>
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<tr>
<td>GI surgery</td>
<td>42,58</td>
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<tr>
<td>Vascular surgery</td>
<td>42,44</td>
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<tr>
<td>Thoracic surgery</td>
<td>42,65</td>
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<tr>
<td>Urology</td>
<td>42,10</td>
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<tr>
<td>Breast- and endocrine surgery</td>
<td>52,42</td>
</tr>
<tr>
<td>All specialties</td>
<td>42,80</td>
</tr>
</tbody>
</table>
SERVICES CLOSER TO HOME
THE AGING POPULATION
OVERALL DONOR CHARACTERISTICS
OVERTIME
SPECIALTIES AND SUBSPECIALTIES

USA: 158 specialties and subspecialties

Canada: 67 specialties and subspecialties

EU: 55 mutually recognised specialties
EUROPEAN COMMISSION, HOFMANN GREIFSWALD

By 2020

1,000,000 healthcare professionals missing!!!

The world needs the generalists.............

The world needs emergency surgeons.........
Common challenges demand common answers

Standardisation of training, accreditation and practice in Europe is a necessity

*It is not if we want to, it is that we have to*
HOW?

European projects:

- Recipe for disaster:
  wipe out, replace, impose

- Recipe for great success:
  respect, learn, complement, build on existing experience
  resulting in consensus for really high standards
Consensus for the highest standards

But !!!
UEMS
How are we addressing the challenges in real life?
The birth of the UEMS: European Training Requirements (ETRs) European Exams

Involves:

- Relevant UEMS Section
- The National Scientific Societies represented in the Section (37)
- The relevant European Scientific Societies
UEMS ETRs and Exams

Wide and in depth discussion regarding:

- Training requirements (clinical, academic, professional)
- Standards of clinical care
- Accreditation of trainers
- Appraisal and accreditation of training centres
UEMS ETRs and Exams

Content and format of the exam:

- Existing experience across Europe and beyond
- Consultation with already established European Boards
- Innovative ideas
- Preparatory courses
- Affordable/ No fixed failure rate
UEMS ETRs and Exams

Quality Control:
- Per examination session through the presence of external examiners
- Overall appraisal every 2-3 years by the UEMS Council of European Specialists Medical Assessments (CESMA)/also presence of external examiners
- Feedback of the applicants
UEMS ETRs and Exams

Consensus of all parties involved:

- Not the lowest common denominator

- High commonly agreed standards
UEMS ETRs and Exams

After consensus is achieved at this level:

- Submission to the National Medical Associations (NMAs), Sections, MJC's and TFs for consultation
- The revised documents submitted to the UEMS Council
- Finally they are defended in the Council and approved (or not...) by the NMAs
UEMS ETRs and Exams

European Countries decide for themselves if:

- They will consider them only as extra quality control markers
- Use them in parallel or partly instead of their national exams
- Use them as their national exams
Are they popular

Transplantation Surgery

242 Fellows

9 Exams


Next: Brussels, October 2016
UEMS-COUNCIL OF EUROPEAN SPECIALISTS MEDICAL ASSESSMENTS (CESMA)

UEMS organisation

35-European Specialists Assessment Boards

Share experience and expertise

Pave the way for the future
CESMA QUALITY CONTROL OF UEMS EXAMS

Committee of Appraisers:

- Other UEMS Boards
- European or national societies, professional boards, colleges
- Academia
APPRAISAL

Initial detailed report by the Board

Access to all application documents of the examinees

On site visit
APPRAISAL

- administrative/organizational preparation and support
- quality/status of examinees
- quality/status of examiners
- examination content
- examination format
- balance between stations
- fairness
- professionalism of the examiners
- marking process
- decision making process for pass/fail
- minuting of examination, marking and pass/fail decision making process
- quality control mechanisms (i.e. external examiners)
- established mechanisms for facing appeals and challenges (possibly legal)
- process for examinees and examiners to offer feedback
- announcement of the result
- overall marking for the quality of the exam/assessment
REPORT

Detailed (per domain)

Areas of strength and recommendations for Improvement

Review at the UEMS Council
EUROPEAN MEDICAL ASSESSMENTS

Quo Vadis ???
FUTURE OF ASSESSMENTS

COVER THE WHOLE SPECTRUM OF PROFESSIONAL DEVELOPMENT

Selection for training

Progress in basic, specialist and post-CCT training

Revalidation
FUTURE OF ASSESSMENTS

TRAINING AND BECOMING COMPETENT IS A PROCESS

Assessments:
- Over time
- Real time

...come and see me operating...
...follow my ward round...
FUTURE OF ASSESSMENTS

ASSESSMENT “TOOLS”

Tying a surgical knot...
FUTURE OF ASSESSMENTS

WHO IS THE ASSESSOR?

Training

Accreditation

Revalidation

At a European level!!!
PREPARATORY COURSES

Benchmarking against European standards and requirements not adequate

Trainees are used to their own system of assessment but feel entirely out of time and place for a European exam

A significant proportion of applicants never had the experience of some of our examination formats

All the published guidelines in the world cannot replace real life communication

If we don’t do it, who is going to do it?
UEMS PROJECTS

UEMS-CESMA SCHOOL OF ASSESSORS

UEMS-CESMA WORKING GROUPS
ON THE FUTURE OF EUROPEAN MEDICAL ASSESSMENTS
PREPARATORY COURSES
UEMS ACCREDITATION OF CENTRES

Accreditation for **TRAINING** for a Specialty (Competency)

Clinical, Academic, Professional
ACCREDITATION OF CENTRES

Process
- Initial application/ first review
- On site visit
- Second review
- Recommendation to the UEMS

18 different domains
(clinical, research, education, management)

Trainee:
- active participation
- career outcome
OTHER PROJECTS

Accreditation of the Clinical Skills Centres (NASCE)

European Reference Networks
UEMS-EACCME

European Accreditation Council for Continuing Medical Education

1,500 applications per year

Live and e-learning events

EACCME 2.0
The e-revolution/ The e-portfolio
UEMS-Section of Surgery
The next step...
UEMS

Domus Medica Europea
BE CUTTING EDGE!!!
UEMS

- Proud of our achievements

- Always keen to learn and explore
Cynicism? NEVER!!!
Convert Ideas into Collaboration and Action
this is your world. shape it or someone else will.
Thank you!