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CHARTER ON TRAINING OF MEDICAL SPECIALISTS IN THE EUROPEAN COMMUNITY

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Introduction

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A - PREAMBLE

The Treaty of Rome provides for the free exchange of persons, services, goods, and capital within the European Community. Free exchange of persons and services within the medical sector has been achieved by mutual recognition of basic and specialist medical qualifications brought into effect by the Commission of the European Communities (EC) in 1975. The Directives have been consolidated in the **Directive 93/16/EEC of 5 April 1993**.

The Directive 93/16 specifies in its articles:

4. Each Member State shall recognise the diplomas, certificates and other evidence of formal qualifications in specialised medicine awarded to nationals of Member States by the other Member States in accordance with Articles 24, 25, 26 and 29 and which are listed in Article 5, by giving such qualification the same effect in its territory as those which the Member State itself awards.

24. Member States shall ensure that the training leading to a diploma, certificate or other evidence of formal qualifications in specialised medicine, meets the following requirements at least:

(a) it shall entail the successful completion of six years' study within the framework of the training course referred to in Article 23 (basic medical training);

(b) it shall comprise theoretical and practical instruction;

(c) it shall be a full-time course (or equivalent part-time training according to Article 25) supervised by the competent authorities or bodies ;

(d) it shall be in a university centre, in a teaching hospital or, where appropriate, in a health establishment approved for this purpose by the competent authorities or bodies;

(e) it shall involve the personal participation of the physician training to be a specialist in the activity and in the responsibilities of the establishments concerned.

26. Member States shall ensure that the minimum length of the specialised training courses mentioned below may not be less than the following: Article 26-27.

42. Member States shall designate the authorities and bodies competent to issue or receive the diplomas, certificates and other evidence of formal qualifications as well as the documents and information

referred to in this Directive and shall forthwith inform the other Member States and the Commission thereof.

B. OBJECTIVES of the Charter on training of medical specialists in the EC

The Charter describes the requirements for adequate training, which prepares specialists for practice of their speciality at an appropriate level in any Member State of the EC. The definition of the content of this training is necessary to further the harmonisation of training into medical specialities in the EC. This charter divides the requirements regarding content of training into a general part, defined by the European Union of Medical Specialists (UEMS), and a specific part for each recognised speciality, defined by the UEMS/Specialised Sections.

C. DEFINITIONS

C1 The **UEMS (Union Européenne des Médecins Spécialistes)** is the representative organisation of all medical specialists in the EC. The UEMS is constituted by the representative organisations of medical specialists in the member states of the EC and the EFTA countries as well as associate members and observers from other European countries.

C2 A Speciality is a nationally or internationally recognised area of medical specialisation for which a structured postgraduate training programme exists.

C3 A UEMS/Specialised Section is the representative body of physicians in the EC in any given speciality. Members of the UEMS/Specialised Sections are appointed by the appropriate professional organisations of the specialities in the EC member states and EFTA countries in accordance with UEMS rules of procedure. The UEMS/Specialised

Sections deliberate and make proposals on matters of concern to their particular speciality and submit their findings to the UEMS in order that they may be co-ordinated as necessary with the interests of the other specialities and the profession as a whole.

C4 A National Board is the (representative) national (professional) organisation which monitors the training of medical specialists in each of the member states according to the rules in existence within the EC and within the EC member states. Its task includes setting national standards and supervising the following:

- duration of training,
- contents of training,
- quality control,
- control of capacity of training according to demand,
- procedures for entrance of training,
- assessments or other means of qualification.

C5 A European Board is a body set up by the relevant UEMS/Specialised Section with the purpose of guaranteeing the highest standards of care in the speciality concerned in the EC member states by ensuring that the training of specialists is raised to an adequate level.

This aim is achieved by the following means:

- recommendations for setting and maintaining standards of training,
- recommendations for training quality,
- recommendations for setting standards and recognition of training institutions,
- monitoring of the contents and quality and the evaluation of training in the EC member states,
- facilitation of exchange of trainees between the EC member states,
- facilitation of free movement of specialists in the EC.

C6 The National Authority is the body responsible for qualification of medical specialists in each member state of the EC. It can be a combination of competent professional or university organisations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organised regionally within the country with national co-ordination.

1. CHAPTER 1 – NATIONAL AUTHORITY

1.1 - ARTICLE 1 – NATIONAL AUTHORITY

At national level, the training of medical specialists is regulated by a National Authority, which can be a combination of competent professional or university organisations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organised regionally within the country with national co-ordination.

1.2 - ARTICLE 2 – RECOGNITION OF TEACHERS AND TRAINING INSTITUTIONS

The National Authority is responsible for selecting and approving training institutions and teachers at national level in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.3 - ARTICLE 3 – QUALITY ASSURANCE

The National Authority is responsible for setting up at national level a programme for quality assurance of training and of teachers and training institutions in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.4 - ARTICLE 4 – QUALIFICATION OF MEDICAL SPECIALISTS

The National Authority is responsible for implementing at national level a system of qualification of medical specialists in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.5 - ARTICLE 5 – MANPOWER PLANNING

The National Authority in co-operation with national professional and/or scientific organisations in the speciality concerned is responsible for developing a manpower planning policy at national level which aims at balancing demand and training for medical specialists in the EC Member State concerned. The National Authority should be involved in the implementation of this policy.

1.6 - ARTICLE 6 – REGISTER OF MEDICAL SPECIALISTS

The National Authority or its delegate is responsible for keeping a register at national level of medical specialists with data about their speciality, competencies and other relevant matters.
Medical specialists should practise one recognised speciality or group of related specialities only except in specifically permitted instances. The standard requirements for qualification in each speciality may not be lessened when a specialist is recognised in more than one speciality.

2 CHAPTER 2 – GENERAL ASPECTS OF TRAINING OF MEDICAL SPECIALISTS

2.1 - ARTICLE 1 – SELECTION FOR AND ACCESS TO THE TRAINING OF MEDICAL SPECIALISTS

Teachers and training institutions or other responsible bodies select and appoint trainees who are suitable for the speciality concerned in accordance with an established selection procedure. This selection procedure should be transparent, and application should be open to all persons who have completed basic medical training.

2.2 - ARTICLE 2 – DURATION OF TRAINING

The duration of training of medical specialists should be sufficient for training in the full range of the speciality and for independent practice of the speciality after completion of training. Training should by preference take place in a full-time appointment. For part-time training, an individually tailored programme should be approved by the National Authority.

2.3 - ARTICLE 3 – COMMON TRUNK

For internal medicine and related specialities, for surgical specialities and for paediatric specialities general training in fundamental knowledge and skills will take place in a common trunk training for the respective speciality. All trainees should have training in administration, management and economics of specialised medicine.

2.4 - ARTICLE 4 – TRAINING PROGRAMME, TRAINING LOG-BOOK,

Training should take place following an established programme with specified contents approved by the National Authority in accordance with national rules and EC legislation as well as considering UEMS/

European Board recommendations. The different stages of training and the activities of the trainee should be recorded in a training logbook.

2.5 - ARTICLE 5 – QUALITY ASSURANCE

The National Authority together with the teachers and training institutions should implement a policy of quality assurance of the training. This may include visits to training institutions, assessments of the training, monitoring of the logbook or other means. Visitation of training institutions by the National Authority should be conducted in a structured manner.

2.6 - ARTICLE 6 – NUMERUS CLAUSUS

Regulation of access to training in any speciality should be implemented in accordance with national manpower planning projections in the EC Member State by the National Authority.

2.7 - ARTICLE 7 – TRAINING ABROAD IN THE EC

Trainees should have the opportunity to be trained in recognised training institutions in other EC member states during their training with approval of their training programme by the National Authority of the country of origin. National Authorities can recognise training in non-EC countries if they so wish.

3. CHAPTER 3 – REQUIREMENTS FOR TRAINING INSTITUTIONS

3.1 - ARTICLE 1 – RECOGNITION OF THE TRAINING INSTITUTIONS

Training institutions shall be recognised by the National Authority.

3.2 - ARTICLE 2 – SIZE OF THE TRAINING INSTITUTION

Training should take place in an institution or group of institutions which together offer the trainee practice in the full range of the speciality with consultations and practical procedures that are sufficiently varied and quantitatively and qualitatively sufficient, including inpatient care, day care and outpatient (ambulatory) training.

Allied specialities should be present to a sufficient extent to provide the trainee with the opportunity of developing his/her skills in a team approach to patient care. Subspecialised institutions may be recognised by the National Authority for periods of the training.

3.3 - ARTICLE 3 – QUALITY ASSURANCE OF THE TRAINING INSTITUTION

The training institution should have an internal system of medical audit or quality assurance including features such as mortality conferences, reporting of accidents in accordance with a structured procedure. Furthermore, various hospital activities in the field of quality control such as infection control and drugs and therapeutics committees should exist. Visitation of training institutions by the National Authority should be conducted in a structured manner.

3.4 - ARTICLE 4 – TEACHING INFRASTRUCTURE OF THE INSTITUTION

In the institution, the trainee should have space and opportunities for practical and theoretical study. Access to adequate national and international professional literature should be provided as well as space and equipment for practical training of techniques in a laboratory setting.

4. CHAPTER 4 – REQUIREMENTS FOR THE POST OF CHIEF OF TRAINING

4.1 - ARTICLE 1 – QUALIFICATION OF THE TEACHER

The chief of training should have been practising the speciality for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff.

The chief of training and the staff should be practising the speciality in its full extent. Subspecialised teachers may be recognised by the National Authority for periods during the training.

4.2 ARTICLE 2 – TRAINING PROGRAMME

The training programme for each trainee should be structured in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

4.3 - ARTICLE 3 – TEACHER/TRAINEE RATIO

The ratio between the number of qualified specialists on the teaching staff and the number of trainees should provide close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

5. CHAPTER 5 – REQUIREMENTS for TRAINEES

5.1 ARTICLE 1 – EXPERIENCE

To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of outpatients (ambulatory) and inpatients and perform an adequate number of procedures of sufficient diversity.

5.2 ARTICLE 2 – LANGUAGE

The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

5.3 - ARTICLE 3 – LOGBOOK

The trainee should keep his/her personal logbook or equivalent up to date according to national rules and EC Directives as well as considering UEMS/European Board recommendations.

6. CHAPTER 6 – REQUIREMENTS FOR THE PARTICULAR SPECIALTY:

(To be filled in by the appropriate UEMS Specialist Section)

6.1 - ARTICLE 1 – CENTRAL MONITORING AUTHORITY FOR INDIVIDUAL SPECIALITIES AT EC LEVEL:

1.1 There should be a monitoring authority for each individual speciality in the EC. This may be the UEMS/Specialised Section itself, the European Board or a body with close links with these institutions.

1.2 General standards for recognition of institutions and teachers in the speciality should be laid down.

1.3 A programme for quality assurance of training in the speciality should be laid down.

1.4 The system for recognition of quality in the speciality should be monitored.

1.5 The system for manpower planning in the speciality should be monitored.

6.2 ARTICLE 2 – GENERAL ASPECTS OF TRAINING IN THE SPECIALTY:

Specific rules should be laid down for the following aspects:

2.1 Selection for and access to the speciality.

2.2 Determination of the adequate duration of the training in the speciality.

2.3 Definition of the common trunk in training in the speciality.

2.4 Implementation of a training programme with specified contents and a training logbook in the speciality.

2.5 Implementation of a system of quality control and assessment of training in the speciality.

2.6 Implementation of numerus clausus, if necessary, within the framework of manpower planning policy in the speciality.

2.7 Facilitation of training periods abroad in the EC during the training for the speciality.

6.3 - ARTICLE 3 – REQUIREMENTS FOR TRAINING INSTITUTIONS:

Specific rules should be laid down concerning:

3.1 Recognition of training institutions for the speciality.

3.2 The size and diversity of the training institution or group of institutions, the number of admissions to the institution(s) including day care, outpatient (ambulatory) activity and inpatient care, the number and diversity of practical procedures as well as appropriate access to other relevant specialities.

3.3 Quality assurance in the institution. Visitation of training institutions by the National Authority should be conducted in a structured manner.

6.4 - ARTICLE 4 – REQUIREMENTS FOR TEACHERS WITHIN THE SPECIALITY

4.1 The chief of training should have been practising the speciality for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff.

The teacher and the staff should be practising the speciality in its full extent. Subspecialised teachers may be recognised by the National Authority for periods during the training.

4.2 The teacher should work out a training programme for the trainee in accordance with the trainee's own qualities and the possibilities of the institution, which also complies with national rules and EC Directives and considers UEMS/European Board recommendations.

4.3 The ratio between the number of qualified specialists in the teaching staff and the number of trainees should provide a close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

6.5 - ARTICLE 5 – REQUIREMENTS FOR TRAINEES

5.1 Experience: To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of inpatients, day care patients, and outpatients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity.

5.2 The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

5.3 The trainee should keep his/her personal log-book or equivalent up to date according to national rules and EC Directives as well considering UEMS/European Board recommendations.