

“The UEMS – Yes, we care”



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Coordinator for Specialities

THE UEMS IN A NUTSHELL



THE UEMS

- established in 1958
- 35 countries
- 1 million specialists
- 50 medical specialities



UEMS MEMBERS

- National Medical Associations of the 28 European Member States
- National Medical Associations for the European Economic Area (Iceland & Norway) + Switzerland
- National Medical Association of countries of the Council of Europe (Georgia, Israel, Turkey)



THE UEMS

Objectives

Promote free movement
through the harmonisation of the highest
level of specialist training and medical care

Vision

Set standards in the fields of

- Postgraduate Specialist Medical Training
- Continuing Medical Education and Professional Development
- Quality Assurance in specialist medical practice



THE UEMS STRUCTURE



GENERAL ASSEMBLY:
The "UEMS Council"
35 National Associations of Medical Specialists

UEMS Executive

Specialty Representation & standard setting

41 Specialist Sections & European Boards
21 divisions within Sections
10 Multidisciplinary Joint Committees
3 thematic federations

Advocacy

Policy recommendation on EU initiatives and legislation
Provide expertise to EU institutions
Involvement in EU-funded projects

Specialist Accreditation

Accreditation of CME (EACCME®)
Accreditation of PGT (ECAMSQ®)
Accreditation of Quality Assurance (EACQM)

Council's Missions :
Study and promotion of high quality Training and medical practice
Representation of Specialists
Defence of Professional interests

Key areas of expertise:
CME-CPD
PGT
QA

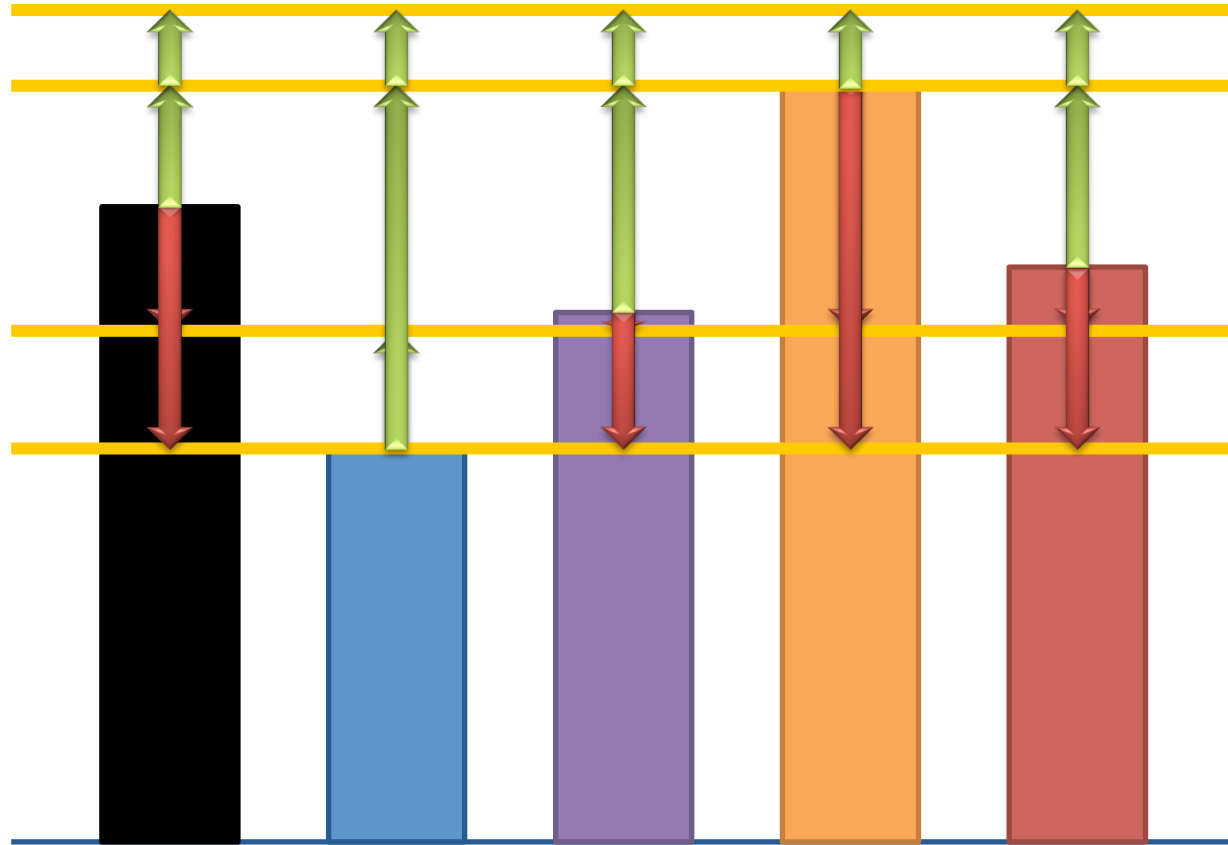
Executive's Missions :
Implement the Council's decisions
Represent UEMS at EU level
Ensure smooth running of UEMS
Maintain close relations with S&B



1. THE UEMS –ADVOCATING FOR HIGH QUALITY TRAINING REQUIREMENTS



HARMONISATION!



ADVOCATING FOR HIGH QUALITY TRAINING REQUIREMENTS

- **European recommendations for Specialist Medical Training since the 1970s**
 - European Curriculum,
 - Syllabus of training,
 - European Training Requirements
- **Development of European Specialty Examinations**
 - Voluntary initiative to promote quality & excellence
 - High standards & Quality control
 - Integration of National training/ accreditation requirements
 - Co-operation with European Scientific Societies
 - Long history & increased recognition



ADVOCATING FOR HIGH QUALITY TRAINING REQUIREMENTS

- **Improved criteria for professional mobility and recognition of qualifications (Directive 2005/36)**
- **Promoting competence-based training**
- **Launch of the European Council for Accreditation of Medical Specialist Qualifications[®] in 2009**
 - Develop & implement harmonised standards/guidelines of postgraduate medical training in Europe
 - Assess & certify medical specialists' competence
- **Elaborating European e-portfolios for medical specialists**



ADVOCATING FOR HIGH QUALITY TRAINING REQUIREMENTS

- Examples of standard setting in Paediatric Respiratory Medicine

Paediatric Section of the Union of European Medical Specialists
&

ESN
THE EUROPEAN SOCIETY
FOR NEONATOLOGY

EUROPEAN CURRICULUM AND SYLLABUS FOR TRAINING IN NEONATOLOGY
(Second edition - Version 3; 2 January 2007)



Paediatric HERMES: European Curriculum Recommendations for Training in Paediatric Respiratory Medicine

Introduction

In order to ensure the best quality of care for all children with respiratory problems and to harmonise and develop paediatric respiratory medicine (PRM), the Paediatric HERMES (Harmonised Education in Respiratory Medicine for European Specialists) initiative is working towards the development of structured programmes for education and training in the subspecialty, to establish defined standards of knowledge and skills required to practice PRM on a tertiary care level.

Since its launch in 2007, the Paediatric HERMES has progressed swiftly. In 2009, it pub-

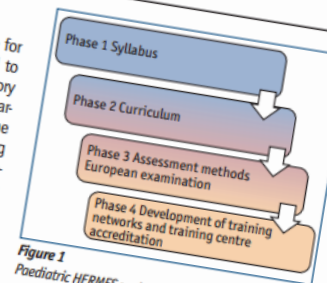


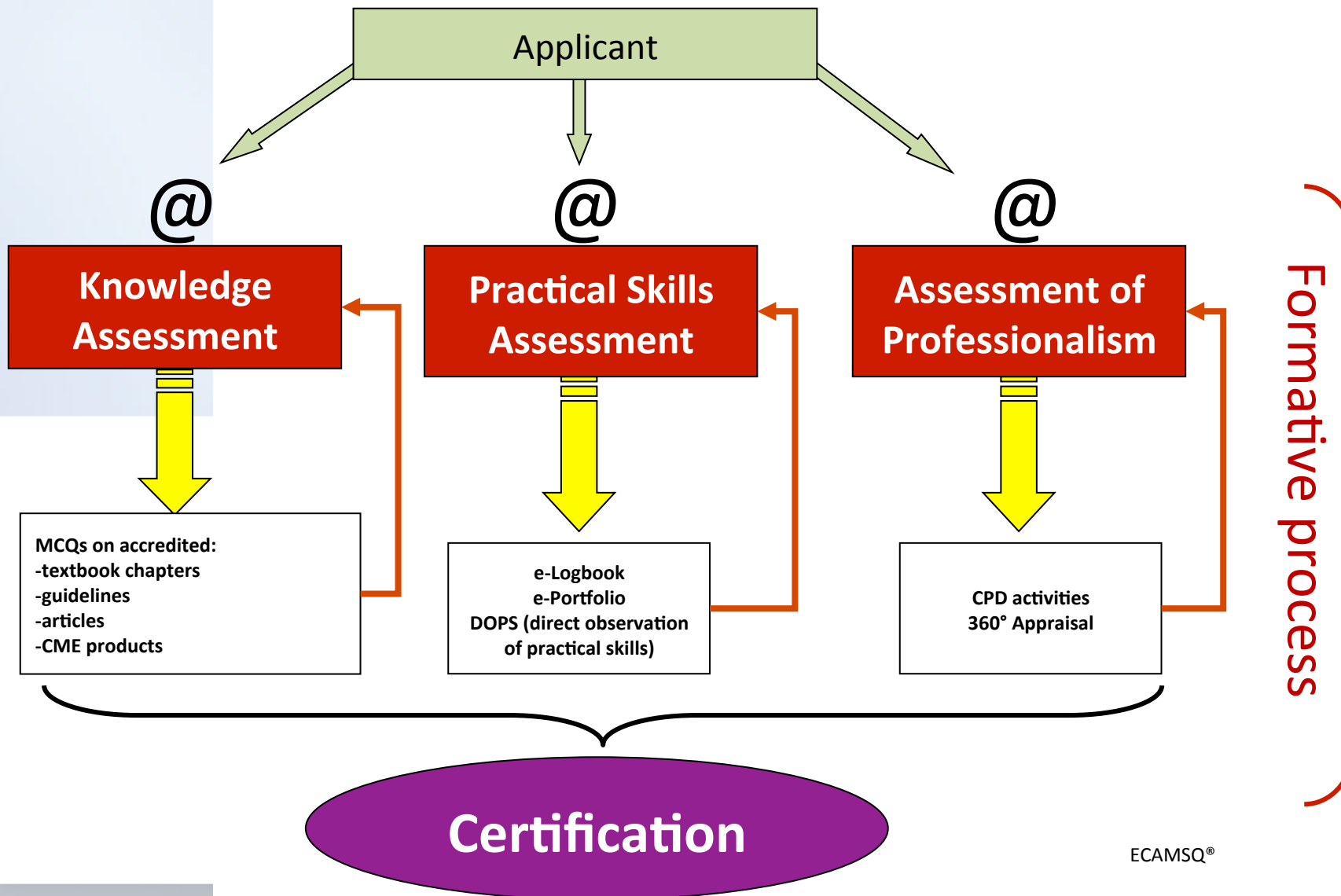
Figure 1
Paediatric HERMES project phases.

always aim for the highest quality of training.

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EUROPEAN ASSESSMENT & CERTIFICATION OF MEDICAL COMPETENCE



UEMS CORE CURRICULA IN CARDIOLOGY

Criteria for assessment of K-S-B under curriculum item #5

5. Genetics



Objectives	Knowledge	Skills	Behaviours
<ul style="list-style-type: none"> To be able to perform general cardiological assessment and treatment of patients with inherited or familial cardiovascular disease. 	<ul style="list-style-type: none"> Describe the incidence and prevalence of inherited cardiovascular disorders in the local community. State the basic knowledge of cardiac embryology and major gene families involved in cardiogenesis. Describe the principles of Mendelian inheritance. Describe the principles of polygenic cardiovascular diseases (such as hypertension, diabetes and dyslipidaemias) Recall knowledge of major monogenic cardiovascular diseases; hypertrophic cardiomyopathy, familial aortopathies such as the Marfan syndrome, Ehlers Danlos syndrome, and William's syndrome; familial dilated cardiomyopathies; familial channelopathies; familial disorders of septation; familial basis of conotruncal anomalies; trisomies in particular trisomy 21; familial dyslipidaemias in particular disorders of the low density lipoprotein receptor. Explain the familial basis of inherited cardiac tumours 	<ul style="list-style-type: none"> Take a relevant history and perform an appropriate clinical examination. Evaluate relevant family history and construct a family pedigree. Distinguish autosomal dominant, autosomal recessive, X-linked, and mitochondrial patterns of inheritance. Demonstrate how to counsel index cases, family members at risk on the probability of being affected by a genetic cardiovascular disorder. Recognise problems with pedigree interpretation such as incomplete penetrance, variable expressivity, and age related patterns of expressivity. 	<ul style="list-style-type: none"> Cooperate with clinical geneticists Develop a systematic method of approaching a family with a potentially inherited cardiovascular disease. Adopt appropriate counseling skills to explain, educate and inform patients fully of the nature of their disease, the diagnostic tests used to make a diagnosis and the inherent strengths and weaknesses of such diagnostic tests in individuals at risk. Consult with patients and their family members improving recognition and management of familial cardiovascular disease Consult with medical professionals of other specialties on patients with genetic disorders

- 01 History
- 02 The El
- 03 Non In
- 04 Inve
- 05 Gene
- 06 Clinica
- 07 Cardiv
- 08 Acute C
- 09 Chroni
- 10 Myoca
- 11 Pericar
- 12 Cardia
- 13 Conge
- 14 Pregna
- 15 Valvula
- 16 Infectiv
- 17 Heart f
- 18 Pulmo
- 19 Rehab
- 20 Arrythr
- 21 Atrial F
- 22 Syncop
- 23 Sudden
- 24 Diseas
- 25 Peripe
- 26 Tromb
- 27 The Ca



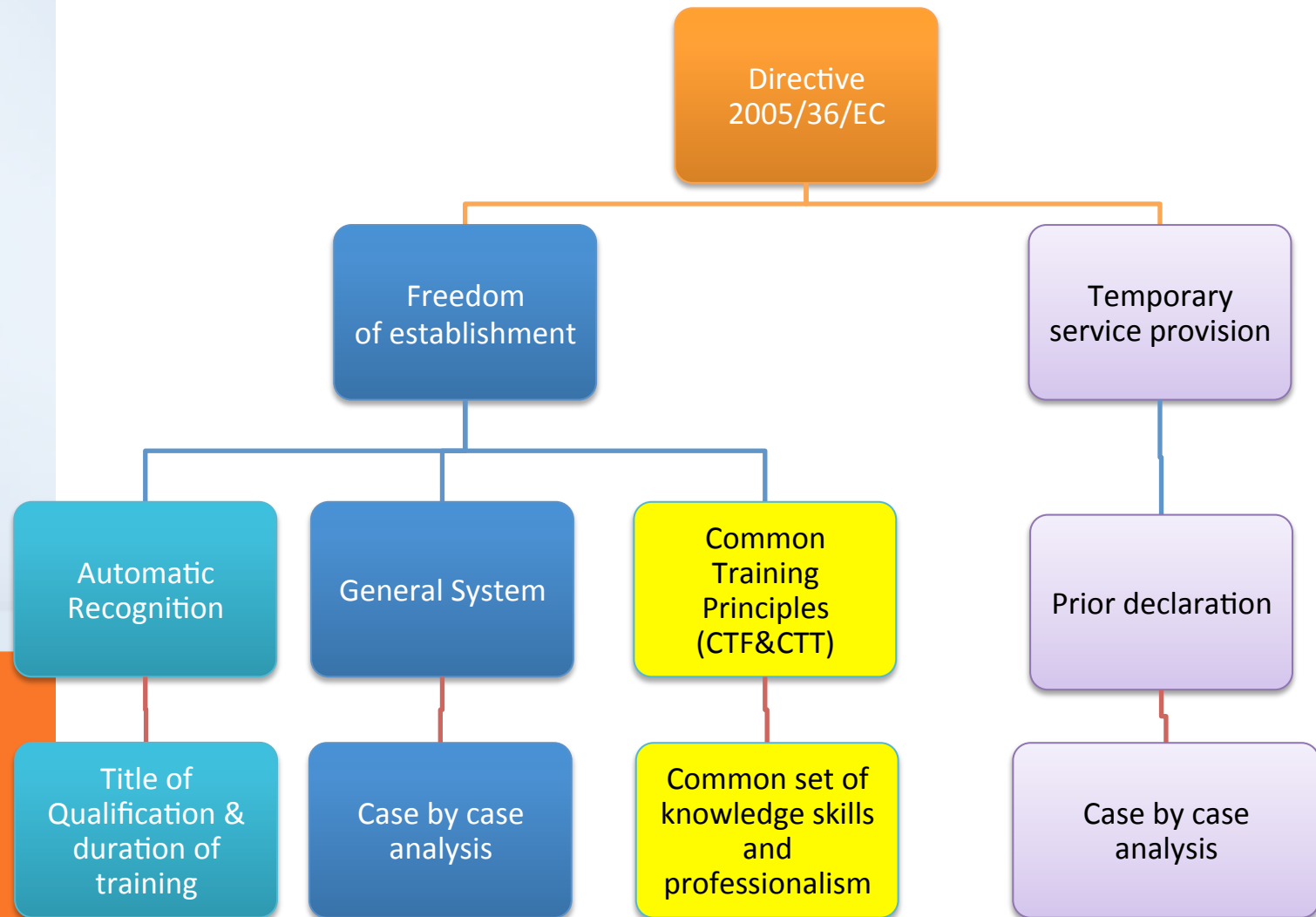
Modernising training requirements

- NEED TO SHIFT OUR APPROACH...
-
- Medical training should be DURATION-
 - but also COMPETENCE-based
- Introduce the concept of competences
- Specialty training ≥ 5 years
- In line with ECTS (or other comparable system)
- Revise denomination of medical specialties
- Recognise “particular competences/qualifications”

15 January 1997



The Professional Qualifications Directive



Alt #1 – A European training framework for doctors? (art.49a)

- Voluntary European System?

To complement -but not supersede-
the existing national regimes



Alt #2 – common training

ASSESSMENTS for doctors? (art.49b)

- Towards harmonised Aptitude Tests?



**25th Anniversary of the European Diploma
in Anaesthesiology
Milan, 6-9 June 2009**

2. THE UEMS – SUPPORTING LIFE- LONG LEARNING THROUGH CME- CPD



THE UEMS – ACHIEVEMENTS

EACCME® - European Accreditation Council for CME

- Accreditation system for live educational events & e-learning
- “Clearing House”
- Robust criteria & transparent process
- Credits transferable across countries & specialties
- First European, eventually Global...
- Framework for doctors to access the best knowledge



3. THE UEMS – VOICING MEDICAL SPECIALISTS NEEDS & EXPECTATIONS AT THE EUROPEAN LEVEL



UEMS LOBBYING ACTIVITIES

- **Frequent meetings, with...**
 - the Director of DG Health and Consumers;
 - the Head of Unit, DG Internal Market
 - the Head of Unit, Professional Mobility
 - the Past President of the European Parliament
 - Key Opinion Formers
 - Many MEPs



UEMS LOBBYING ACTIVITIES

- ... and, **involvement as experts in**
 - the Commission's Joint Action on Healthcare Workforce
 - the revision process of the Professional Qualifications Directive
 - the Commission's Working Group on Ethics and Transparency
 - EU-funded projects
 - Momentum, ECAB , Renewing Health



Conclusion

- The oldest European Medical Organisation
- Concrete achievements in setting standards for postgraduate medical training
- Strong commitment to strive for harmonisation of medical training
- Willingness to ensure high quality of care to European Patients



THANK YOU FOR YOUR ATTENTION

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