THE IMPORTANCE OF STRUCTURED MEDICAL TRAINING IN EUROPE

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CONFLICT OF INTERESTS DECLARATION

General Surgeon in Hospital Beatriz Ângelo in Lisbon

Member of the Board of the Portuguese Medical Association since 2014.

Secretary General of the South Regional Council of the Portuguese Medical Association since 2017

UEMS Vice-president since 2016.

AEMH Treasurer since 2019.
Late 1950s...early 1960s

Birth of European Medical Organizations

Aiming to translate the ideas and ideals of European collaboration and integration into the medical profession
So, on 20 July 1958...

CREATION D'UNE "UNION EUROPEENNE DES MEDECINS SPECIALISTES"

Le 20 juillet 1958, à l'initiative du Groupement des Unions Professionnelles Belges de Médecins Spécialistes (G.F.S.), se sont réunis à Bruxelles les délégués des grands Groupements Nationaux de Médecins Spécialistes appartenant aux six pays de la Communauté Européenne.

Participaient à cette rencontre :

- pour l'Allemagne, les Drs WALDMANN et FRICK, représentant l'"Arbeitsgemeinschaft fachärztlicher Berufsverbände";

- pour la Belgique, les Drs J. MASSION, O. GODIN, A. RADELET et P. MUNDELEER, représentant le Groupement des Unions Professionnelles Belges de Médecins Spécialistes;

- pour la France, les Drs J. COURTOIS, J. BALMARY et R. GARRAUD, représentant le Groupement des Syndicats Nationaux de Médecins Spécialisés de France;

- pour les Pays-Bas, le Dr C.L.C. van NIEUWENHUIZEN, représentant la "Landelijke Specialisten Vereniging";

- pour le Gd-Duché de Luxembourg, le Dr R. FRUSSEN, mandaté par le Syndicat Luxembourgeois des Médecins;

- pour l'Italie, le Pr S. MARTINES.

L'objet de la réunion était de confronter les points de vue des différentes Associations de Médecins Spécialistes Européens sur les problèmes que soulève, pour la médecine spécialisée,

\[\text{Ces travaux ont abouti à la constitution d'un organisme qui prend le titre d'}'UNION EUROPEENNE DES MEDECINS SPECIALISTES'\]
In 2018...
WHO ARE WE?

Full Members
- National Medical Associations of the 28 EU Member States & of the 3 European Economic Area Countries

Other members
- 4 Associate Members: Armenia, Israel, Serbia & Turkey
- 5 Observers: Georgia, Lebanon, Morocco, Iraq & Tunisia

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

- 43 Specialist Sections & European Boards
- 21 divisions within Sections
- 14 Multidisciplinary Joint Committees
- 3 thematic federations

Sections
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Geriatrics
- Gynaecology & Obstetrics
- Infectious Diseases
- Internal Medicine
- Ophthalmology
- Surgery
- Radiology
- Cardiology
- Clinical pharmacology
- Psychiatry
- Neurology
- Pathology
- Rhematology
- Dermatology & Venereology

Role:
Specialty Representation & standards setting
61 years young

40 Countries
National Medical Associations

81 Specialist Bodies

1.600.000 Medical Professionals
What do we aim to do...

Advance European Health Policy

Promote collaboration of medical specialists in Europe

High standards of education and training

High standards of clinical practice and care

Quality assurance in specialist training practice and care

Continuing Medical Education and Professional Development/ CME-CPD
High standards of education and training

The educational process

- Objectives
- Assessment
- Means
High standards of education and training

Competence Based Training
High standards of education and training

Competence Based Training

Knowledge
High standards of education and training

Competence Based Training

Knowledge

Skills
High standards of education and training

Competence Based Training

Knowledge
Skills
Attitude
High standards of education and training

THE QUESTIONS...

What do trainees have to learn/achieve (competence-driven)?

How trainees have to achieve this?

How to assess the achieved competences?

How long should training last?

Where should training be organized?

How should selection of trainees occur?
New World – New Realities

Free movement of health care professionals

Free movement of patients

Health care systems across Europe are inter-dependent

In many countries, assessments of education, training, competence and professional development either do no exist or are not well developed.
High standards of education and training

OUR ANSWERS:

European Training Requirements and Assessments

UEMS Sections, Boards, Divisions and MJC’s develop European standards in medical training that aim to reflect modern medical practice and current scientific findings.

Definition of PGT training contents is National Authorities competence!

ETR’s aim is to complement these and ensure that high quality training is provided across Europe.
European Training Requirements and Assessments

OBJECTIVES:

PGT Programs should be European and realistic (Nowhere below a certain level)

PGT programs should be based on a list of competences to be achieved by trainees

PGT programs should be increasingly harmonized to support patient safety and professional mobility. The harmonization should also include examinations, where differences in quality also exist.
European Training Requirements and Assessments

Wide involvement

Relevant UEMS Section

The National Scientific Societies represented in the Section

The relevant European Scientific Societies

As broad consultation as possible at a national and European level (Universities, Colleges, Professional Organizations...)

Archilochus
European Training Requirements and Assessments

Wide and in depth discussion regarding:

- Training requirements (clinical, academic, professional)
- Standards of clinical care
- Accreditation of trainers
- Appraisal and accreditation of training centers
European Training Requirements and Assessments

Content and format of the ETR and assessment:

Existing experience across Europe and beyond

Consultation with already established European Boards

Innovative ideas

Preparatory courses

Affordable/ No fixed failure rate
European Training Requirements and Assessments

Consensus of all parties involved:

*Not the lowest common denominator*

“Tell me and I will forget, teach me and I will remember, involve me and I will learn.”

– Benjamin Franklin

*Highest commonly agreed standards*
European Training Requirements and Assessments

After consensus is achieved at this level:

Submission to ETRs Committee

The revised documents submitted to the UEMS Council

Finally they are defended in the Council and approved (or not…) by the Advisory Board and finally by the NMAs.

Archilochus
“We don't rise to the level of our expectations, we fall to the level of our training.”

Archilochus
“It is accepted best practice that diagnosis and treatment take place within an integrated network of care led and coordinated by a medical doctor.”

“Without a medical doctor at the center of the care-giving network, the accountability for the diagnosis and treatment becomes unclear.”

Hence, the medical doctor as a **CLINICAL LEADER**
LEADERSHIP CAN BE INNATE

Jon Snow

But it can also be learned...

Sansa Stark
BUT LEADERSHIP CAN ALSO BE LEARNED...
Clinical Leaders

Assessments

- Personal path
- Professional Career
- Leadership roles
Future Clinical Leaders

European Training Requirements
- Definition of the necessary competences
- Defines the path

Assessments
- Personal path
- Professional Career
- Development of leadership Project
- Other ideas...
What UEMS can offer:

Expertise in PGT training

European Training Requirements

European Board Assessments

Our views on Clinical Leadership

Our experience on reaching consensus

Willingness to collaborate
What UEMS can offer:
Takk skal du ha

(Thank you)