

EU perspective in medical specialization in Laboratory Medicine

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Disclosure

- **Former Secretary-General UEMS**
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- **Member of EUCOMED's Compliance Panel**
- **Board Member of Mdeon**
- **Independent consultant**

Items for discussion

- **General issues**
- **How is the profession organized**
 - on national level
 - on European level
- **What is the role of UEMS in Europe ?**
- **How is PGT organized and who is responsible in the EU and Member States**

Phases of Medical Life

- **Undergraduate** **6 years average**
 - **Exam/Assessment** **Diploma**
 - **University**
- **Specialist Training** **5 years average**
 - **Exam/Assessment** **Certificate**
 - **University and Profession**
- **Professional Life** **Lifelong**
 - **Formal Requirement to show** **?**
CME/CPD activity
 - **Profession**

Aims

How can we improve and harmonise the mutual recognition of qualifications at the level of :

- **Undergraduate training**
- **Specialist training**
- **Lifelong training**

How can we improve and harmonise the mutual recognition of qualifications at the level of

1. Undergraduate training

Define a time based training period on clearly defined topics in the undergraduate medical training (i.e. anatomy, biochemistry, endocrinology) :

ECTS system

scale : months

How can we improve and harmonise the mutual recognition of qualifications at the level of

2. Postgraduate training

Define a time based training period on clearly defined topics in the program for speciality training : similar to ECTS system *scale : months*

How can we improve and harmonise the mutual recognition of qualifications at the level of

3. Lifelong learning

Define a time based training period on clearly defined topics in the program for CME / CPD :

ECMEC System

scale : hours

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How is the Medical Profession organized on National level

Very different :

Orders (mandatory membership)

Professional Organization

Specialty driven

National

Trade Union

National

Scientific Society

Specialty

National Medical Associations

Very different organisation depending on the EU Member State

From Professional Organisation to Trade Union

General Practitioners / Family Medicine included or not

National versus regional structure

How is the Medical Profession organized in Europe

CPME	Standing Committee of European Doctors
UEMS	European Union of Medical Specialists
UEMO	European Union of GP/Family Medicine
EJD	Junior Doctor's Organization (trainees)
AEMH	Hospital Doctor's Organization
FEMS	Salaried Doctor's Organization
EANA	Self Employed Doctor's Organization
CEOM	Organization of European Medical Orders

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U. E. M. S.

**Union Européenne des Médecins
Spécialistes**

**European Union of Medical
Specialists**



**Umbrella organization of National
Associations of Medical Specialists
located in Brussels**

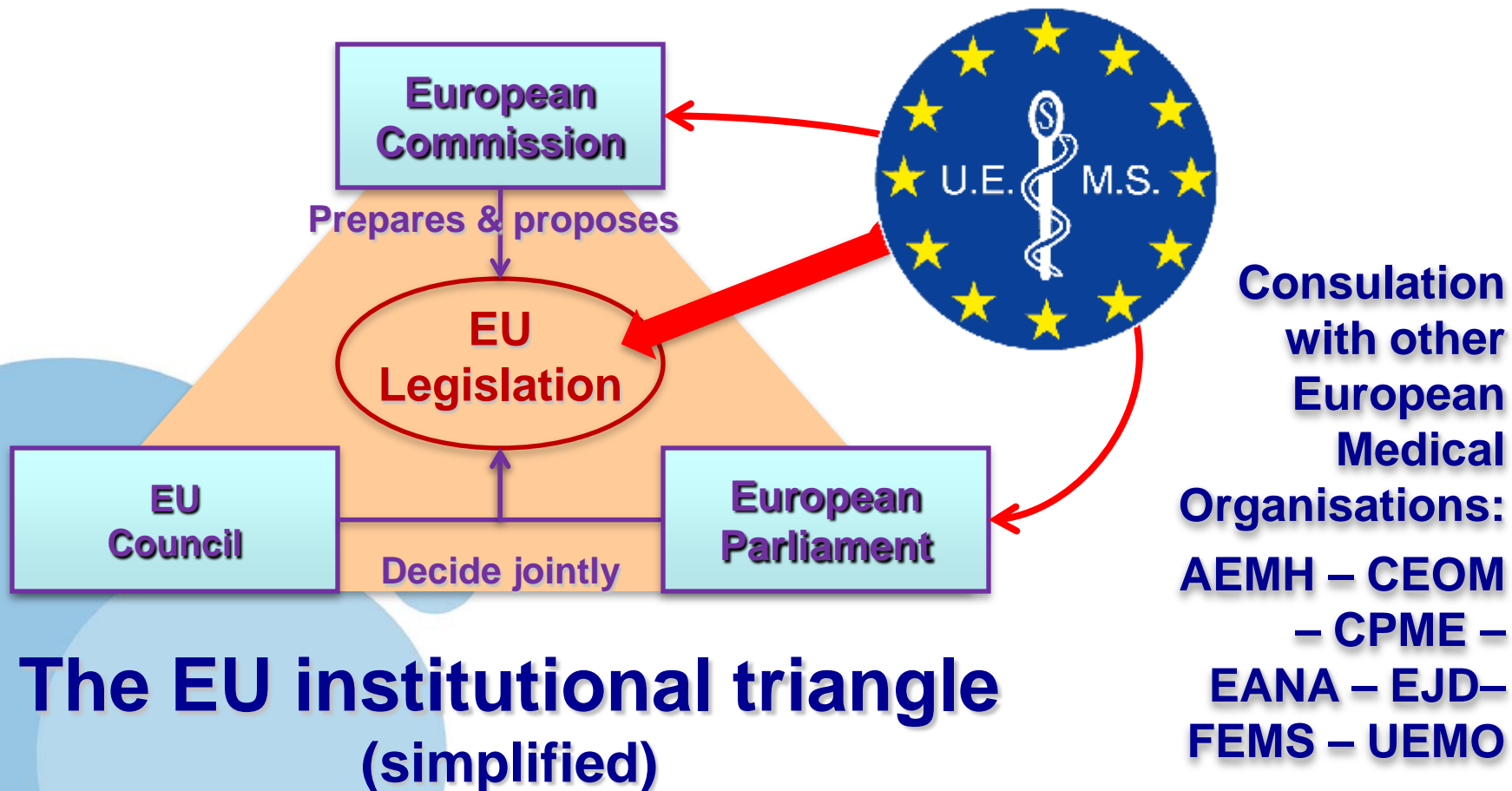
1957 EEC Treaty of Rome

**Foundation of the UEMS in
1958** by the professional
organizations of medical
specialists of

**Belgium
France
Germany
Italy
Luxembourg
the Netherlands**



UEMS political involvement in EU Affairs



The EU institutional triangle (simplified)

Relevant UEMS Policies

- **Charter on Training of Medical Specialists (1993)**
- **Charter on Continuing Medical Education (1994)**
- **The European Training Charter (1995)**
- **Charter on Quality Assurance in Specialist Practice in the EU (1996)**
- **Charter on Visitation of Training Centres (1997)**
- **Charter on Continuing Professional Development - Basel Declaration (2001)**
- **Policy Statement on Assessments during Postgraduate Medical Training (2006)**

History and backgrounds

UEMS – established 1958

UEMS Specialist Sections – first created in 1962

**Doctors Directives – 75/362/EEC and 75/363/EEC
(mutual recognition of diplomas)**

ACMT and CSOPH – created in 1975

Consolidation of Doctors Directives – Directive 93/16/EC

Launch of EACCME

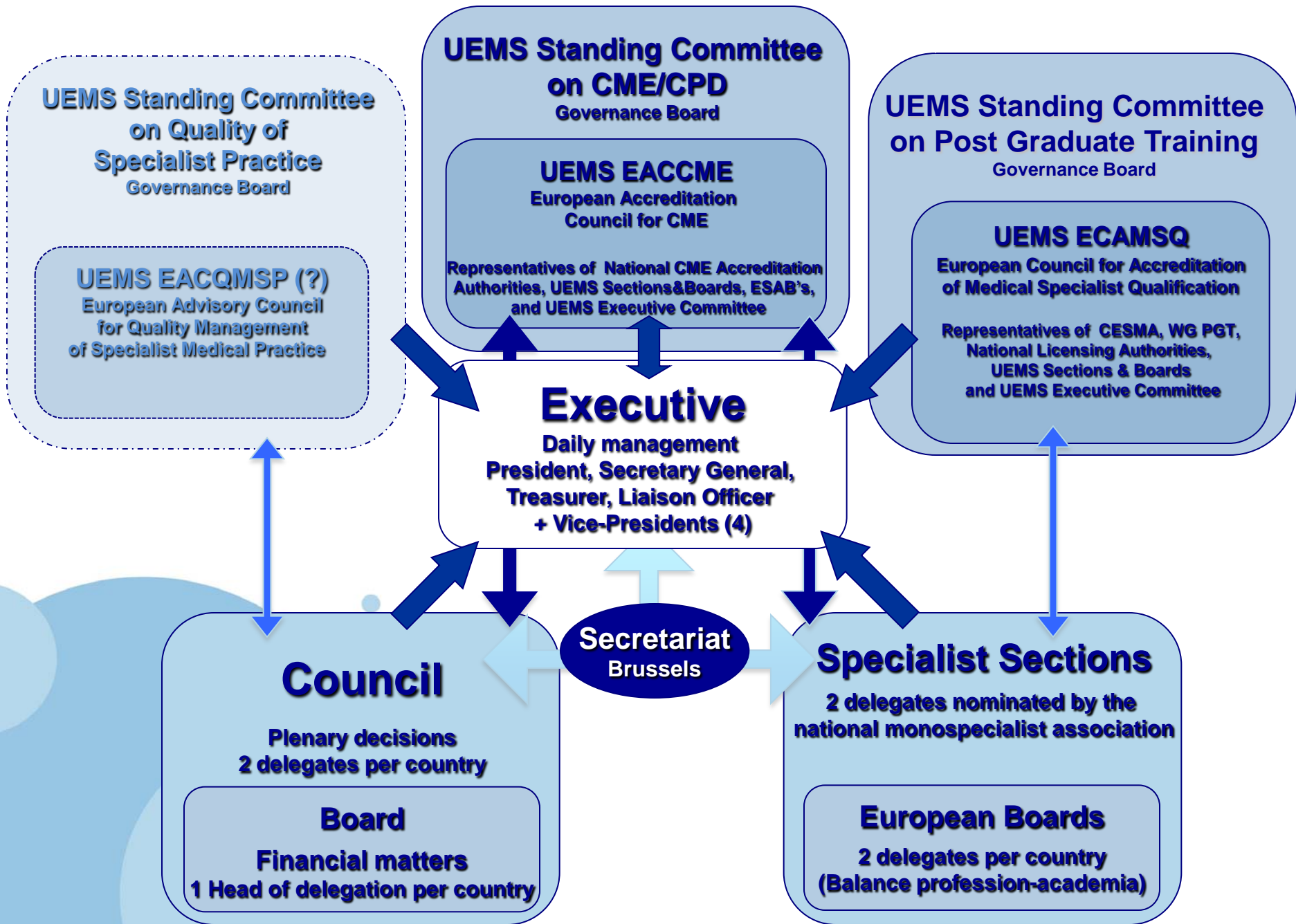
**Recognition of Professional Qualifications Directive –
Directive 2005/36/EC + 2006/100/EC**

Launch of ECAMSQ

New Premises European Domus Medica



Brussels, Rue de l' Industrie 24



Sections and Boards

Are a fundamental and specific structure

Are the backbone of the UEMS

Propose minimal training schemes for specialisation

Facilitate the harmonisation of training

About 2000 specialists active in the work in Europe

Sections and Boards

40 Sections

Divisions

11 Multidisciplinary Joint Committees

What are Sections and Boards

Sections

Two delegates of the Specialty from each EU member state

Mandated by their National Medical Association

Boards

Working Group of the Section

Delegates from the Section together with representatives of the Scientific Society

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Specialist training at the National level in the EU

Licensing Authority

Subsidiarity

National rules and regulations prevail

Not as in educational matters where the EU can have effects

Directives can be introduced

Difficulties to implement them on national level

Specialist training at the national level in the EU

The national medical authority responsible for specialist training can be :

- a university**
- an independent professional academic body**
- a medico-political organization**
- representatives of the competent authority or health ministry of the country**

What is needed for a good (specialist) training

Harmonization

- **Clear Definition of Specialties throughout Europe**
- **Harmonized training program**
- **Log book**
- **Decent working conditions for the trainees (income and working times)**

Professional Qualification Directive

- **Dir 2005/36 EC**
- **Updated in 2006 : 2006/100 EC**
- **Length of Training**
- **Annex with the list of Specialties**
- **List of Countries / Specialties**
- **Automatic recognition**
- **Also Art. 14 : individual decision**

Professional Qualification Directive - revised

- **Length of Training**
- **Common Training Platforms**
- **Reference to CME-CPD**
- **Adopted by the European
Parliament on October 7th 2013**

Revision of the Directive on Mutual Recognition of Qualification

- **Update of the list of specialties**
- **Update of the content and length of training**
- **Introduction of the concept of “Common Training Framework”**
 - *Oncology*
 - *Intensive Care*
 - *Hand Surgery*

Common Training Framework

- **A common set of minimum knowledge, skills and competences necessary for the pursuit of a specific profession**
- **A common training framework shall not replace national training programmes unless a Member State decides otherwise under national law**

Common Training Framework

- (a) the common training framework enables more professionals to move across Member States**
- (b) the profession to which the common training framework applies is regulated, or the education and training leading to the profession is regulated in at least one third of the Member States**

Common Training Framework

(c) the common set of knowledge, skills and competences combines the knowledge, skills and competences required in the systems of education and training applicable in at least one third of the Member States; it shall be irrelevant whether the knowledge, skills and competences have been acquired as part of a general training course at a university or higher education institution or as part of a vocational training course;

Common Training Framework

- (d) the common training framework shall be based on levels of the EQF, as defined in Annex II of the Recommendation of the European Parliament and of the Council of 23 April 2008 on the establishment of the European Qualifications Framework for lifelong learning (*);**
- (e) the profession concerned is neither covered by another common training framework nor subject to automatic recognition under Chapter III of Title III;**

Common Training Framework


- (f) the common training framework has been prepared following a transparent due process, including the relevant stakeholders from Member States where the profession is not regulated**
- (g) the common training framework permits nationals from any Member State to be eligible for acquiring the professional qualification under such framework without first being required to be a member of any professional organisation or to be registered with such organisation.**

Common Training Framework

Representative professional organisations at Union level, as well as national professional organisations or competent authorities from at least one third of the Member States, may submit to the Commission suggestions for common training frameworks which meet the conditions laid down in paragraph 2.

Common Training Framework

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c to establish a common training framework for a given profession based on the conditions laid down in paragraph 2 of this Article.



Recognition of Qualifications

New Concept

Particular Qualification :

Following a basic specialty

Can be started from different basic specialties

For particular fields of activities

Have to be introduced

**Actual Directive only recognizes Basic
Specialties**

**Examples : Oncology, Intensive Care, Sports
Medicine, Hand Surgery, Spine Surgery,...**

How to harmonize Medical Specialists qualifications?

- **Develop harmonised curricula in each specialty**
- **Ensure that all Medical Specialists have the same main core competencies in their specialty across Europe**
- **Ensure that all member states adopt the curricula and translate them into their national system**

How is Laboratory Medicine mentioned in the actual text

Many different specialties...

- **Clinical Biology** (*15 countries*)
- **Biological Haematology** (*5 countries*)
- **Microbiology – Bacteriology** (*20 countries*)
- **Biological Chemistry** (*16 countries*)
- **Immunology** (*14 countries*)

Hurdles for the free movement

- **Laboratory Medicine** (*28 countries*)

Particular Issues for Laboratory Medicine

- **Hamonization of the denomination of the Specialty**
- **Develop a Common Training Curriculum based on the Polyvalency in order to ensure the free movement**
- **Consider the introduction of Particular Qualifications in the future in order to allow people to have their fields of interest recognized**

Role of the Revision of the Directive

- **Eye opener**
- **How EU works on Healthcare issues :**
 - **Not** : Top Down
 - **But** : Bottom Up
- **Concentrate on National Authorities**
- **Convince them on the arguments**
 - **Shortage of Physicians (and technicians)**
 - **Ensure Free Movement**
 - **Efficiency**
 - **Patient Safety**

Harmonization

How we approach this

- **We have some goal**
- **We start from different situations**
- **We do want to achieve the goal**
- **Different pathways are possible**

How is the Specialist Training assessed in the different EU Member States

Final Examination

Certificate (CCST)

License to Practice

License to be reimbursed

Diploma of the University

...

Different things to compare...

CME in Europe

- **In most countries the internal structure of CME has been in evaluation**
- **Mandatory systems (legal, financial or professional) developed in several countries**

Continuing Medical Education (CME)

**Maintenance of Academic Knowledge
and Skills**



Continuing Professional Development (CPD)

- **Means of Updating, Developing and Enhancing how Doctors apply the Knowledge, Skills and Attitudes required in their working lives**
- **The Competence development includes CME + Personal, Managerial, IT, Communication and Social skills**

National Accreditation Authorities

- **Have different credit systems**
- **Have different approaches on the procedure**
- **UEMS tries to harmonize the process**
- **Is the main player**
- **We have to look at who is giving the license to practise**

Countries have different media they are granting credits on

- **Common :**

- **Individual Events**

- **Conferences**
 - **Scientific Meetings**

- **But also :**

- **Enduring Materials – CD Rom**
 - **Internet Courses**
 - **Articles**
 - **Reviewing of literature**
 - **Case reviews**
 - **Other...**

Mutual Recognition

- **Based on trust**
- **Similar criteria**
- **Different Health Care Systems**
- **Must be only a part of the entire « portfolio » of the Doctors**
- **Borders are vanishing**

European Accreditation Council for C M E

Purpose UEMS policy

**Contribute to quality and harmonization of
CME in Europe**

**To make life easier for our colleagues by
easing access to international CME**

Developing quality guidelines

Maintaining national authority

Draft Flowchart Accreditation in Europe

**National Accreditation
Authorities**

Event

National

International

**European
Accreditation Bodies**

Draft Flowchart Accreditation in Europe

Event

National

**National Accreditation
Authorities**

Evaluate the value of the meeting

Grant the credits according to the National rules

Draft Flowchart Accreditation in Europe

Event **International**

European Accreditation Bodies

Evaluate the value of the meeting
Propose a number of credits

National Accreditation Authorities

Accept the scientific evaluation by the UEMS Sections and Boards
Apply the number of credits relating to the national rules



Accreditation

Two major partners in the process :

- **European Accreditation Boards**
- **National Accreditation Authorities**

What means “Mandatory”

- Only theoretical measures
- “Last call”
- Real effect on the license to practise or on the payment of the practitioner

“Mandatory” is not always what we think it means...

Shift to mandatory CME in Europe

- **Policy UEMS : CME is an ethical obligation and should not be mandatory**
- **Voluntary CME is effective on macro-level**
- **But, on individual level participation has to be encouraged**

Mandatory CME is not effective in the weeding out of bad apples

Voluntary versus Mandatory CME

- **Motivation**
- **Incentives**
- **Control mechanisms**

The carrot is more effective than the stick...

European CME Credits (ECMEC's)

Credits **UEMS suggestion**

Full credits **E(uropean) CME C(redit)'s**

No weighted factors

1 ECMEC per hour of activity

3 ECMEC for a half day / 6 ECMEC for a full day activity


Translation of these E CME C's to National credits can follow the rules of the National Accreditation Authority

For instance : can have a maximum weighting factors can be introduced nationally

Translation table

Take Home Message

- **Agree on a common denomination for the Specialty**
 - **Laboratory Medicine**
- **Agree on the nature of the Specialty**
 - **Polyvalent**
- **Agree on a common Core Curriculum**
- **Implement this at National level**
 - **Cost saving – efficiency – patient safety**
 - **Acquired rights**



“If you think education is expensive, you should consider ignorance.”

Socrates (469 – 399 BC)

Go raibh maith agaibh

Vielen Dank

Благодаря

Muito obrigado

Merci

Շնորհակալություն

Dekuji

Gracies

Dank U

сбасиво

Paldies

Tänas

Teşekkürler

Hvala

Thank you

شكرا جزيلاً

Grazzi

Tack

Dakujem

Muchas gracias

Multumesc

Takk

תודה רבה

Grazie mille

ευχαριστώ

Faleminderit

Kiitos

Köszönöm

Ginkuje

Dèkoju

მადლობა