



MODERNISATION OF MINIMUM TRAINING REQUIREMENTS & COMMON TRAINING PRINCIPLES

**GROWTH & MOBILITY – MODERNISING THE PROFESSIONAL
QUALIFICATIONS DIRECTIVE
EP IMCO COMMITTEE HEARING
BRUSSELS, 25TH APRIL 2012**



UEMS POLICY ON ENSURING QUALITY OF CARE: FUNCTIONS

The UEMS

created in 1958

35 European countries

50 medical specialities

Standards and Ethics

Medical Education

**Medical
Regulation**

**Ensuring fitness to
practise**

**Certification &
Registration**

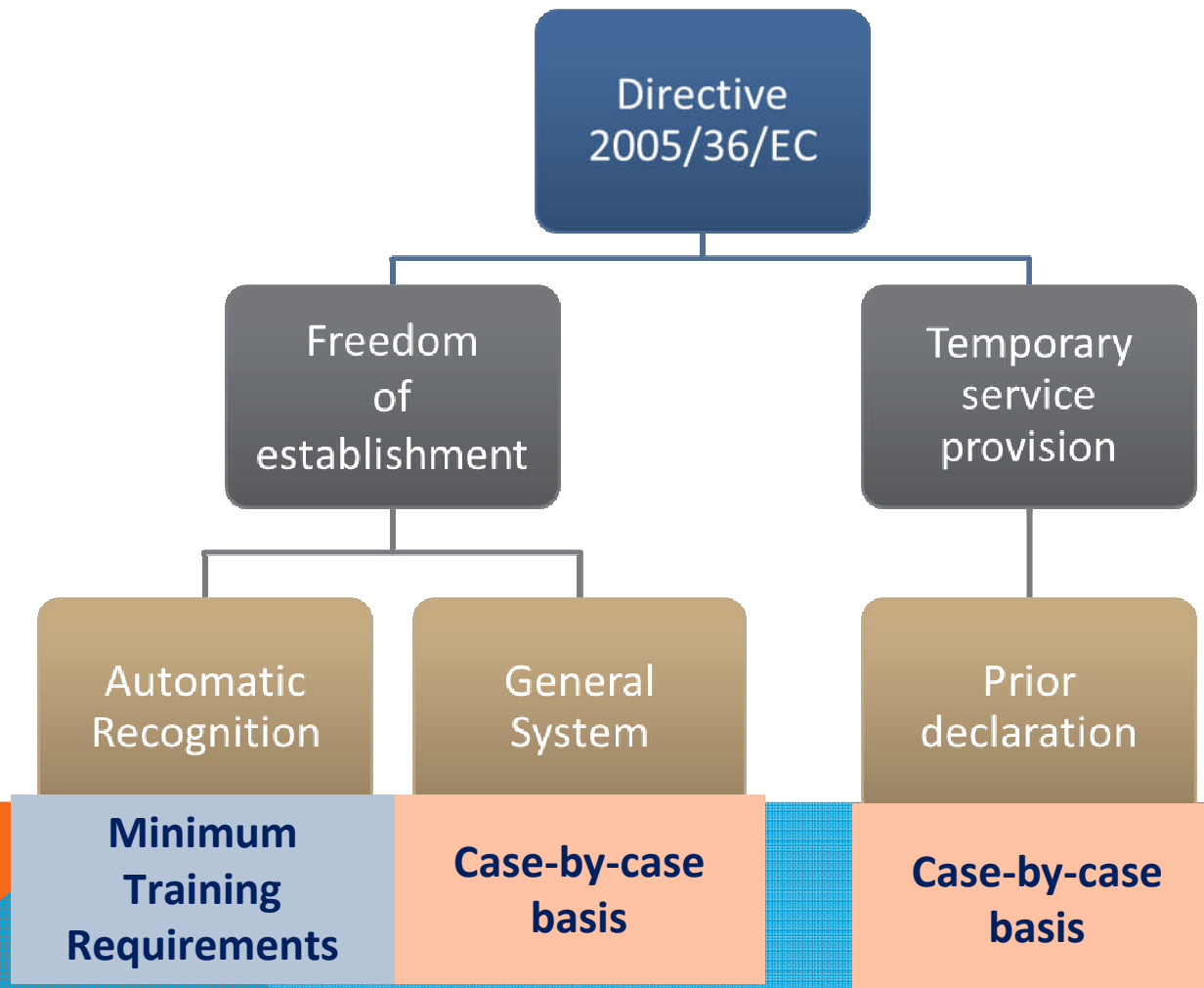


HEALTH CARE AND THE EU

- **Subsidiarity** - the organisation & delivery of health care is the responsibility of each Member State
- **Co-ordination** of health issues is **challenging** at the European level
- **Subsidiarity and medical specialist training:**
 - national rules and regulations prevail
 - not as in education where the EU can have effects
 - directives can be introduced
 - difficulties to implement at the national level



THE PROFESSIONAL QUALIFICATIONS DIRECTIVE





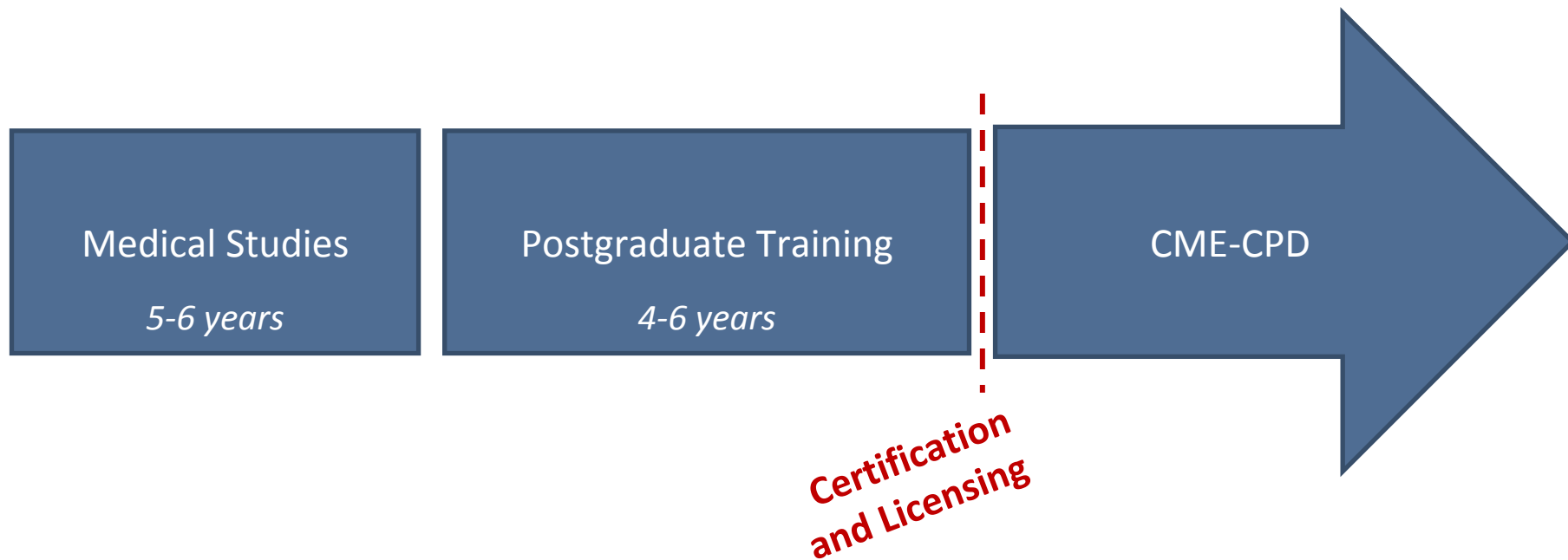
MODERNISING TRAINING REQUIREMENTS

GENERAL SURGERY		
Minimum length of training course: 5 years		
Belgique/België/Belgien	Chirurgie/Heelkunde	
България	Хирургия	
Česká republika	Chirurgie	
Danmark	Kirurgi eller kirurgiske sygdomme	
Deutschland	(Allgemeine) Chirurgie	
Eesti	Üldkirurgia	
Ελλάς	Χειρουργική	

Ref. Annex 5.1.3 of Directive 2005/36/EC



CONTINUUM OF MEDICAL EDUCATION LIFELONG LEARNING





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

Facilitate emergence of new specialties (e.g. “particular competences”)

Ref: 4th Report of Advisory Committee on Medical Training
XV/E/8306/3/96-EN – European Commission, Directorate General XV,
Brussels, 15 January 1997



UEMS EUROPEAN SET OF COMPETENCES AND REQUIREMENTS*

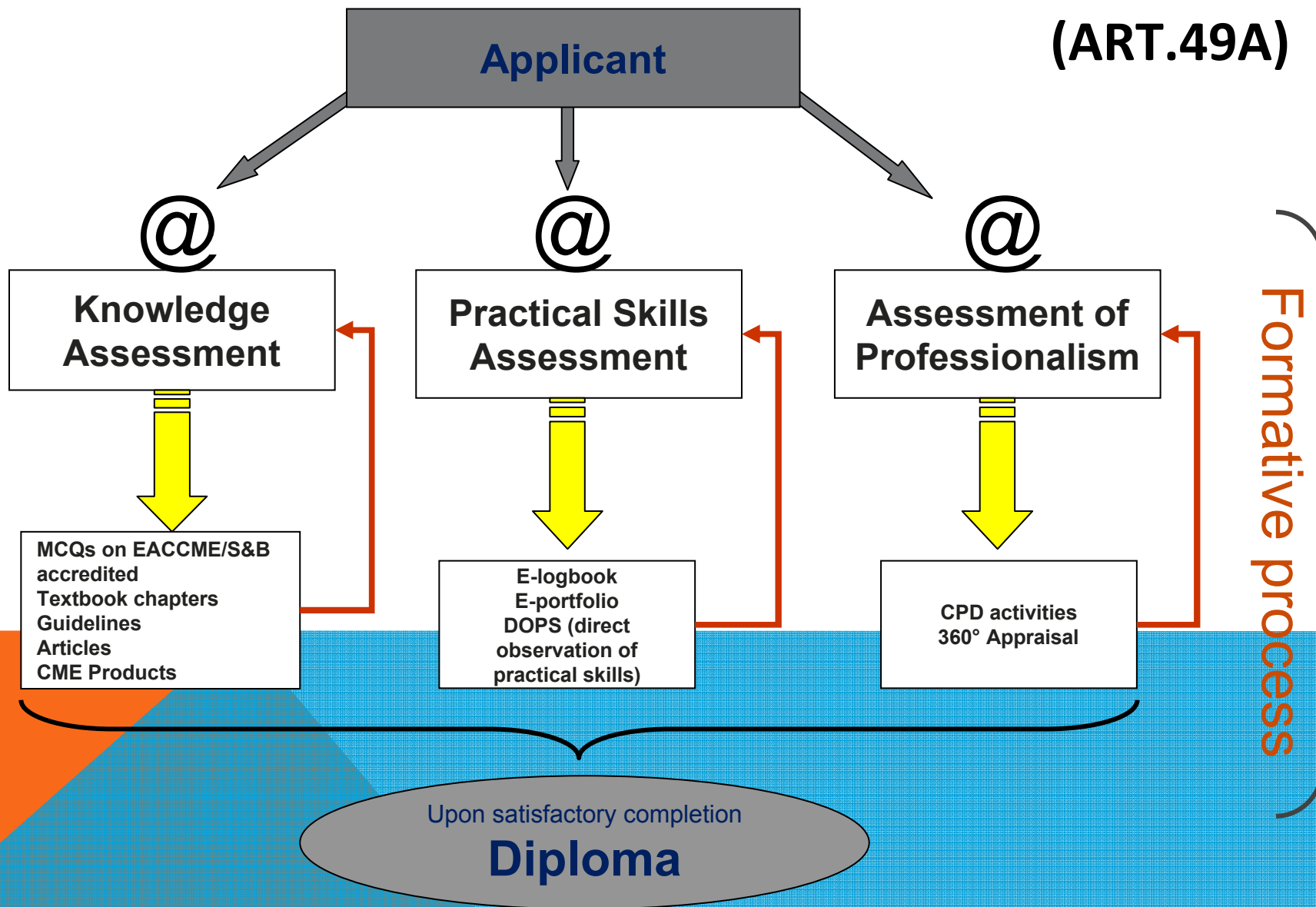
The 7 core competences

- 1. Communication**
- 2. Problem solving**
- 3. Applying knowledge and science**
- 4. Patient examination**
- 5. Patient management / treatment**
- 6. Using the social and community contexts of health care**
- 7. (Self)-Reflection**

*** Ref: UEMS, 2011**



ALT #1 – A EUROPEAN TRAINING FRAMEWORK FOR DOCTORS? (ART.49A)





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Towards a voluntary 29th Regime?

**To complement -but not supersede-
the existing national regimes**



ASSESSMENT & CERTIFICATION

Professionalism

Skills

Knowledge

Structured curriculum

Formative and summative assessments

Tools



ASSESSMENT & CERTIFICATION

Professionalism

Skills

Structured approach to become proficient

Real life training and assessment

Simulation

Tools



ASSESSMENT & CERTIFICATION

Professionalism

Decision making, communication and leadership, etc.

Continuing Medical Education and Professional Development (CME-CPD)

**Team training – Peer Review – Reflection
Behaviour & Attitudes**

Tools



HOW TO HARMONISE MEDICAL SPECIALISTS QUALIFICATIONS?

- to adopt **UEMS harmonised curricula** in each specialty
- to ensure that all Member States «**translate**» them into their national systems
- to ensure that all European Medical Specialists have the same **main core competences**



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



QUALITY IN MOBILITY

The view of patients' and citizens' groups...



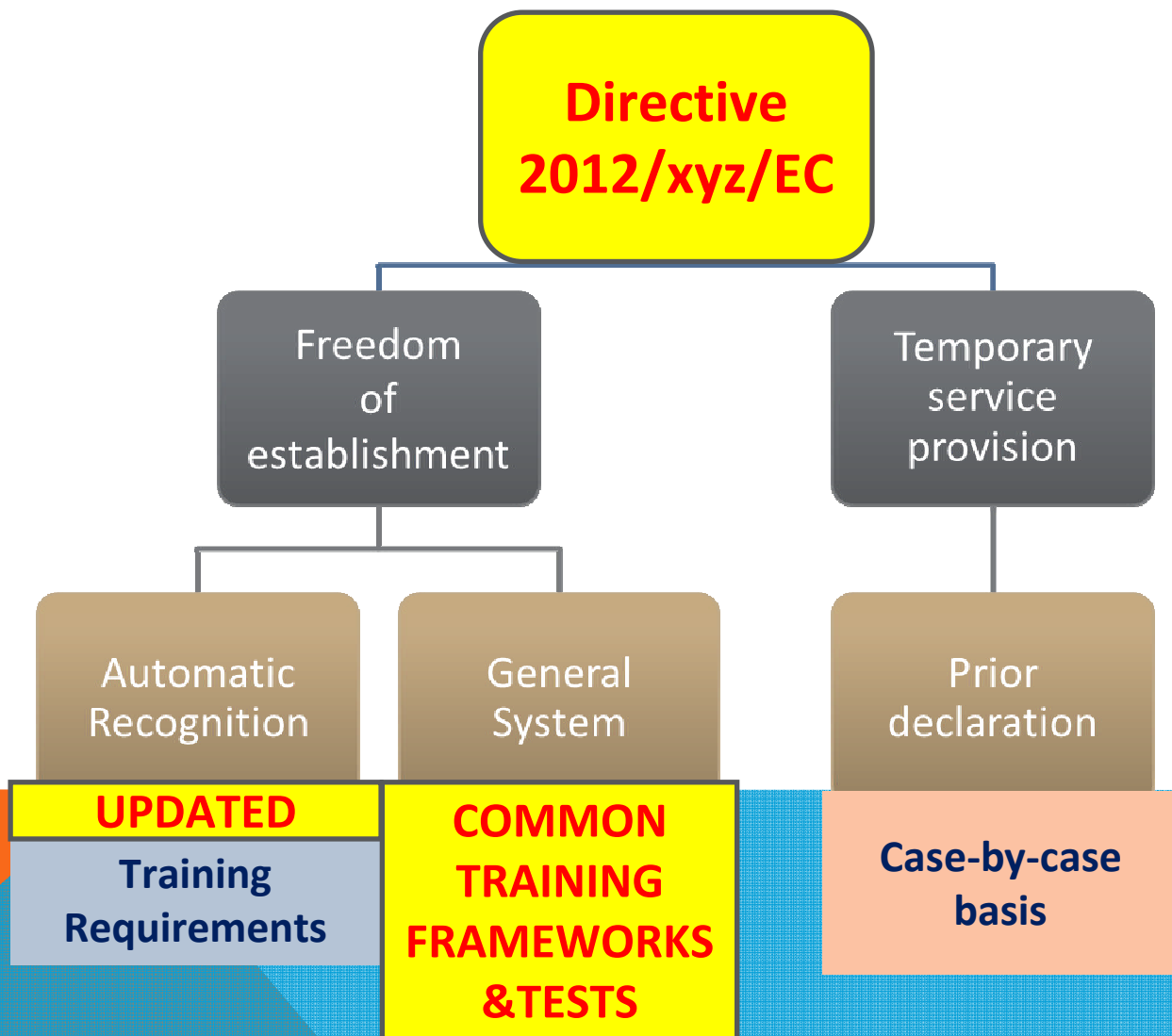
JOINT STATEMENT

in the context of the public consultation on the Green Paper on Modernising the
Professional Qualifications Directive (Directive 2005/36/EC)

***HEALTH PROFESSIONALS' EDUCATION MUST NOT BE COMPROMISED IN NAME OF
THE SINGLE MARKET***

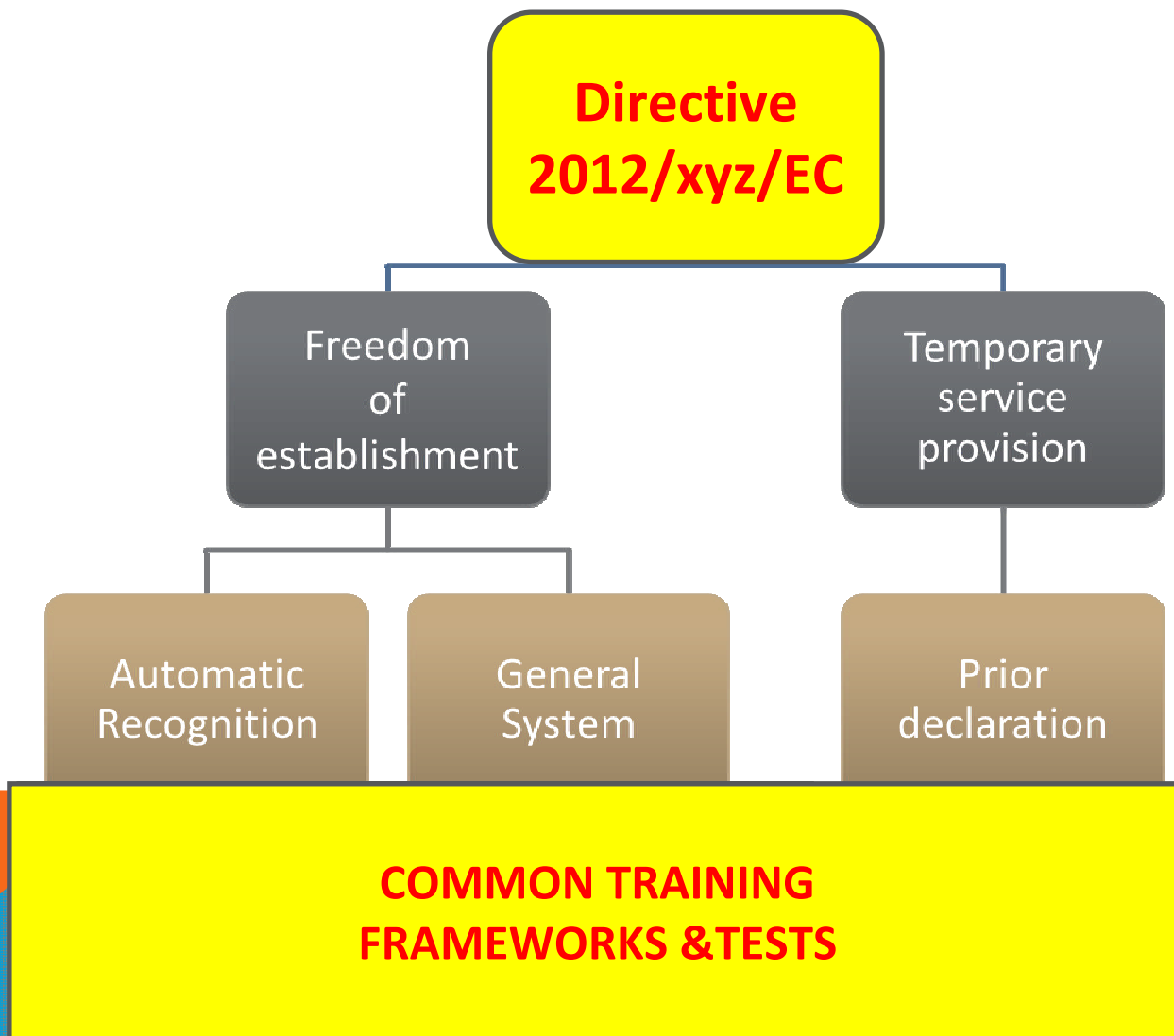


A NEW PROFESSIONAL QUALIFICATIONS DIRECTIVE





A NEW EUROPEAN PROFESSIONAL QUALIFICATIONS DIRECTIVE



THANK YOU FOR YOUR ATTENTION

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UEMS

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