



The European Board of Internal Medicine Curriculum Project

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European Board of Internal Medicine Curriculum Working Group

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- **The first meeting was held in Kuesnacht, Switzerland 1 & 2 March 2014**
- **There have been 5 face-to-face meetings**
- **Funding of the project is shared between EFIM and the UEMS Section of Internal Medicine**

Curriculum Working Group

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The EC Directive 2005/36/EC (amended 2013/55/EC)

- Regulates the recognition of professional qualifications for the free movement of professionals within the European Community
- Is based on harmonised minimum training requirements and transparent recognition of professional qualifications

The objectives of the curriculum

- To produce a competent internist for all European healthcare systems
- Provide recommendations regarding educational framework, objectives, content, desired outcomes and administrative oversight of a training programme in internal medicine
- Reflect the increasing need for general, integrative care of the acutely ill patient in the hospital setting and for chronic disorders in the outpatient setting
- Ensure that physicians practising other specialties who are recognized as internists, are proficient in basic internal medicine

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

PRESIDENT: DR ROMUALD KRAJEWSKI SECRETARY-GENERAL: DR EDWIN BORMAN TREASURER: DR GIORGIO BERCHICCI LIAISON
OFFICER: DR ZLATKO FRAS



Training Requirements for the Specialty of Internal Medicine

European Standards of Postgraduate Medical Specialist Training

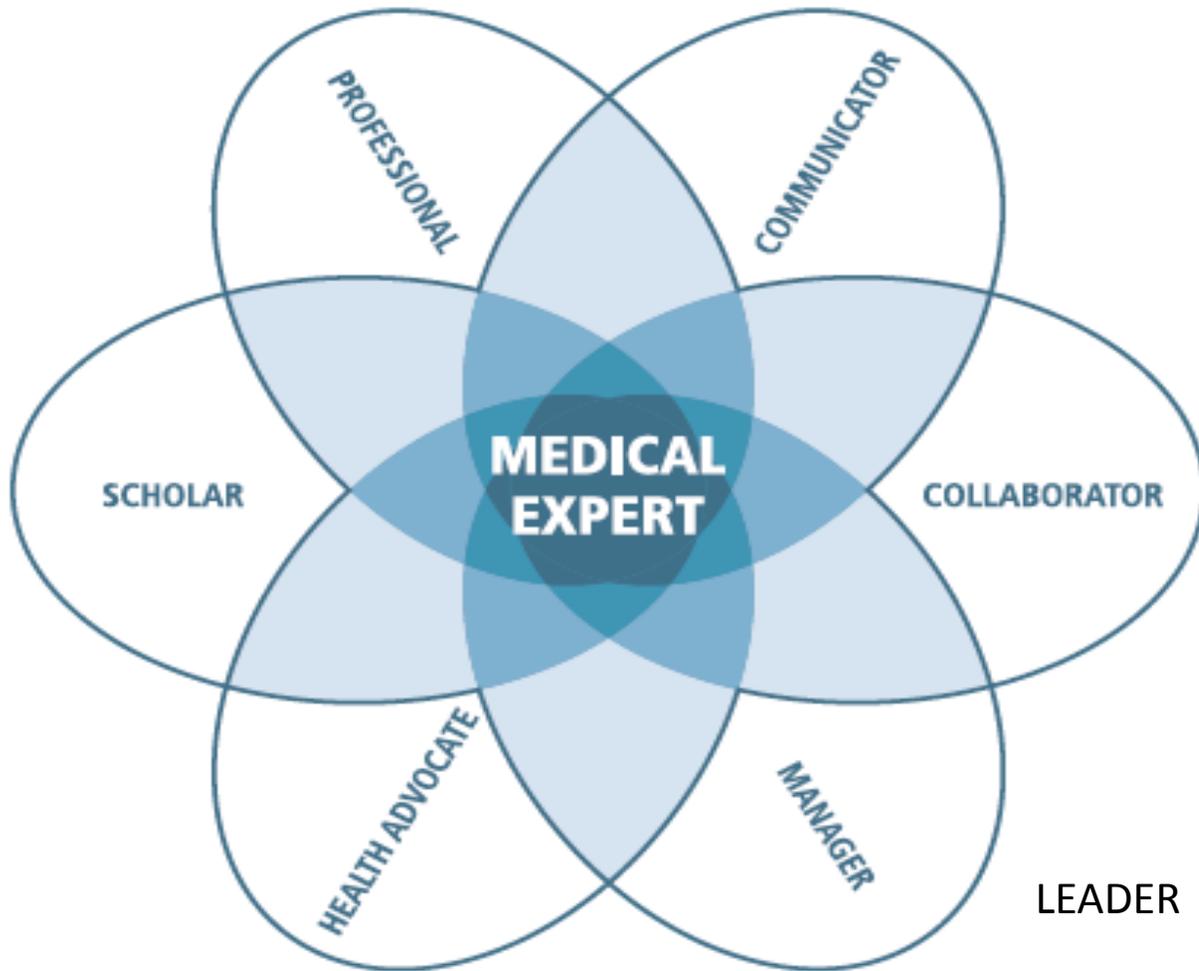
(UEMS 2012/29 Internal Medicine)

Preamble

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 34 national associations and operating through 39 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training, which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

Core competencies

CanMEDS 2015



Adopted by countries on five continents, making it the world's most recognized and most widely applied physician competency framework.

Specific domains of the internist

- Multimorbidity and ageing
- Shared decision making
- Collaborative care
- Medical leadership
- Medical consultation
- Acute care
- Patient safety and quality of care

Three scenarios for training in internal medicine

- Internal medicine training and qualification (5 years)
- Training in internal medicine and another specialty with qualification in both (6 years)
- Common trunk in internal medicine for training in another specialty with qualification in the latter specialty only (2 years)

The structure and contents of the curriculum

- I. Training requirements for trainees
- II. Training requirements for trainers
- III. Training requirements for training institutions

Training requirements for trainees

- Content of training and learning outcome
 - ❖ Theoretical knowledge
 - ❖ Practical and clinical skills
 - ❖ Competencies
 - ❖ Milestones
 - ❖ Entrustable professional activities (EPA's)
- Organisation of training
 - ❖ Schedule of training
 - ❖ Curriculum of training
 - ❖ Assessment and evaluation
 - ❖ Governance

Key competencies

- Clinical presentations and diseases
 - ❖ Clinical presentations and diseases that all internists should be able to diagnose and treat independently
 - ❖ Clinical presentations and diseases for which the internist should be able to initiate a diagnostic and therapeutic plan, while consultation or referral is also warranted
- Procedures
 - ❖ Two categories of procedures
 - Procedures that all internal medicine trainees must be able to do
 - Procedures a trainee could perform but may need specialist assistance

Clinical Presentation, Diseases and Procedures

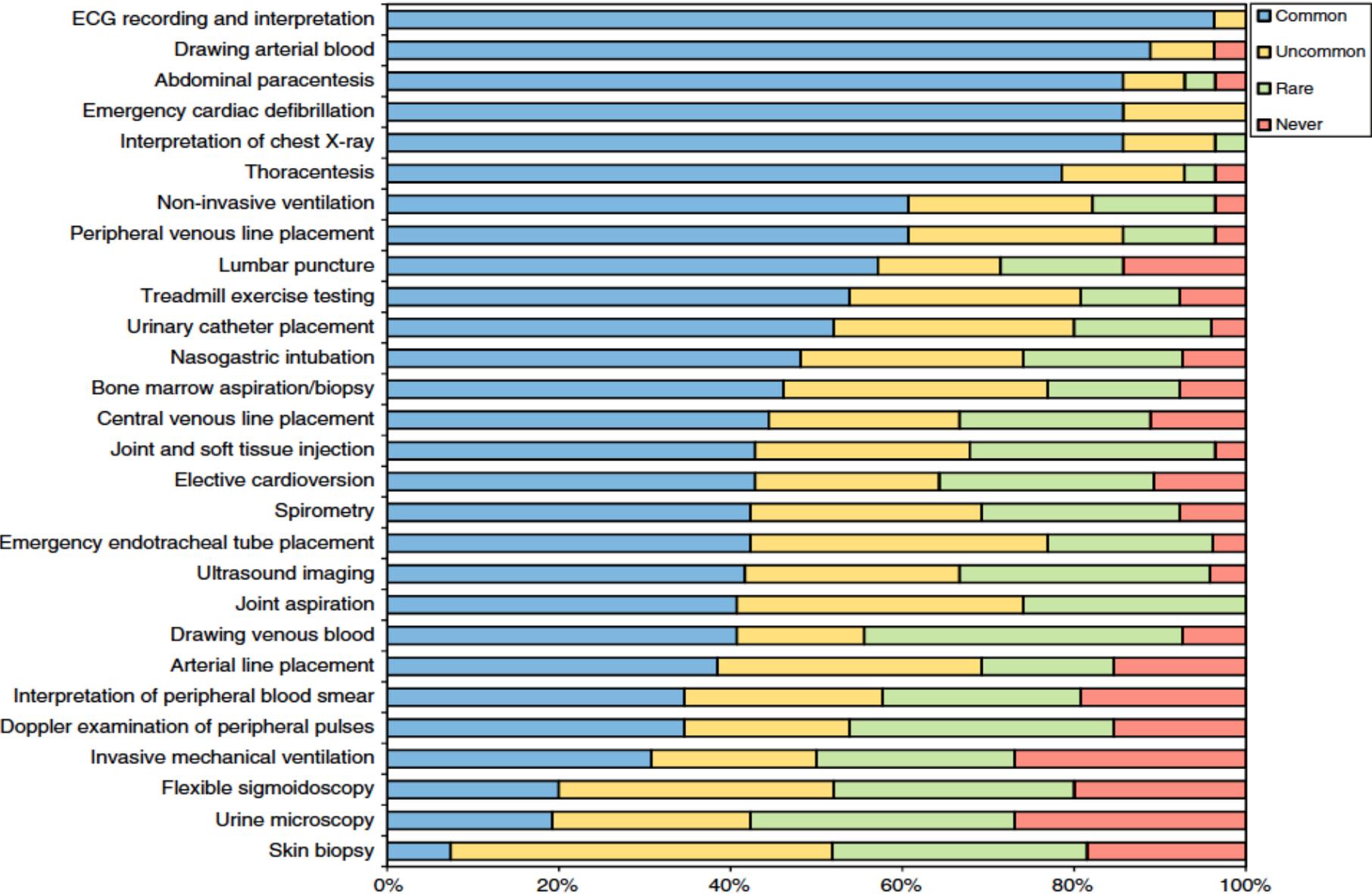


Fig. 1. Procedures performed by internists in European countries. Abbreviations: CXR, chest X-ray; ECG, electrocardiogram

From a competency framework to a competent internist

- At the conclusion of the training programme, the proficiency of the trainee to practise as an internist should be established
- Milestones
 - ❖ Will be used to mark the progression of competence from the onset of medical training through advanced practice
- Entrustable professional activities (EPA's)
 - ❖ The assessment system will be geared towards measuring entrustment of specific internal medicine practice activities

Milestones

- Milestones reflect the expected ability of a health professional at a stage of expertise and provide clearly defined targets to guide authentic learning and assessment
- Each milestone skill is framed as an observable behavior to facilitate a criteria-based assessment of competence
- Milestones at the conclusion of years 2 and 5 of internal medicine training are provided

Entrustable professional activities (EPA's)

- EPAs are broad responsibilities that frequently include smaller ones
- The complexity of EPA 's requires an integration of knowledge, skills and attitudes across competency domains
- A list of 30 comprehensive EPA's is provided, each of which can be viewed as consisting of smaller, more elementary EPA's and serving as an example

Schedule of training

- Common trunk in internal medicine
- Dual certification in internal medicine and another specialty

Training requirements for trainers

- Levels of trainers
 - ❖ Director of the training programme
 - ❖ Educational supervisor
 - ❖ All physicians practising in a teaching hospital
- Process for recognition as trainer
 - ❖ Requested qualification and experience
 - ❖ Core competencies for trainers
- Quality management for trainers

Training requirements for training institutions

- Process for recognition as training center
 - ❖ Requirements for staff and clinical activities
 - ❖ Requirements for facilities and equipment
- Quality management within training institutions
 - ❖ Accreditation
 - ❖ Clinical governance
 - ❖ Manpower planning
 - ❖ Regular report
 - ❖ External auditing
 - ❖ Transparency of training programmes
 - ❖ Structure for coordination of training
 - ❖ Framework of approval

Timeline of the remaining work

- A final draft of the curriculum will be ready for review in the spring of 2015
- Meetings with representatives of national societies from several regions (macro-regions) in Europe will be organised in the fall of 2015
- Feedback received from the national representatives will be used during revision of the draft and production of a final version of the curriculum
- Aim for approval by the EFIM Administrative Council and the UEMS Council in the spring of 2016

Grouping of countries

(1) Northern Europe

Lead: [Runolfur Palsson](#);

Liaison: [Margus Lember](#)

Norway

Sweden

Finland

Iceland

Estonia

Lithuania

Latvia

*Denmark

(2) Western Europe

Lead: [Rijk Gans](#);

Liaison: [Arnaud Perrier](#)

Netherlands

Belgium

Germany

United Kingdom

Ireland

Switzerland

Austria

France

*Luxembourg

(3) Eastern Europe

Lead: [Ion Bruckner](#); liaison:

[Radovan Hojs](#)

Poland

Czech Republic

Slovakia

Slovenia

Romania

*Albania

*Russia

*Serbia

*Armenia

*Bulgaria

* Georgia

*Hungary

*Ukraine

*Croatia

*Belarus

(4) Southern Europe

Lead: [Nica Cappellini](#);

Liaison: [Antonio Baptista](#)

Spain

Portugal

Italia

Malta

Greece

Cyprus

*Turkey

*Israel

(5) Northern Africa

*Algeria

*Morocco

*[Tunesia](#)

* Nations not full member
of both EFIM and UEMS;
see table

Thank you for your attention!

