10:30 Welcome Coffee – 1st Floor Foyer
11:00 Welcome to the Meeting - EFIM President Elect, Runolfur Palsson – 1st Floor Red Auditorium
Chairman of the day: Nica Cappellini, EFIM Past-President
11:10 Background to Development of the Curriculum – Rijk Gans, Vice - President EBIM
12:00 Presentation of the Curriculum and Amendments – Runolfur Palsson
13:00 Lunch and Opportunity to Meet the Working Group Members – 1st Floor Foyer
14:00 Discussion of Selected Comments from National Societies
14:45 Topics Arising from Luncheight Discussion
15:00 Duration of Training and the Common Trunk – Runolfur Palsson
15:30 Dual Certification – Runolfur Palsson
16:15 EPAs and Competencies - Based System- Rijk Gans
17:00 Concluding Remarks and Future Perspectives
17:15 End of the Meeting & Cocktail – 1st Floor Foyer
11:10 Background to Development of the Curriculum

Rijk Gans,
Vice-president European Board of Internal Medicine
• Postgraduate training
• CME/CPD
- European specialist training based on competence
- CME/CPD
- Educational and professional mobility
- Professional autonomy
- Self-regulation
The Red Line

Support of national authorities
Political leverage
Freedom of Movement

Accreditation
Focus on International events

Major Providers of CME
European Specialist Societies

Financial and organisational Capacity
Technical Know-how of Speciality
Support of the Grass roots
European Board of Internal Medicine

EBIM was reconstituted in 2002 in order to strengthen the links between EFIM and the UEMS Section of Internal Medicine.

The Board would comprise three members of the Section and three members from EFIM with the possibility of others attending or being co-opted as necessary.

- Training Centre Accreditation
- Examination
- Competences project
- Picture of the organisation and medical practice as related to Internal Medicine in all the countries of the EU
Memorandum of Understanding
2014

• Scope of co-operation between UEMS Sections and European Scientific Societies

• Identification and recognition of Sections and Societies respective competence to prevent overlapping and duplicated work
European Board of Internal Medicine

Werner Bauer, president, EFIM
Rijk Gans, vice-president, UEMS
Runolfur Palsson, UEMS/EFIM
Clare Higgins UEMS
Maria Cappellini EFIM
Monique Slee-Valentijn YI
Mark Cranston YI
Jan-Willem Elte, EFIM

Joint meeting EBIM – UEMS Section Internal Medicine – EFIM

March 1/2, 2014, Kuesnacht, Switzerland

Kuesnacht, July 2014
Milano, Sept 2014
Utrecht, Dec 2014
Brussels, Feb 2015
Brussels, July 2015
Utrecht, Nov 2015
Working group:

3 representatives from EFIM
3 from the UEMS Section of Internal Medicine
2 from the Young Internists Assembly.

+ fourth person from EFIM (Eastern Europe)

**Goal:** Core curriculum Internal Medicine

**Funding:**
Costs shared between EFIM and the UEMS Section IM

Funding opportunities?
Objectives:

- Define Role and Scope of Internal Medicine in Europe.

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  (received > 15 National Curricula)

- Define Procedures that all internists should master

- Define Milestones years 1-2, 3-4, 5(-6)

- Define Assessment during Training
  e-portfolio

- Define Schedule and minimum Duration of training

- Define Foundation years for subspecialties to be recognized as internists

- Define Training requirements for Trainers and Institutions

- Define European Exam (CESMA)
Three scenarios:

1. Internal medicine training and qualification.

2. Internal medicine and subspecialty training with qualification in both.

3. Common trunk in internal medicine for subspecialty training with qualification in the subspecialty only.
   • Offer a common trunk of two years applicable to all.
Philosophy

Curriculum should reflect the increasing need for general, integrative care of the acutely ill patient in the hospital setting and the chronic patient in the outpatient setting.

Portray the internist as a team player who is coordinating care in close collaboration with subspecialties and primary care physicians.

Subspecialist recognized as internist need to be proficient in basic internal medicine.

Incorporate the perspective of the patient reflecting value-based care.
Strategy

Developments in Internal Medicine

The changing face of internal medicine: Patient centred care


* Israel
° Portugal
+ United Kingdom
& Germany
§ Switzerland
Timeline of the work: 2 years.

Draft after two meetings

Meet with representatives of national societies (early 2015)

present and discuss with representatives from European Regions (5-6)

Aim for approval by the UEMS Council at the meeting in October of 2015.
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Adopted by countries on five continents, making it the world’s most recognized and most widely applied physician competency framework.
Specific domains of expertise

- Multi-morbidity and Ageing
- Shared Decision Making
- Collaborative Care
- Transition of Care
- Medical Leadership
- Medical Consultation
- Acute Care
- Vulnerable Adult
- Patient Safety and Quality of Care
Clinical Presentation, Diseases and Procedures

<table>
<thead>
<tr>
<th>Clinical presentations rated as common in ( \geq 75% ) of countries</th>
<th>Clinical presentations rated as uncommon, rare or never encountered in ( &gt;25% ) of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal mass</td>
<td>Dyspnoea</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Gastrointestinal bleeding</td>
</tr>
<tr>
<td>Abnormal thyroid function tests</td>
<td>Haematuria</td>
</tr>
<tr>
<td>Alcohol and substance abuse or intoxication</td>
<td>Heartburn</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Hyperglycaemia</td>
</tr>
<tr>
<td>Bloating/constipation</td>
<td>Jaundice/abnormal liver function tests</td>
</tr>
<tr>
<td>Elevated blood pressure</td>
<td>Joint swelling</td>
</tr>
<tr>
<td>Elevated serum creatinine</td>
<td>Leg pain or swelling</td>
</tr>
<tr>
<td>Extracellular fluid depletion</td>
<td>Lymphadenopathy</td>
</tr>
<tr>
<td>Dizziness and syncope</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Obesity</td>
</tr>
<tr>
<td>Chest pain</td>
<td>Palpitations</td>
</tr>
<tr>
<td>Cough</td>
<td>Sepsis syndrome</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Shock</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Unsteadiness and falls</td>
</tr>
<tr>
<td>Fever</td>
<td>Weight loss</td>
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<tr>
<td></td>
<td>Wheeze</td>
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<tr>
<td></td>
<td>Altered mental status</td>
</tr>
<tr>
<td></td>
<td>Bruising/thrombocytopenia</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Headache</td>
</tr>
<tr>
<td></td>
<td>Leg ulcers</td>
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<tr>
<td></td>
<td>Low back pain</td>
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<tr>
<td></td>
<td>Numbness</td>
</tr>
<tr>
<td></td>
<td>Progressive memory disturbance</td>
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<tr>
<td></td>
<td>Snoring/daytime somnolence</td>
</tr>
<tr>
<td></td>
<td>Rash</td>
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<tr>
<td></td>
<td>Voiding discomfort</td>
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<tr>
<td></td>
<td>Weakness and paralysis</td>
</tr>
</tbody>
</table>

M. Cranston et al. / European Journal of Internal Medicine 24 (2013) 627–632
### Table 3
Medical diagnoses managed by internists in the European countries.

<table>
<thead>
<tr>
<th>Diagnoses rated as common in ≥75% of countries</th>
<th>Diagnoses rated as uncommon, rare or never encountered in &gt;25% of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute kidney injury</td>
<td>Acute respiratory failure</td>
</tr>
<tr>
<td>Alcohol and substance abuse</td>
<td>Dementia</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>Depression</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>Extracellular fluid depletion</td>
</tr>
<tr>
<td>Asthma</td>
<td>HIV infection</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Chronic pain syndrome</td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Sepsis</td>
</tr>
<tr>
<td>Common cancers</td>
<td>Shock</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Sleep apnoea</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td>Gastro-oesophageal reflux disease</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal bleeding</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: HIV, human immunodeficiency virus.
Clinical Presentation, Diseases and Procedures

- Emergency Presentations
- Common clinical presentations
- Presentations with general, non-specific symptoms
- Presentations with selected organ system symptoms
- Multisystem Clinical Problems
- Medical Problems in Pregnancy
- Medical Problems in Surgery
- Presentations related to specific patient populations
- Palliative Care and End of Life
- Incidental findings on imaging
- Laboratory abnormalities
- Clinical Genetics/Pharmacology
- Transfusion Medicine
- Preventive Care
- Interpretation of basic clinical tests and Images

- Procedural competencies
Clinical Presentation, Diseases and Procedures

**Emergency Presentations**

All internists should be able to recognize and initiate management for serious and/or potentially life-threatening medical emergencies.

<table>
<thead>
<tr>
<th>INDEPENDENT DIAGNOSIS AND THERAPY</th>
<th>INITIAL DIAGNOSIS AND THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMELY CONSULTATION AND/OR REFERRAL</td>
<td></td>
</tr>
</tbody>
</table>
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Clinical Presentation, Diseases and Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Common</th>
<th>Uncommon</th>
<th>Rare</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG recording and interpretation</td>
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<tr>
<td>Drawing arterial blood</td>
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<tr>
<td>Abdominal paracentesis</td>
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<tr>
<td>Emergency cardiac defibrillation</td>
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<tr>
<td>Interpretation of chest X-ray</td>
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<tr>
<td>Thoracentesis</td>
<td></td>
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<td>Non-invasive ventilation</td>
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<tr>
<td>Peripheral venous line placement</td>
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<tr>
<td>Lumbar puncture</td>
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<td>Treadmill exercise testing</td>
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<tr>
<td>Urinary catheter placement</td>
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<td>Nasogastric intubation</td>
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<td>Bone marrow aspiration/biopsy</td>
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<td>Central venous line placement</td>
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<tr>
<td>Joint and soft tissue injection</td>
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<tr>
<td>Elective cardioversion</td>
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<td>Spirometry</td>
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<tr>
<td>Emergency endotracheal tube placement</td>
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<tr>
<td>Ultrasound imaging</td>
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<tr>
<td>Joint aspiration</td>
<td></td>
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<tr>
<td>Drawing venous blood</td>
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<tr>
<td>Arterial line placement</td>
<td></td>
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<tr>
<td>Interpretation of peripheral blood smear</td>
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<tr>
<td>Doppler examination of peripheral pulses</td>
<td></td>
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<tr>
<td>Invasive mechanical ventilation</td>
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<tr>
<td>Flexible sigmoidoscopy</td>
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<tr>
<td>Urine microscopy</td>
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<tr>
<td>Skin biopsy</td>
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</tbody>
</table>

Fig. 1. Procedures performed by interns in European countries. Abbreviations: CPR, chest Y resuscitation; ECG, electrocardiogram.

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Foundation years for Subspecialties

Fig. 1. a. Number of years spent on internal medicine in combined training programmes in internal medicine and a subspecialty. b. Number of years spent on a subspeciality in combined training programmes in internal medicine and a subspecialty.

Foundation years for Subspecialties

*Three scenarios:*

- Internal medicine training and qualification. Charter 6 Training requirements Internal Medicine (currently 5 years)

- Internal medicine and Subspecialty training with qualification in both specialties.

- Common trunk in internal medicine for subspecialty training with qualification in the subspecialty only.

→ Offer a common trunk of two years applicable to all.
DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 7 September 2005

on the recognition of professional qualifications

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

INTERNAL MEDICINE

Chapter 6, Charter on Training of Medical Specialists in the EU

Requirements for the Specialty of Internal Medicine

Amended July 2008
UEMS repeatedly has called for an update to the provisions on medical specialist training in the framework of the revision of the Directive:

The European Commission has delegated powers for

- adding new specialties
- changing the minimum length of the specialist categories (article 25.5)

By the end of the year 2015:
UEMS presents to the Commission a position paper with proposals
EUROPEAN UNION

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 7 September 2005

on the recognition of professional qualifications

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

UEMS section of Internal Medicine and Presidents of National Societies represented by EFIM:

Minimum duration of training for (general) Internal Medicine should be 6 years

Dual certification in Internal Medicine and an other Medical Specialty

Minimum duration of postgraduate training 7 years with a minimum duration of training in (general) Internal Medicine of 4 years

Duration of specialty training up to the other specialties
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“7) **Internal Medicine**
Very well done document which includes up to date recommendations (i.e., **Entrustable professional Activities (EPAs)**) and inspired from well accepted documents from other countries/organizations. Not always necessary to reinvent the wheel, but usually more effective in strengthening the wheel! »
Grouping 1:

- Allergology
- Cardiology
- Emergency Medicine (3)
- Infectious Diseases
- Internal Medicine
  - Div. Angiology
- Gastroenterology
- Geriatrics
- Medical Oncology
- Nephrology
- Haematology (?)
- MJC Intensive Care
- Div. Clinical Immunology
- Div. Transfusion Medicine
- Div. Genetics

UEMS Council/General Assemblee

- Granada, Oct 2014
- Brussels, April 2015
- Warsaw, Oct 2015

Formal approval

AGENDA COUNCIL MEETING
Brussels, april 2016

- Medical Specialties must be recognized in 3/5 of Member States of EU
- Medical Specialties are represented by sections, divided in 3 groups
Rijk Gans,
Vice-president European Board of Internal Medicine
Fig. 2. Subspecialty rotations in internal medicine training programmes. Shown are subspecialties which are mandatory in some European countries.