Dual Certification

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**Dual certification: Comments**

**Belgium:**
- A candidate could obtain a professional title of both internal medicine and another specialty. Could this really be obtained in a period with a minimum duration of 6 years (3-4 years internal medicine and 2-3 years specialty training) or does this suppose the previous common trunk has already been accomplished?
- Amendment of article 25 on the Directive on professional qualifications 2005/36/EC, where an exemption in order to obtain a second qualification never can exceed the half of the minimum duration of the training course of the second professional qualification.

**Czech Republic:**
- There is considerable discrepancy between the proposed duration of training in internal medicine (i.e. 6 years) and duration of dual certification (i.e. 7 years). With dual certification, considerable shorter time spent on internal medicie is required for obtaining the qualification than it is for internal medicine alone.
Portugal:

- We are objectively against this possibility. Our belief is that internal medicine should not be reduced to a part of the training of sub-specialties.
- The years training in internal medicine are just preparing the resident to become a more complete doctor in any other medical specialty but internal medicine.
- What would happen to those who obtain dual certification and choose to practice in their second specialty of choice – after how many years of losing contact with the internal medicine ward ..., should they be reevaluated concerning their qualification and up-to-date capability of managing complex subjects?
- We have seen this process implemented in many other countries with the results being the progressive loss of true internists.
**Dual certification: Comments**

**Spain:**
- Northern European concept of internal medicine (as a specialty prior to obtaining another degree) predominates over the Mediterranean concept (as a final specialty).
- We are opposed to dual specialization or double certification (in internal medicine and another specialty), because this represents a risk for internal medicine, converting it into a transfer station on a track to obtaining another specialty.

**UK:**
- Dual certification is 7 years and this should include a minimum of 4 years in GIM, of which 2 years are the common trunk. Does this imply that there should be a further 2 years during the rest of training? This does not tally with the minimum of 5 years for GIM...
Dual certification: Comments

UEMS Groupings 1:
- There is a feeling that generalists are in short supply, and that dual accreditation may help with this.
- Concerns regarding the dual certification track and recommended that the "other specialties" be defined in the curriculum.
The focus of the curriculum is specialty training in internal medicine, irrespective of whether is the sole specialty or together with another specialty.

Dual certification in internal medicine and another related specialty is included in the curriculum because it exists in many European countries.

Countries are not obliged to offer dual certification in internal medicine and another specialty. This is decided by the national authority.
Dual certification: Response to comments

- According to the proposed curriculum, training leading to dual certification could be completed in a minimum period of 7 years (a minimum of 4 years of internal medicine training) if the candidate has achieved the competencies required. However, each national authority can add to this minimum requirement.

- Part of the training in both specialties can be carried out concurrently and thereby shorten the total specialty training period slightly. There are no rules in place for dual certification at the European level. Thus, each national authority needs to determine the requirements in the respective country.
DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 20 November 2013
amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation')
(Text with EEA relevance)

(19) Article 25 is amended as follows:

'3a. Member States may provide, in national legislation, for partial exemptions from parts of the specialist medical training courses listed in point 5.1.3 of Annex V, to be applied on a case-by-case basis provided that that part of the training has been followed already during another specialist training course listed in point 5.1.3 of Annex V, for which the professional has already obtained the professional qualification in a Member State. Member States shall ensure that the granted exemption equates to not more than half of the minimum duration of the specialist medical training course in question.

Each Member State shall notify the Commission and the other Member States of the national legislation concerned for any such partial exemptions.'
The maintenance of competence in internal medicine among graduates with dual certification can be facilitated through a recertification policy.

The other specialties are (and should be) related to internal medicine and were formerly called subspecialties. Specialties that can be part of dual certification together with internal medicine vary to some extent between countries and, therefore, they are not listed in the curriculum.
In order to meet the growing need for comprehensive medical care, expansion of the internal medicine workforce is necessary.

In many European countries, a large proportion of internists are certified in internal medicine and another specialty.

Hence, internists-specialists must contribute significantly to traditional internal medicine practice.

This should be reflected in the forthcoming European internal medicine curriculum.