



The European Board of Internal Medicine Curriculum Project

Runolfur Palsson, M.D., FACP, FASN
EFIM President-Elect
Icelandic Society of Internal Medicine

11 March 2016

2nd EFIM Day, Brussels

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

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)

ANNEX V

Recognition on the basis of coordination of the minimum training conditions

V.1. DOCTOR OF MEDICINE

Country	General (internal) medicine Minimum period of training: 5 years	Ophthalmology Minimum period of training: 3 years
---------	--	--



European Board of Internal Medicine

[Most Read](#) [Most Commented](#)

[Events](#)

[Welcome to EFIM](#)

[Education](#)

[What is Internal Medicine?](#)

[Competencies and European
Board \(EBIM\)](#)

[Poll](#)

[Home](#) >

[Welcome](#)

[ALCHIMIE Study has been
Alcoholism Journal](#)

We are proud to inform you that ALCHIMIE study has been prestigious journal in this field. This project, was promoted by the European Federation of Development of Internal Medicine in Europe, FDIME, with a disorders (ALD) and other alcohol-related diseases among

[Publications](#)

[European Board of
Internal Medicine](#)

[Division of
Angiology/Vascular
Medicine](#)

[Multidisciplinary Joint
Committees](#)

[Miscellaneous Papers
and Reports](#)

[Member Countries](#)

[Links](#)

[Contact](#)

Welcome to the new website of the UEMS Section of Internal Medicine. Please feel free to browse the site using the sidebar on the left. Feedback can be sent to: lofturb@gmail.com. Please send any suggestions for changes or other requests there.



Contents lists available at ScienceDirect

European Journal of Internal Medicine

journal homepage: www.elsevier.com/locate/ejim

Original article

The practice of internal medicine in Europe: organisation, clinical conditions and procedures

Mark Cranston^a, Colin Semple^b, Roger Duckitt^c, Moshe Vardi^{d,1}, Stefan Lindgren^e, Christopher Davidson^f, Runolfur Palsson^{g,*}, for the European Board of Internal Medicine Competencies Working Group²

^a West Suffolk Hospital, Bury St Edmunds, United Kingdom^b Southern General Hospital, Glasgow, United Kingdom^c Western Sussex Hospitals, Brighton, United Kingdom^d Carmel Medical Center, Haifa, Israel^e University Hospital Slane, Mahon, and Lund University, Lund, Sweden^f Brighton & Sussex University Hospital Trust, Brighton, United Kingdom^g Landspítali – The National University Hospital of Iceland and University of Iceland, Reykjavik, Iceland

ARTICLE INFO

Article history:
Received 1 April 2013
Received in revised form 29 July 2013
Accepted 6 August 2013
Available online 10 September 2013

Keywords:
Europe
Internal medicine
Internists
Subspecialties
Clinical conditions
Procedures

ABSTRACT

Background: Current information on the role of internists in the European countries is scarce. This describes the results of a survey of the practice of internists in Europe.

Methods: Two online questionnaire-based surveys were carried out by the European Board of Internal Medicine on the practice of internists and the other on postgraduate training in internal medicine. The national medicine societies of all 30 member countries of the European Federation of Internal Medicine were invited to participate. The responses were reviewed by internal medicine trainees from the respective countries. Summaries of the data were sent to the national societies for approval. Descriptive analysis of the data on the practice of internists was carried out.

Results: Twenty-seven countries (90%) completed the questionnaire and approved their datasets. In 8 countries, most internists practised internal medicine alone and in 7 countries at least half of physicians internal medicine together with a subspecialty. Internal medicine was considered a hospital-based specialty in most countries. The majority of selected presenting problems and diagnoses were rated as encountered in all countries. More variability between countries was observed in the performance of diagnostic and therapeutic procedures.

Conclusion: Many similarities exist in the practice of internal medicine between the European countries. Some differences are present that likely reflect the variable impact of subspecialisation. The results of this study should prove valuable for the definition of specific competencies and development of a common curriculum for internal medicine at the European level.

© 2013 European Federation of Internal Medicine. Published by Elsevier B.V. All rights reserved.

1. Introduction

Despite major changes in the organization of health service delivery in Western countries in recent decades, internal medicine remains the backbone of adult medical care. Increasing prosperity and longevity

have been associated with a rising prevalence of many chronic and increasing complexity of patient care, particularly among the growing ageing population. In parallel, advances in medical science and technology have led to an augmented role of medical special subspecialties which has influenced the practice of internists in European countries [1,2]. Although the emergence of specialised services has revolutionized the treatment and outcome of many disorders, it is not without drawbacks, including fragmentation and increasing costs [1,3]. A physician with a broad range of competencies is considered by many to be most suitable for the management of individuals with multiple chronic conditions. Accordingly, medicine organizations have emphasized the important role of the internist in the contemporary health care system [4] and recognize that all subspecialty trainees complete a common trunk of internal medicine before entering the subspecialty [5,6]. However, this requirement

* Corresponding author at: Division of Nephrology, Office 14-F, Landspítali – The National University Hospital of Iceland, Hlíðargrást, 101 Reykjavík, Iceland. Tel.: +354 543 1000; fax: +354 543 6467.
E-mail address: runolfur@landspitali.is (R. Palsson).

¹ Current affiliation: Harvard Clinical Research Institute, Boston, MA, USA.

² Members of the European Board of Internal Medicine Competencies Working Group: Colin Semple (Chairman), Werner Bauer, Maria Domenica Cappellini, Mark Cranston, Christopher Davidson, Roger Duckitt, Jan Willem Elie, Ramon Pujol Parieles, Margus Lember, Stefan Lindgren, Runolfur Palsson, Petra-Maria Schmitt-Draeger, Monique Slee-Valentijn and Moshe Vardi.

The EBIM surveys



Contents lists available at ScienceDirect

European Journal of Internal Medicine

journal homepage: www.elsevier.com/locate/ejim

Original article

Postgraduate education in internal medicine in Europe

Mark Cranston^a, Monique Slee-Valentijn^b, Christopher Davidson^c, Stefan Lindgren^d, Colin Semple^e, Runolfur Palsson^{f,*}, for the European Board of Internal Medicine Competencies Working Group¹

^a West Suffolk Hospital, Bury St Edmunds, United Kingdom^b VU University Medical Center, Amsterdam, the Netherlands^c Brighton & Sussex University Hospital Trust, Brighton, United Kingdom^d University Hospital Slane, Mahon, and Lund University, Lund, Sweden^e Southern General Hospital, Glasgow, United Kingdom^f Landspítali – The National University Hospital of Iceland and University of Iceland, Reykjavik, Iceland

ARTICLE INFO

Article history:
Received 1 April 2013
Received in revised form 29 July 2013
Accepted 6 August 2013
Available online 10 September 2013

Keywords:
Education
Europe
Internal medicine
Qualification
Training

ABSTRACT

Background: Limited information exists on the framework and content of postgraduate education in internal medicine in Europe. This report describes the results of a survey of postgraduate training in internal medicine in the European countries.

Methods: Two online questionnaire-based surveys were carried out by the European Board of Internal Medicine, one on the practice of internists and the other on postgraduate training in internal medicine. The national internal medicine societies of all 30 member countries of the European Federation of Internal Medicine were invited to participate. The responses were reviewed by internal medicine residents from the respective countries and summaries of the data were sent to the national societies for approval. Descriptive analysis of the data on postgraduate training in internal medicine was performed.

Results: Twenty-seven countries (90%) completed the questionnaire and approved their datasets. The length of training ranged from four to six years and was commonly five years. The majority of countries offered training in internal medicine and a subspecialty. A common trunk of internal medicine was frequently a component of subspecialty training programmes. Hospital inpatient service was the predominant setting used for training. A final certifying examination was in place in 14 countries.

Conclusion: Although some similarities exist, there appear to be significant differences in the organisation, content and governance of postgraduate training in internal medicine between the European countries. Our findings will prove invaluable for harmonisation of training and qualification in internal medicine in Europe.

© 2013 European Federation of Internal Medicine. Published by Elsevier B.V. All rights reserved.

1. Introduction

Internal medicine has been referred to as the cornerstone of the health care system in Western societies [1]. Internists play a major role in the diagnosis and management of acute and chronic medical disorders of adults. A wide spectrum of knowledge and skills equip the internist with the necessary tools to provide comprehensive care to

patients with multiple chronic conditions, which are so frequently observed in the elderly population. However, in many countries in Europe the fundamental role of internists has been supplanted by physicians practicing a subspecialty of internal medicine. The medical care provided by subspecialists has been criticised for being fragmented [2,3]. In recent years, the migration of physicians has become more common with the growing influence of the European Union [4]. European regulations and directives have been created to facilitate this development with mutual recognition of diplomas and specialist examinations between member nations (Directive 2005/36/EC of the European Parliament and of the Council, 7 September 2005, on the recognition of professional qualifications). The requirements for qualification and certification differs among countries and information on these differences is not readily available. This could potentially cause problems when certified internists move to a new country within the European Union and are expected to be competent in a number of

* Corresponding author at: Division of Nephrology, Office 14-F, Landspítali – The National University Hospital of Iceland, Hlíðargrást, 101 Reykjavík, Iceland. Tel.: +354 543 1000; fax: +354 543 6467.
E-mail address: runolfur@landspitali.is (R. Palsson).

¹ Members of the European Board of Internal Medicine Competencies Working Group: Colin Semple (Chairman), Werner Bauer, Maria Domenica Cappellini, Mark Cranston, Christopher Davidson, Roger Duckitt, Jan Willem Elie, Ramon Pujol Parieles, Margus Lember, Stefan Lindgren, Runolfur Palsson, Petra-Maria Schmitt-Draeger, Monique Slee-Valentijn and Moshe Vardi.

European Board of Internal Medicine Curriculum Working Group

Werner Bauer, president, EFIM

Rijk Gans, vice-president, UEMS Section of IM

Runolfur Palsson, UEMS Section of IM

Clare Higgins, UEMS Section of IM

Maria Cappellini, EFIM

Monique Slee-Valentijn, YI Assembly

Mark Cranston, YI Assembly

Jan-Willem Elte, EFIM

Ion Bruckner, EFIM



- **The first meeting was held in Kuesnacht, Switzerland 1 & 2 March 2014**
- **There have been 7 face-to-face meetings**
- **Funding of the project is shared between EFIM and the UEMS Section of Internal Medicine**

Curriculum Working Group



Nica

Runolfur

Monique

Rijk

Werner

Jan-Willem

Mark

EBIM Curriculum Project

The European Board of Internal Medicine (EBIM), formed jointly by the European Federation of Internal Medicine (EFIM) and the Union of Medical Specialists (UEMS) Section of Internal Medicine, is in the process of developing a European curriculum in Internal Medicine. The main purpose is to facilitate the harmonization of internal medicine training and qualification at the European level. The Curriculum Committee, which is responsible for constructing and drafting the curriculum, comprises 4 representatives from EFIM, 3 from the UEMS Section of Internal Medicine and 2 from the Young Internists Assembly.

The European Board of Internal Medicine Curriculum Committee are:

- Rijk Gans (UEMS Section of Internal Medicine, Chair),
- Clare Higgins (UEMS Section of Internal Medicine),
- Runolfur Pálsson (UEMS Section of Internal Medicine),
- Maria Domenica Cappellini (EFIM),
- Jan Willem Elte (EFIM),
- Werner Bauer (EFIM, President of EBIM),
- Ion Bruckner (EFIM),
- Mark Cranston (Young Internists Assembly)
- Monique Slee-Valentijn (Young Internists Assembly).

Progress report on the activities of the EBIM can be downloaded [here](#).

To download the presentations following the European Internal Medicine Curriculum Meeting on 11 December please see [here](#).



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif

International non-profit organisation

RUE DE L'INDUSTRIE
BE- 1040 BRUSSELS
www.uems.net

T +32 2 649 51 64
F +32 2 640 37 30
info@uems.net

Training Requirements for the Specialty of Internal

Medicine

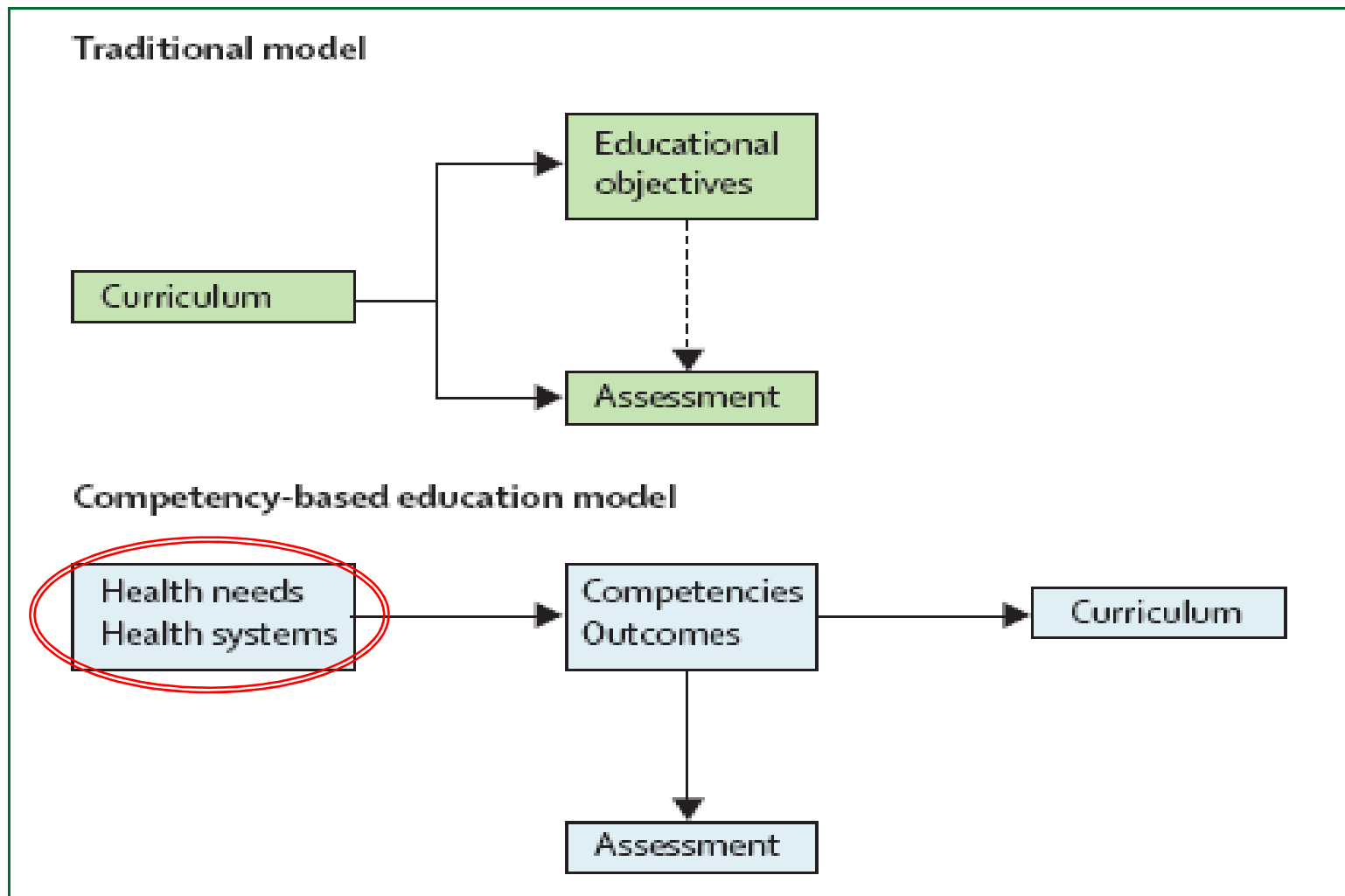
European Standards of Postgraduate Medical Specialist Training

European Board of Internal Medicine
Brussels Feb 22, 2016

The objectives of the curriculum

- To produce a competent internist for all European health care 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

Competency-based curriculum

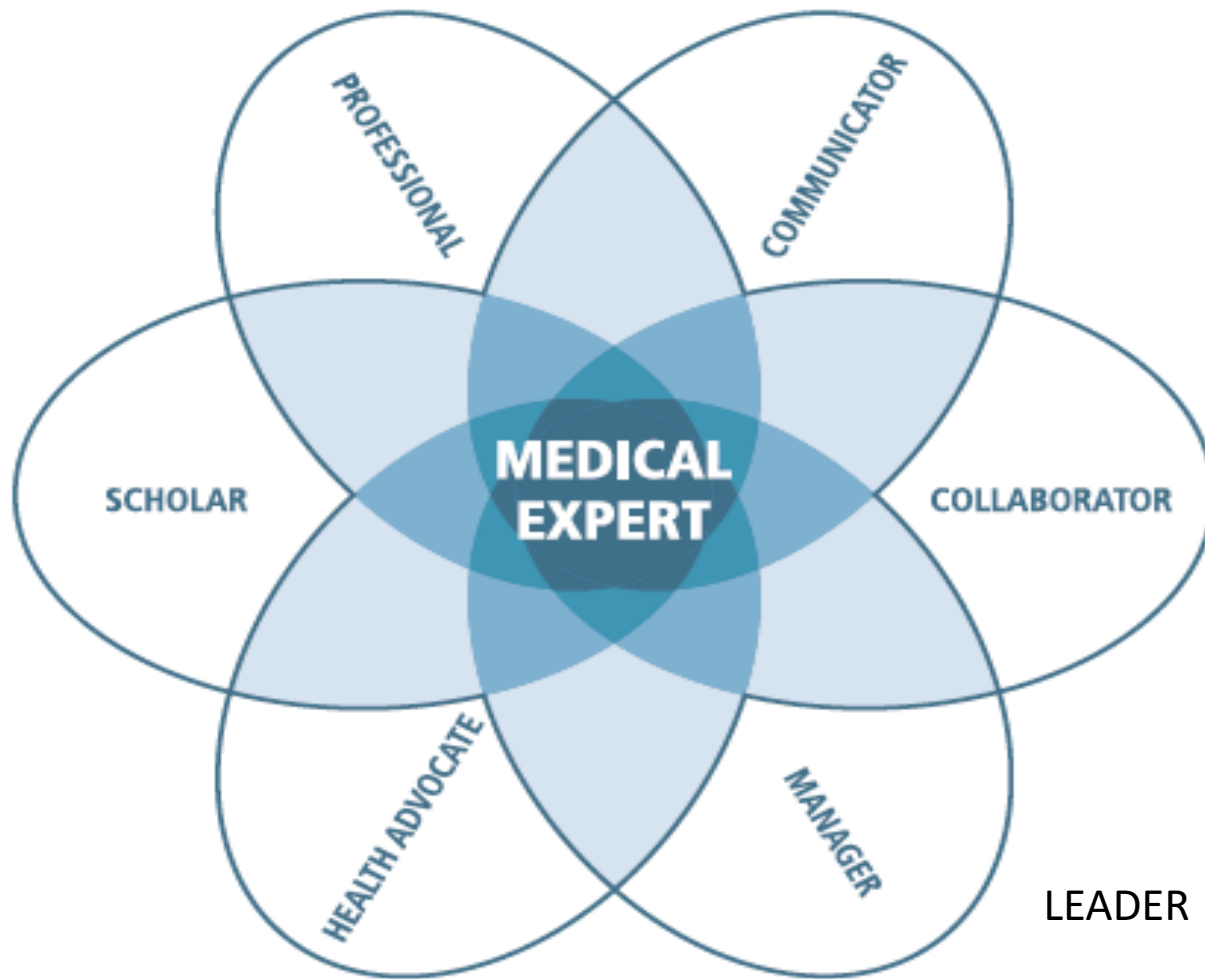


Competency-Based Education

- Provides *clarity* of learning direction for both faculty and residents
- Creates *accountability* around the process and outcomes of learning
- Requires *relationship-based* teacher/learner interaction
- Provides an *opportunity* for added *safety* in education

Core competencies

CanMEDS 2015



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

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

Three scenarios for training in internal medicine

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

The structure and contents of the curriculum

1. Training requirements for trainees
2. Training requirements for trainers
3. Training requirements for training institutions

Training requirements for trainees

1. Content of training and learning outcomes

- 1.1 General competencies
- 1.2 Key competencies of the CanMEDS roles
- 1.3 Specific areas of expertise
- 1.4 Clinical presentations and diseases
- 1.5 Procedures
- 1.6 Assessment (milestones and EPA's)

2. Organisation of training

- 2.1 Schedule of training
- 2.2 Programme
- 2.3 The assessment system and the entrustment process
- 2.4 Governance

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

Appendices

- Members of Curriculum Working Group
- List of countries affiliated to UEMS or EFIM
- CanMEDS competencies
- Clinical presentations
- Milestones
- Entrustable professional activities (EPA)
- EPA template

Appendix A1

Appendix A2

Appendix B

Appendix C

Appendix D

Appendix E

Appendix F

Milestones

- Milestones reflect the expected ability of a health professional at a given 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

Examples of milestones in the internal medicine curriculum

■ Medical Expert (year 2)

- ❖ Perform an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions
- ❖ With supervision, customise care in the context of the patient's preferences and overall health

■ Communicator (year 2)

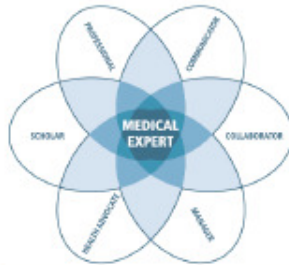
- ❖ Engage patients, family or advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios

■ Medical Expert (year 5)

- ❖ Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable
- ❖ Customise care in the context of the patient's preferences and overall health

■ Communicator (year 5)

- ❖ Engage patient, family or advocates in shared decision-making for difficult, ambiguous or controversial scenarios



Core Competencies



The European
Internal Medicine Curriculum

11th December 2015, Brussels



Entrustable Professional Activities

- Translate competencies into clinical practice
 - ▶ Professional life activities that define the specialty, defined as tasks or responsibilities to be entrusted to unsupervised execution by a trainee
 - ▶ Ground the competencies in a physician's everyday work
 - ▶ Activities lead to some outcome that can be observed
 - ▶ Complexity of the activities requires an integration of knowledge, skills and attitudes across competency domains
- Competencies are descriptors of physicians, EPAs are descriptors of work.

Entrustable professional activities

- Clinical activities that trainees can be trusted to perform with minimal or no supervision
- The complexity of EPA's requires an integration of knowledge, skills and attitudes across several competency domains
- A list of 40 comprehensive EPA's is provided, each of which can be viewed as consisting of smaller, more elementary EPA's

Examples of EPA's in the internal medicine curriculum

1. Manage the care of patients with acute diseases across multiple care settings
2. Manage transitions of care
3. Develop and implement a safe discharge plan for a patient in the acute care setting
4. Discuss serious news with a patient and/or family (bad news, end-of-life care planning)

Amendments

Preamble

....In view of the developments outlined above, the EBIM has generated a curriculum in internal medicine to guide postgraduate education in the specialty of internal medicine. The curriculum presents minimum requirements for training towards qualification as a specialist in internal medicine. When implemented in individual European countries, additional requirements can be added in accordance with national traditions and needs. At present, the curriculum has no legal obligations and is not compulsory for the member states of the European Union.

1.3 Specific domains of expertise

- a. Multi-morbidity and aging
- b. Acute care
- c. Medical consultation
- d. Shared decision-making
- e. Collaborative care
- f. Transition of care
- g. Vulnerable adult
- h. Patient safety and quality of care
- i. Medical leadership

1.6 Assessment

....the acute admission to a medical unit is an example of a particularly important milestone in the progression of the trainee towards independence that can be entrusted with an EPA.

How many EPAs should there be in the curriculum?

A limited number of carefully selected EPAs is recommended, for example 12-16.

2.1 Schedule of training: duration

As requested by UEMS on behalf of the European Commission, it is proposed that the minimum duration of training in (general) internal medicine should be 6 years.

Has been changed to:

According to the EU-directive 2005/36/EC the minimum requirement of training to be recognised as an internist is 5 years.

2.1 Schedule of training: dual certification

....a minimum duration of 7 years postgraduate medical training is required. This should encompass a minimum of 4 years in internal medicine, which includes the two years common trunk.

Has been changed to:

In order to attain certification in both internal medicine and another internal medicine related specialty (known as dual certification) a minimum duration of 5 years postgraduate training in internal medicine is required.

2.1 Schedule of training: dual certification

Training in both specialties can partly occur concurrently, which may shorten the total duration to 7 or 8 years. This is based on exemptions from part of the training requirements in national legislations, according to Directive 2013/55/EU, amending Annex V of Directive 2005/36/EC on the recognition of professional qualifications. However, required competencies must be achieved before completion of training.

2.4 Governance

- Entry criteria should be the minimum of a nationally recognized qualification, either a medical degree or completion of a compulsory foundation training.

Appendix C

Clinical Presentations, Diseases and Proceduresⁱ

C.1 Presentations and Diagnosisⁱⁱ

Evaluation of patients with emergency presentations

All internists should be able to recognize and initiate management for serious and/or potentially life-threatening medical emergencies. Below is a compilation of commonly encountered emergencies but the list is neither exhaustive nor complete. The purpose is to guide trainees but the approach to each condition will depend upon the severity of the condition, the context of the patient and the access to specialist advice and services.

	INDEPENDENT DIAGNOSIS AND THERAPY	INITIAL DIAGNOSIS AND THERAPY TIMELY CONSULTATION AND/OR REFERRAL

Appendix C has been extensively amended



Thank you!
runolfur@landspitali.is