EUROPEAN FEDERATION OF INTERNAL MEDICINE

GENERAL ASSEMBLY & ADMINISTRATIVE COUNCIL MEETING

Saturday 27 September 2014, Tartu, Estonia

AGENDA 9:00 - 17:00

8. EBIM project

(Rijk Gans & Werner Bauer)
European Board of Internal Medicine

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

Joint meeting EBIM – UEMS Section Internal Medicine – EFIM

March 1/2, 2014, Kuesnacht, Switzerland
**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)  Ion Bruckner

**Goal:** Core curriculum Internal Medicine

**Funding:**  
Costs shared between EFIM and the UEMS Section IM  
Funding opportunities?
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.
Objectives:
• Define Role and Scope of Internal Medicine in Europe.

• Define Core competencies that all internists have to comply with
  (national societies may always add to that)
  (received > 15 National Curricula)

• Define Procedures that all internists should master

• Define Foundation years for subspecialties to be recognized as
  internists

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

• Define Assessment during Training
  e-portfolio

• Define European Exam
  CESMA

• Define Schedule and minimum Duration of training
  (at least 5 yrs)
Core competencies

Adopted by countries on five continents, making it the world’s most recognized and most widely applied physician competency framework.
Specific domains of expertise

• Patient Safety and Quality of Care
• Collaborative Care
• Medical Leadership
• Multi-morbidity and Ageing
• Acute Care
• Medical Consultation
## Clinical Presentation, Diseases and Procedures

**Table 2**
Clinical presentations encountered by internists in the European countries.

<table>
<thead>
<tr>
<th>Clinical presentations rated as common in ≥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>
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<tr>
<td>Abdominal pain</td>
<td>Gastrointestinal bleeding</td>
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<tr>
<td>Abnormal thyroid function tests</td>
<td>Haematuria</td>
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<tr>
<td>Alcohol and substance abuse or intoxication</td>
<td>Heartburn</td>
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<tr>
<td>Anaemia</td>
<td>Hyperglycaemia</td>
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<tr>
<td>Bloating/constipation</td>
<td>Jaundice/abnormal liver function tests</td>
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<tr>
<td>Elevated blood pressure</td>
<td>Joint swelling</td>
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<td>Elevated serum creatinine</td>
<td>Leg pain or swelling</td>
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<tr>
<td>Extracellular fluid depletion</td>
<td>Lymphadenopathy</td>
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<tr>
<td>Dizziness and syncope</td>
<td>Nausea and vomiting</td>
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<tr>
<td>Dysphagia</td>
<td>Obesity</td>
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<tr>
<td>Chest pain</td>
<td>Palpitations</td>
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<tr>
<td>Cough</td>
<td>Sepsis syndrome</td>
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<td>Diarrhoea</td>
<td>Shock</td>
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<td>Fatigue</td>
<td>Unsteadiness and falls</td>
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<td>Fever</td>
<td>Weight loss</td>
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<td>Wheeze</td>
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<td>Altered mental status</td>
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<td>Bruising/thrombocytopenia</td>
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<td>Depression</td>
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<td>Headache</td>
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<td>Leg ulcers</td>
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<td>Low back pain</td>
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<td>Numbness</td>
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<td>Progressive memory disturbance</td>
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<td>Snoring/daytime somnolence</td>
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<td>Rash</td>
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<td>Voiding discomfort</td>
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<td>Weakness and paralysis</td>
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</tbody>
</table>

*M. Cranston et al. / European Journal of Internal Medicine 24 (2013) 627–632*
<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>
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</thead>
<tbody>
<tr>
<td>Acute kidney injury</td>
<td>Acute respiratory failure</td>
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<tr>
<td>Alcohol and substance abuse</td>
<td>Dementia</td>
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<tr>
<td>Atrial fibrillation</td>
<td>Depression</td>
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<tr>
<td>Anaemia</td>
<td>Epilepsy</td>
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<td>Angina pectoris</td>
<td>Extracellular fluid depletion</td>
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<tr>
<td>Asthma</td>
<td>HIV infection</td>
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<tr>
<td>Chronic kidney disease</td>
<td>Osteoarthritis</td>
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<td>Chronic pain syndrome</td>
<td>Parkinson’s disease</td>
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<td>Chronic obstructive pulmonary disease</td>
<td>Sepsis</td>
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<td>Common cancers</td>
<td>Shock</td>
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<tr>
<td>Diabetes</td>
<td>Sleep apnoea</td>
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<td>Gastroenteritis</td>
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<td>Gastro-oesophageal reflux disease</td>
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<tr>
<td>Gastrointestinal bleeding</td>
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**Abbreviations:** HIV, human immunodeficiency virus.
Clinical Presentation, Diseases and Procedures

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

Presentations and Diagnoses rated as common in ≥75% of countries

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>
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<tbody>
<tr>
<td>TIMELY CONSULTATION AND/OR REFERRAL</td>
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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 subspecialty in combined training programmes in internal medicine and a subspecialty.

Foundation years for Subspecialties

*Three scenarios:*

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

- Internal medicine and Subspecialty training with qualification in both.  
  (6 years)

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

  Offer a common trunk of two years applicable to all.
**Timeline of the work:** 2 years.

Draft after two meetings → 3

Meet with representatives of national societies (early 2015)

→ present and discuss with representatives from European Regions (4)

Aim for approval by the UEMS Council at the meeting in October of 2015.
## 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 Hof

- Poland  
- Czech Republic  
- Slovakie  
- Slovenia  
- Romania  
- *Albania*  
- *Russia*  
- *Serbia*  
- *Armenia*  
- *Bulgaria*  
- *Georgia*  
- *Hungary*  
- *Ukraine*  
- *Croatia*  
- *Belarus*  
- *Turkey*  
- *Israel*

### (4) Southern Europe

**Lead:** Nica Cappellinii;  
**Liaison:** Antonio Baptista

- Spain  
- Portugal  
- Italia  
- Malta  
- Greece  
- Cyprus  
- *Turkey*  
- *Israel*

### (5) Northern Africa

- *Algeria*  
- *Morocco*  
- *Tunisia*

* Nations not full member of both EFIM and UEMS; see table
<table>
<thead>
<tr>
<th>Country</th>
<th>EFIM</th>
<th>UEMS</th>
<th>EFIM assoc. member</th>
<th>UEMS assoc. member</th>
<th>UEMS observer</th>
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Fig. 2. Subspecialty rotations in internal medicine training programmes. Shown are subspecialties which are mandatory in some European countries.