



European Curriculum of Internal Medicine

11th December 2015, Belgium



Agenda

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 Lunchtime 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



56



SINCE 1958

Council

Board

**Specialist Sections
Multidisciplinary Joint
Committees**

European Boards

Divisions

Executive

**Secretariat
Brussels**

**Working Groups
Task Forces
Committees**

UEMS Standing Committee
on CME/CPD
Governance Board

UEMS EACCME
European Accreditation
Council for CME

UEMS Standing Committee on
Post Graduate Training
Governance Board

UEMS ECAMSQ
European Council for Accreditation
of Medical Specialist Qualification

CESMA

UEMS Standing Committee
on Quality of
Specialist Practice
Governance Board

UEMS EACQMSP (?)
European Advisory Council
for Quality Management
of Specialist Medical Practice

- European specialist training based on competence
- CME/CPD
- Educational and professional mobility
- Professional autonomy
- Self-regulation

European Medical Associations



```
graph TD; EMA[European Medical Associations] --- CPME[CPME]; CPME --- UEMS[UEMS]; CPME --- UEMO[UEMO]; CPME --- EJD[EJD]; UEMS --- RL[The Red Line]; UEMO --- RL; EJD --- RL; RL --- ESS[European Specialist Societies];
```

The diagram illustrates the hierarchy of European Medical Associations. At the top is a blue box labeled 'European Medical Associations'. A vertical line descends from this box to a green box labeled 'CPME'. From the bottom of the 'CPME' box, a horizontal line branches out to three boxes: a red box labeled 'UEMS', a green box labeled 'UEMO', and a green box labeled 'EJD'. Below these three boxes is a thick red horizontal bar labeled 'The Red Line'. Below the red bar is a purple horizontal bar labeled 'European Specialist Societies'.

CPME

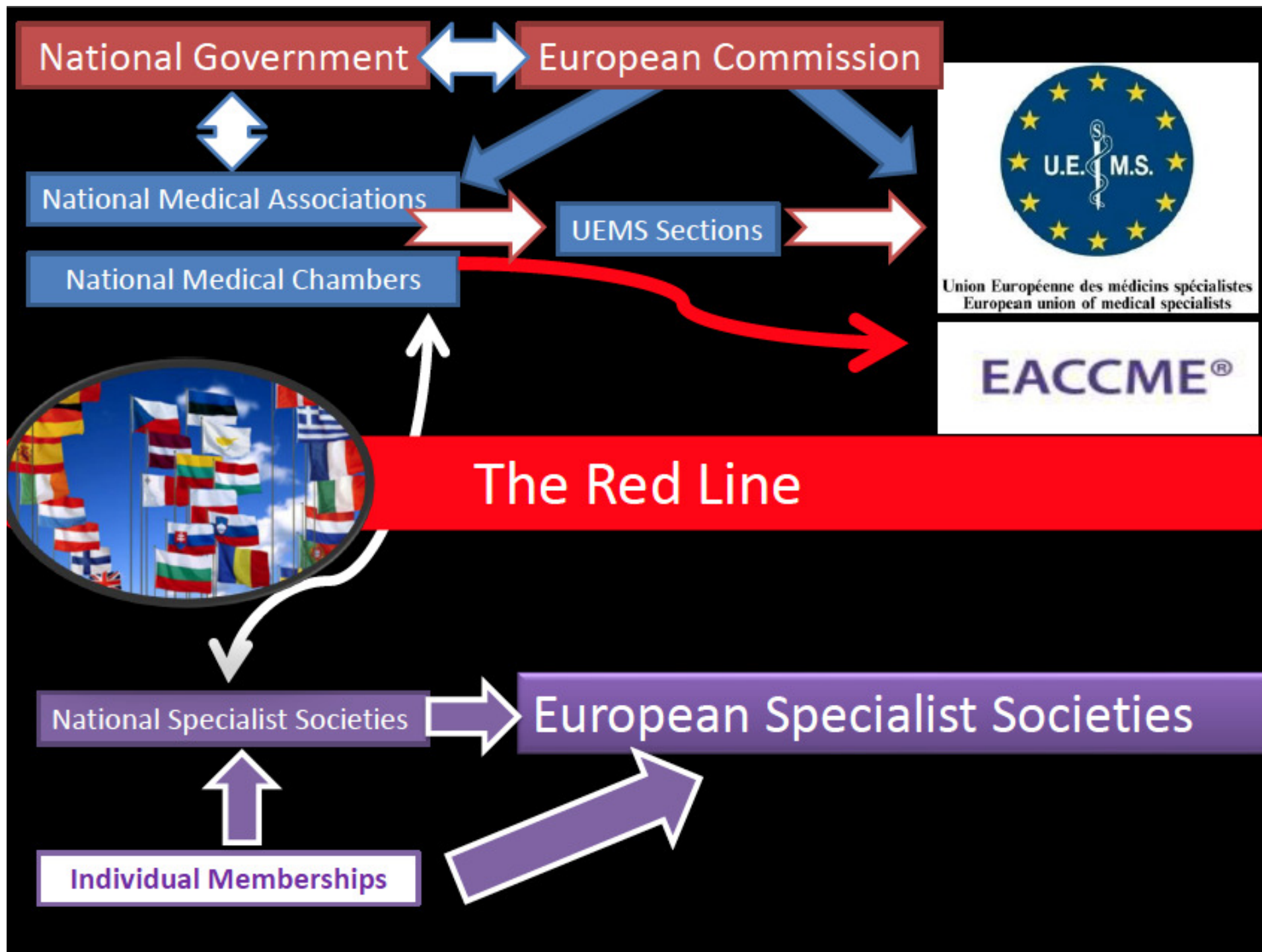
UEMS

UEMO

EJD

The Red Line

European Specialist Societies



National European Authorities

North American Authorities

Support of national authorities

Political leverage

Freedom of Movement

Accreditation

Focus on International events



Union Européenne des médecins spécialistes
European union of medical specialists

EACCME®

The Red Line

Major Providers of CME

European Specialist Societies

Financial and organisational Capacity

Technical Know-how of Speciality

Support of the Grass roots

National European Authorities

North American Authorities

Support of national authorities

Political leverage

Freedom of Movement

Accreditation

Focus on International events



Union Européenne des médecins spécialistes
European union of medical specialists

EACCME®

European Board

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

→ European Journal of Internal Medicine



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

Curriculum Working Group

Ion Bruckner

Monique

Rijk

Werner

Jan-Willem

Runolfur

Nica

Mark



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.
- 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 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

European Journal of Internal Medicine 24 (2013) 627–632



Contents lists available at [ScienceDirect](#)



European Journal of Internal Medicine 25 (2014) 125–127



Contents lists available at [ScienceDirect](#)

European Journal of Internal Medicine

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



Developments in Internal Medicine

The changing face of internal medicine: Patient centred care



M.H.H. Kramer^{a,*}, W. Bauer, D. Dicker, M. Durusu-Tanriover, F. Ferreira, S.P. Rigby, X. Roux, P.M. Schumm-Draeger, F. Weidanz, J.H. van Hulsteijn, On behalf of the Working Group on Professional Issues, European Federation of Internal medicine (EFIM)

^a Israel

^e Portugal

^f United Kingdom

^g Germany

^h 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)

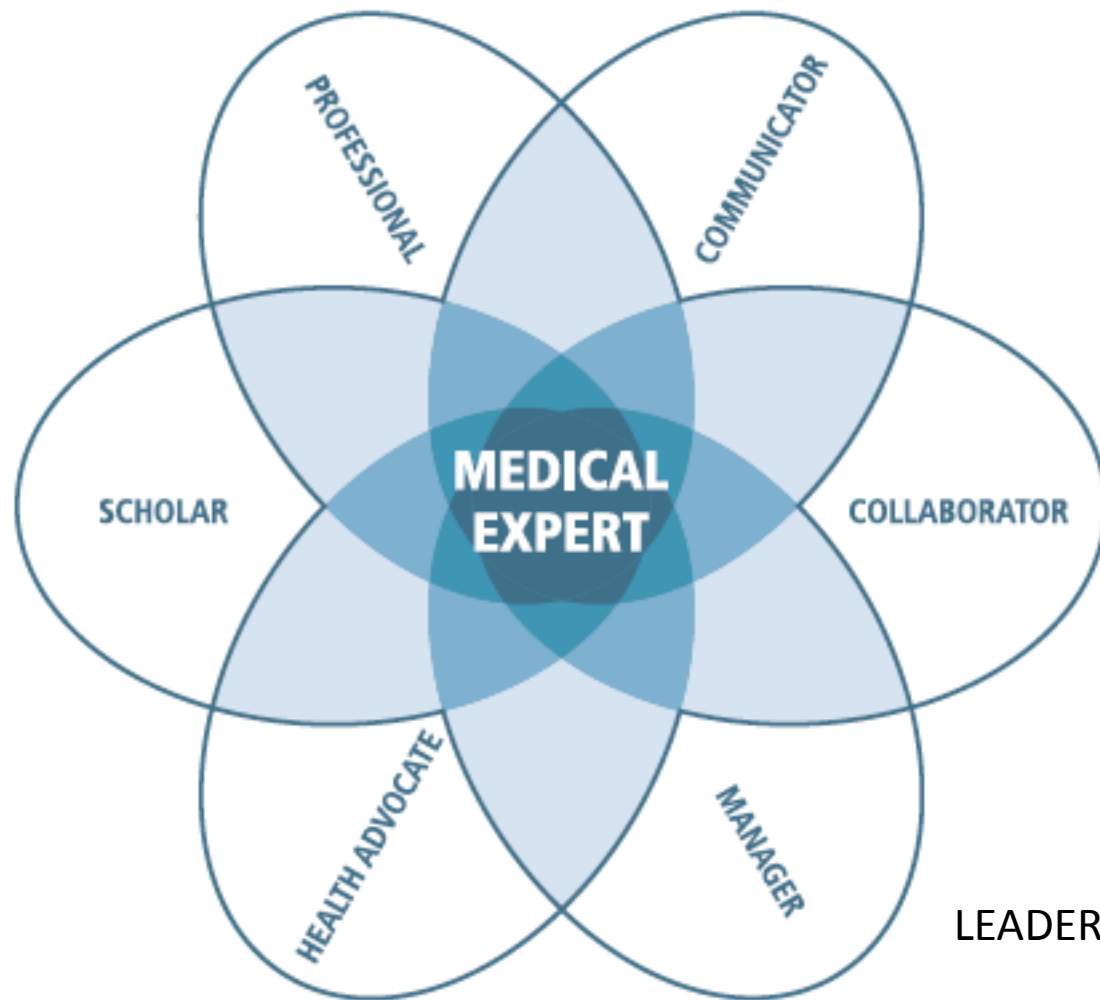
Aim for approval by the UEMS Council at the
meeting in October of 2015.

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 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)

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 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 2

Clinical presentations encountered by internists in the European countries.

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

Clinical Presentation, Diseases and Procedures

Table 3

Medical diagnoses managed by internists in the European countries.

Diagnoses rated as common in $\geq 75\%$ of countries		Diagnoses rated as uncommon, rare or never encountered in $> 25\%$ of countries
Acute kidney injury	Heart failure	Acute respiratory failure
Alcohol and substance abuse	Hepatitis	Dementia
Atrial fibrillation	Hypertension	Depression
Anaemia	Hyponatraemia	Epilepsy
Angina pectoris	Hypothyroidism/hyperthyroidism	Extracellular fluid depletion
Asthma	Irritable bowel syndrome	HIV infection
Chronic kidney disease	Myocardial infarction	Osteoarthritis
Chronic pain syndrome	Nosocomial infection	Parkinson's disease
Chronic obstructive pulmonary disease	Peptic ulcer disease	Sepsis
Common cancers	Pneumonia	Shock
Diabetes	Skin infection	Sleep apnoea
Gastroenteritis	Stroke	
Gastro-oesophageal reflux disease	Syncope	
Gastrointestinal bleeding	Urinary tract infection	
	Venous thromboembolism	

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

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.

INDEPENDENT DIAGNOSIS AND THERAPY

INITIAL DIAGNOSIS AND THERAPY

TIMELY CONSULTATION AND/OR REFERRAL

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 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)

Clinical Presentation, Diseases and Procedures

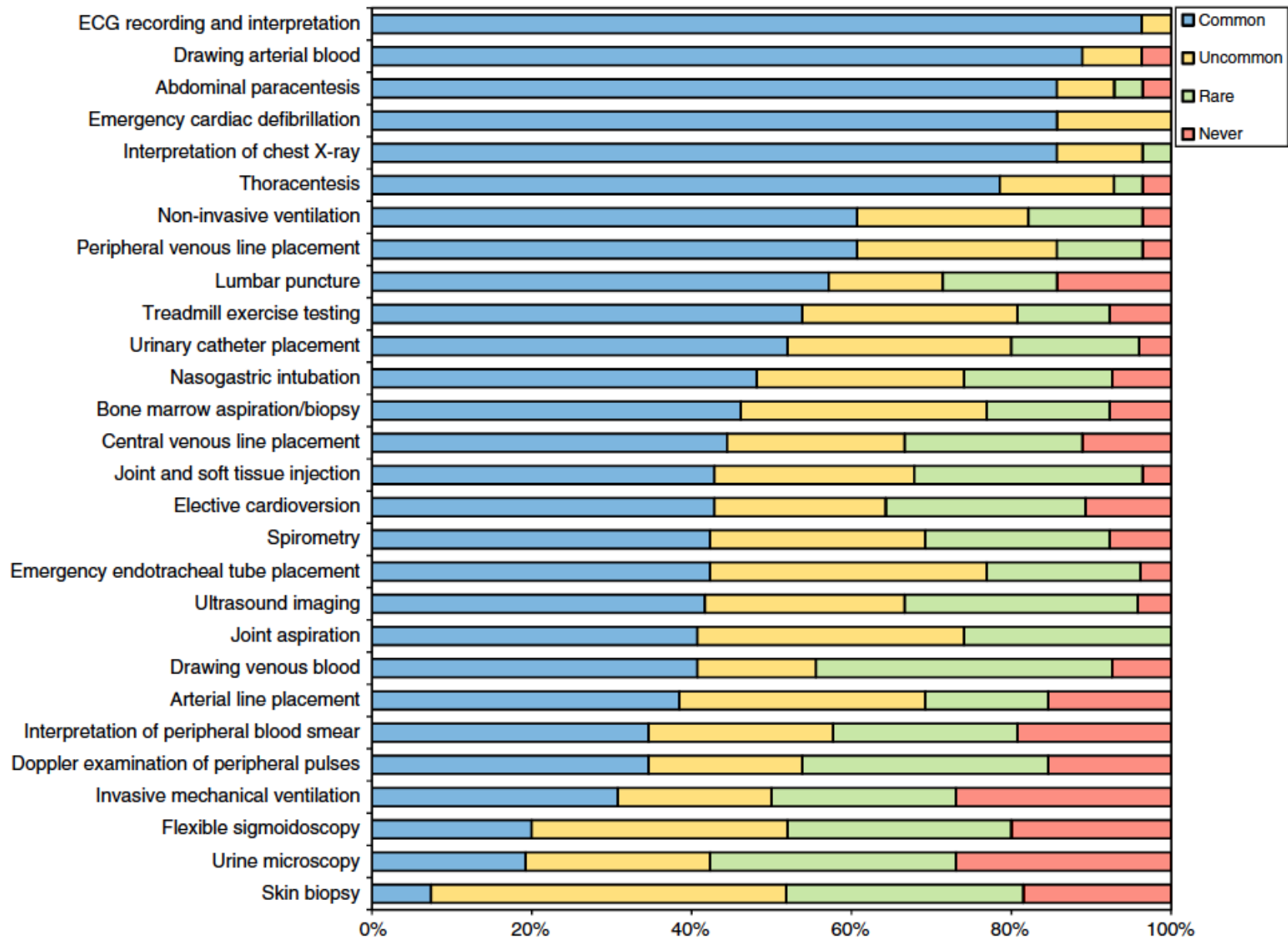


Fig. 1. Procedures performed by internists in European countries. Abbreviations: CXR, chest X-ray; ECG, electrocardiogram.

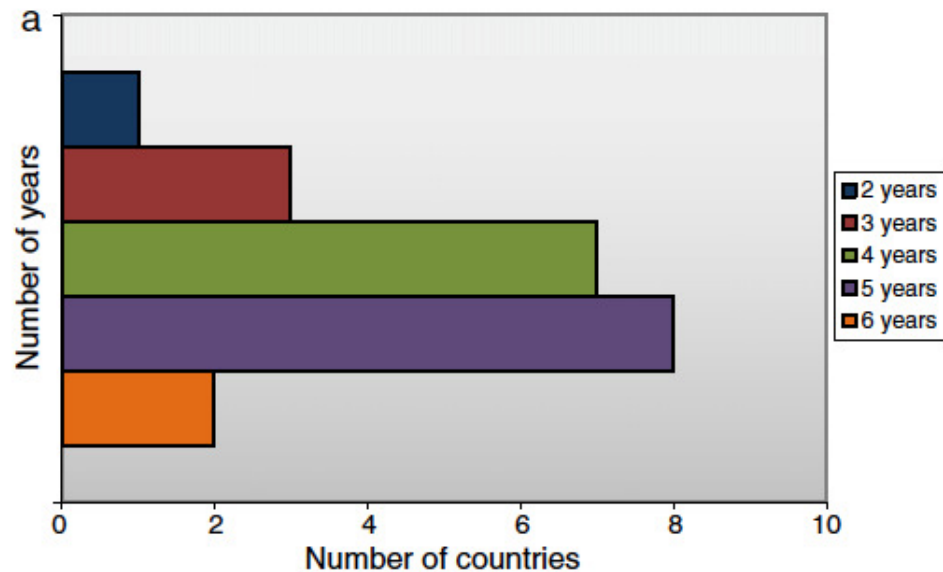
Objectives:

- 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 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)

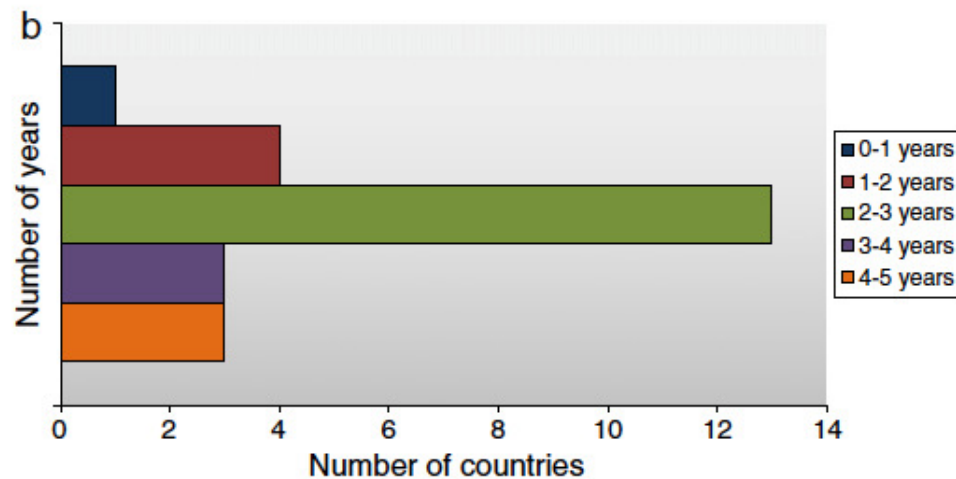
Objectives:

- 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 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)

Foundation years for Subspecialties



Years spent on internal
medicine



Years spent on
subspecialty

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.
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**

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 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**

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

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 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)



ETR Review Committee

Sept 25, 2015

“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 Assembly

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

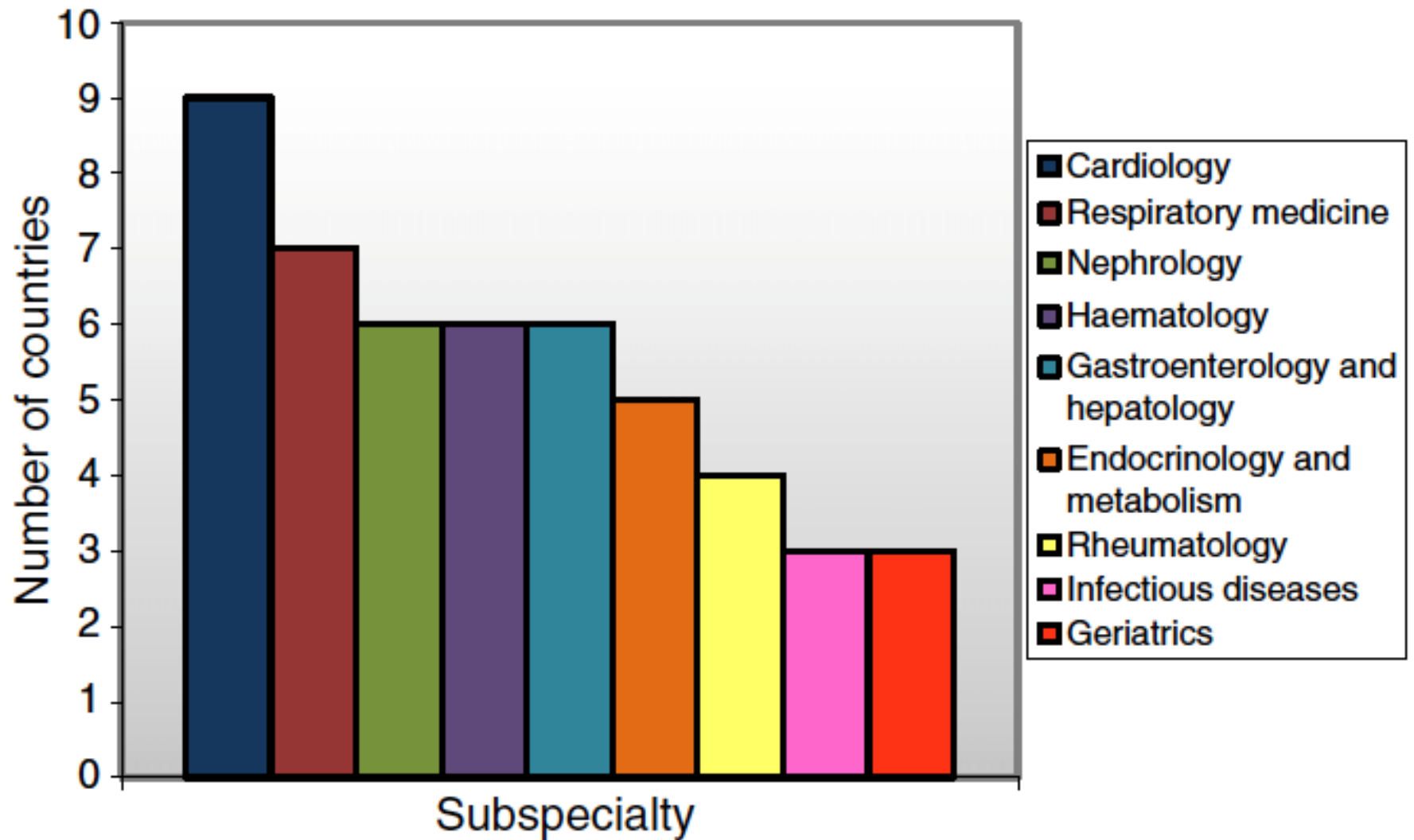


Fig. 2. Subspecialty rotations in internal medicine training programmes. Shown are subspecialties which are mandatory in some European countries.