The European Board of Internal Medicine Curriculum Project

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The Internal Medicine Curriculum
The EBIM Surveys

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

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ARTICLE INFO

Abstract: Current information on the state of practice in internal medicine in Europe is scarce. The results of a survey of the practice of internal medicine in Europe are reported from a subset of the European Board of Internal Medicine Competencies Working Group (EBIMCG). The majority of general practitioners and specialists were interviewed in a questionnaire-based survey. The results of the survey provide a snapshot of the current state of practice in internal medicine in Europe.

1. Introduction

Despite major changes in the organisation of health service delivery in Western societies in recent decades, internal medicine remains the backbone of adult medical care, increasing proportionality of patient care, particularly among the rising ageing population. Increasing age is associated with a rising prevalence of multiple chronic and complex medical conditions, which is often associated with a higher burden of disease. A multidisciplinary approach to care is required to address the needs of patients with multiple chronic conditions. The results of the survey provide a snapshot of the current state of practice in internal medicine in Europe.

1. Introduction

Internal medicine has been defined as the care of patients with multiple chronic conditions, which is often associated with a higher burden of disease. A multidisciplinary approach to care is required to address the needs of patients with multiple chronic conditions. The results of the survey provide a snapshot of the current state of practice in internal medicine in Europe.

References


Competency-based curriculum

Frenk, Lancet 2010;376:1923–58
Training Requirements for the Specialty of Internal Medicine

European Standards of Postgraduate Medical Specialist Training
1. Training requirements for trainees
2. Training requirements for trainers
3. Training requirements for training institutions
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
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
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
Comments were received from national societies

- Belgian Society of Internal Medicine
- Cyprus Society of Internal Medicine
- Czech Society of Internal Medicine
- Internal Medicine Society of Northern Greece
- Icelandic Society of Internal Medicine
- Israeli Society of Internal Medicine
- Italian Society of Internal Medicine
- Joint Royal Colleges of Physicians Training Board, UK
- Lithuanian Society of Internal Medicine
- Portuguese Society of Internal Medicine
- Spanish Society of Internal Medicine
- Turkish Society of Internal Medicine
- UEMS Section of Geriatric Medicine
Important comments and criticism

- Northern European concept of internal medicine predominates over the Mediterranean model (Spain)
- Need to preserve the profile the traditional internist (Portugal)
- What are the legal implications of the curriculum? (UK)
  - The EU operates through the principle of subsidiarity.
  - How far will the new curriculum be legally binding on member states, for example the 7 years minimum duration for dual certification?
- What does the curriculum mean for non-EU countries? (Israel)
Important comments and criticism

- Reconsider the definition of internal medicine and mission statement; and the definition of an internist (Israel)
  - Separate definition from mission.
  - ...the authors refer to physician from "specialties stemming from internal medicine" as specialists. This may imply that internists are not specialists.

- Entry criteria and selection of trainees (Greece, Iceland, UK)
  - The curriculum should state how trainees are to be selected.

- Transfer to a training programme in another country (Iceland)
  - Will previous training be recognized?
Duration of training

- Cyprus, Czech Republic, Italy, Portugal, Spain and Turkey are against increasing the duration of internal medicine training to 6 years.

Dual certification

- Portugal and Spain are firmly opposed to this option.

Common trunk

- Portugal is against this concept.
Important comments and criticism

- Competencies, milestones and EPA’s (Iceland, UK)
  - Too many EPA’s; too bureaucratic; tick box exercise.
- Assessment (Iceland, UK)
  - The use of different assessment tools should be better clarified.
  - Clinical examination should be included in the assessment system.
  - Grades of supervision should be included.
- Collaboration with geriatricians should be emphasized in the item on multimorbidity and aging (UEMS Section of Geriatric Medicine)
Important comments and criticism

- Presentations, diseases and procedures listed may imply that this is all an internist should be able to do (Portugal)
- A number of diseases traditionally managed by the internist are missing (Greece, Spain)
- The list of procedural competencies can be only general and depends also on local peculiarities (Italy)
  - Some concern exists about “mandatory” lumbar puncture, and this is raising the problem of legal aspects which are specific to each European country (e.g. malpractice, defensive medicine, error in medicine etc.).
  - Abdominal ultrasonography could be included as optional competencies.
- Percutaneous needle biopsies are missing from the procedure lists (Portugal)
Amendments
Background

There is at present no standardised accreditation of postgraduate training periods completed in another European country towards qualification as an internist. Individual recognition of retrospective training will be decided at the national level according to each national authority rules. This curriculum may help this process of accreditation of previous internal medicine training in another country as this curriculum aims to standardise training in internal medicine across Europe.

Several countries are not members of the European Community or European Economic Area, but are affiliated to either UEMS or EFIM (appendix A.2); they are invited to adopt this curriculum.
### Appendix A2

#### Nations not full member of both EFIM and UEMS:

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The UEMS defines an internist as follows. “An internist is a physician trained in the scientific basis of medicine, who specialises in the assessment, diagnosis and management of general medical problems, atypical presentations, multiple problems and consequential complex health issues, and system disorders (professional). The physician is skilled in the management of acute unselected medical emergencies and the management of patients in a holistic and ethical way, considering all psychosocial as well as medical factors for enhancing quality of life...”
1.3 Specific areas of expertise

a. Multi-morbidity and ageing:
In an ageing European population, the number of patients with chronic disease and complex medical needs is steadily increasing... This requires a generalist rather than a specialist approach and places the internist in a prominent and vital coordinating role. Older complex frail patients with significant co-morbidity may also benefit from close collaboration with and contribution from geriatric medicine services.
b. Entrustable Professional Activities (EPAs):
How many EPAs should there be in the curriculum? EPAs are broad responsibilities that may, however, include smaller ones. For a broad specialty such as internal medicine, this could mean hundreds of EPAs over the course of training. Therefore a list of 40 comprehensive EPAs is provided... (appendix E). EPAs should be identified in each (local) training programme ... *The total number or sets of EPAs to be used in a training programme should be decided at a national level.*
2.1 Schedule of training

a. Common trunk in internal medicine:
As already mentioned, internal medicine is a core medical specialty that forms the foundation for many other medical specialties, ... At least 2 years of continuous common trunk training in internal medicine - in the first two years of a postgraduate training programme - is essential to give the necessary breadth of experience for physicians proceeding to train in any medical specialty that stems from internal medicine... The first two years of training in internal medicine and the common trunk for other specialties arising from internal medicine are essentially the same and preferably, do not involve training in the chosen (final) specialty, if applicable.
2.1 Schedule of training

b. Dual certification in internal medicine and another specialty related to internal medicine:

In order to attain certification in both internal medicine and another internal medicine related specialty (known as 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.
Here is an outline of how a typical 24 month common-trunk programme in internal medicine may look (the order and the programme of the rotations is neither prescriptive, nor exhaustive):

- 6 months in an emergency ward or an acute medical unit
- 4 months in an intensive care unit or high-dependency care unit
- 6 months in ambulatory care (outpatients and/or day care)
- 8 months in an inpatient internal medicine service (which may include, if necessary, rotations in different specialties, preferably excluding the specialty of final choice, if applicable)
2.3. The assessment system and the entrustment process

Conversely, entrustment concerns are reflected by “increased oversight”...

Supervision levels other than the above mentioned are admissible, if they are comparable and their compatibility is defined.

Clinical Examinations

The assessments of clinical skills at 2 and 6 years should be covered by the EPAs, but each national authority decides if a formal clinical examination should be part of the qualification process.

Recertification

At present, recertification follows the rules set by each national authority. In due course general rules applicable to all European countries should be agreed.
2.4 Governance

Each national competent authority should:

... 

Consider previous training in internal medicine (or other medical speciality) in another European country in the evaluation of the total duration of training in internal medicine. Ensure that a formal assessment by the current training institution is part of this process.

Ensure this selection procedure to be transparent and open to all persons who have at least completed medical undergraduate education.

Decide when an applicant meets the entry criteria for specialty training in internal medicine.

Ensure that assessment and certification during training is transparent, that both trainee and trainer have agreed responsibility and accountability, and that there is a possibility of appeal by a defined procedure.
Appropriate use and performance of diagnostic and therapeutic procedures

There are some procedures in which all internists should be proficient by the completion of internal medicine training...

For all procedures carried out before an trainee has established proficiency, it is essential that appropriate supervision (different levels are listed on page 18 of the curriculum) be provided by a physician (usually a higher-level medical specialist) already experienced and competent in performing the procedure. The certification process is determined by each national authority.
Thank you!
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