



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

*The UEMS Section of Rheumatology
The European Board of Rheumatology*

RHEUMATOLOGY

Chapter 6, CHARTER on TRAINING of MEDICAL SPECIALISTS in the EU

REQUIREMENTS for the SPECIALTY RHEUMATOLOGY

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6.0.

DEFINITIONS

Rheumatology is that branch of medicine concerned with medical musculoskeletal disorders. This term includes systemic disorders of connective tissue, inflammatory arthritis, osteoarthritis, neck and back disorders, soft tissue (non-articular) rheumatism and non-traumatic bone disorders. A rheumatologist is a medical specialist who has been recognized by the National Authority as having completed postgraduate training leading to theoretical and practical knowledge, professional competence and skills to diagnose, manage, rehabilitate and prevent medical musculoskeletal disorders.

6.1. Article 1

GENERAL RULES ON MONITORING, ACCREDITATION AND QUALITY MANAGEMENT OF PGT

- 6.1.1. The Monitoring authority at the European level is the UEMS Section of Rheumatology/European Board of Rheumatology.
- 6.1.2. Accreditation of training institutions, including number of training posts, is at the level of National Authorities, taking into account the present recommendations (articles 6.2 and 6.3).
- 6.1.3. Accreditation of individual training posts by the National Authorities should ensure that each training post satisfies the training requirements within this charter.
- 6.1.4. Accreditation of trainers is at the level of National Authorities, taking into account the present recommendations (article 6.4).
- 6.1.5. National authorities should ensure that appropriate quality management procedures encompassing all aspects of PGT are in place, taking into account the present recommendations.

6.2. Article 2

GENERAL ASPECTS OF TRAINING IN RHEUMATOLOGY

- 6.2.1. The trainee must have completed and qualified in basic training as a physician before commencing specialist training as a rheumatologist. Selection will be according to UEMS Charter 2.1, article 1.
- 6.2.2. A minimum duration of 6 years of training is recommended. Training must normally be undertaken on a full-time basis. Interrupted or part-time training should be compensated for by extra time.
- 6.2.3. Training in Rheumatology consists of a "common trunk" in internal (general) medicine, followed by specific training in rheumatology.
Internal (general) medicine should be for a minimum of 2 years, in posts recognized for training in internal medicine, after which the trainee should have acquired appropriate knowledge, training and experience in the care of general and acute medical conditions.

Specific training in rheumatology should include a minimum of 3 years of clinical training in posts approved for training in rheumatology. One of the six years could be spent in research or in rheumatology related disciplines.

- 6.2.4. Training periods in different European countries, as under Article 2.7., are encouraged. Exchange visits within and between European countries are also encouraged.
- 6.2.5. The trainees must be provided with sufficient time, facilities and support to participate in research. They should acquire research skills and be encouraged to present and publish scientific papers. Study leave must be provided to enable them to attend national and international courses and conferences.
- 6.2.6. Training should include clear and feasible objectives for competencies in the following seven roles: 1. Medical expert, 2. Communicator, 3. Collaborator, 4. Manager, 5. Health advocate, 6. Academic/scholar and 7. Professional.
- 6.2.7. The number of specialist trainees should relate to both the need for future specialists and the facilities of training available in such a way as to guarantee the quality of training.

6.3. Article 3

REQUIREMENTS FOR RECOGNITION OF INSTITUTIONS FOR SPECIFIC TRAINING IN RHEUMATOLOGY.

- 6.3.1. The process of recognition as a training institution is at the national level and should respect recommendations in this charter.
Rheumatology training may take place in a single institute or in a network of institutions working together to provide training in the full spectrum of clinical conditions and skills listed in the curriculum.
This should include a hospital or institute that provides academic activity and is recognised for training in internal medicine and surgery.
Each participating institution must be individually recognized as a provider of a defined section of the curriculum.
- 6.3.2. The training institutions must provide sufficient clinical admissions and out patient referrals to ensure adequate experience of the full spectrum of rheumatic diseases. The trainee should be involved in the management of new patients, follow up patients and in-patients.
- 6.3.3. The training centre or network must offer ready access to medical imaging, bone densitometry and to laboratories for haematology, histopathology, clinical chemistry, microbiology, clinical immunology and diagnostic neurophysiology. There must be suitable instruments for training in polarising light microscopy and, ideally, capillaroscopy and musculoskeletal ultrasonography.
There should be appropriate allied health professional support, which might include nurses specializing in rheumatology, occupational therapists, physiotherapists, social workers, aids and appliances.
The training centre/network must provide adequate space for training activities, including independent study, seminars and clinical demonstrations
There should be easy access to leading rheumatology journals and appropriate scientific and clinical literature.
It is the responsibility of the centre to provide supervised training sufficient to meet the learning needs of the trainees throughout the training programme. This requires protected time for all the trainees and trainers.
The training centre/network should offer regular staff meetings, clinical conferences, combined clinics with, for example orthopaedic surgeons, and pathology and radiology demonstrations.
- 6.3.4. There should be appropriate quality assurance systems in place that involve regular objective assessment of the quality of medical care as well as evaluation of the training programme and outcomes.
- 6.3.5. The training programme, with an appropriate detailed timetable, should be devised in advance and available for external scrutiny.
- 6.3.6. There should be a clear structure for the coordination of training.
The overall coordination of the rheumatology training programme should be led by an appointed programme director.
Each participating department in a network should have a nominated chief of training (see article 4.1) responsible for local educational activities.
Each trainee should have a named supervisor who provides tutorial support.
The programme director should have adequate experience/qualifications for a role in management of education.
Chiefs of training and supervisors should all be practising clinical rheumatologists and fulfil the requirements expressed under article 6.4.
Training should be accepted as a common responsibility by all members of the training department.

- 6.3.7. Recognition as a training centre/network should be reviewed by National authorities on a regular basis, at least every five years. Recognition should be based on structured multidimensional appraisal, including evaluation by trainees. There should be a written report.

6.4. Article 4

REQUIREMENTS FOR RECOGNITION OF THE TRAINERS

- 6.4.1. The Chief of Training must be recognized by the appropriate national educational and training authority and should fulfil the requirements of the European Board of Rheumatology (article 6.4.2). Recognition is to be granted for a period of 5 years at the same time as the training centre, after which renewing it may follow on the recommendation of an inspection committee at the time of the quinquennial reinspection of the training centre. They can only be recognized in this capacity if they have a major work commitment to the training centre/network.
- 6.4.2. Chiefs of training and supervisors must be recognized specialist in rheumatology and be in active clinical practice and in training in the centre/network. Their educational roles and activities should be clearly defined in job descriptions. In assessing their suitability, consideration should be given to their ethical attitudes on medicine as well as educational skills and attitudes. They should have recognized high standards of quality of medical practice and keep up to date in advances in theoretical and clinical rheumatology through continuous professional development.
- 6.4.3. The Chief of Training and Supervisors must have protected time to fulfil their educational roles and activities.
- 6.4.4. Quality management provisions for trainers should be in place, encompassing all qualities described under 6.4.1. and 6.4.2. Evaluation should include feedback by trainees.

6.5. Article 5

REQUIREMENTS FOR TRAINEES IN RHEUMATOLOGY

- 6.5.1. The content and structure of training in Rheumatology should be clearly described in a published national curriculum. The curriculum should be supported by a specific portfolio which includes the personal log-book, notes on periodical assessments and continuing evaluation of progress. The curriculum and portfolio must comply with the present charter and with the core curriculum and portfolio of the European Board of Rheumatology.
- 6.5.2. Each trainee should have a personal training programme and a named supervisor at the start of the training.
- 6.5.3. It is the trainee's responsibility to keep their portfolio updated and seek opportunities to achieve and verify competency in all areas of the curriculum.
- 6.5.4. The training programme must provide the trainee with sufficient clinical experiences, technical procedures and other training opportunities to achieve all competencies described in the core curriculum. The programme should include formative assessment as part of the training opportunities.
- 6.5.5. The programme must include specific ways to verify that the trainee has attained the required standards of all competencies stated in the curriculum. The portfolio should play a central role in the assessment procedures.
- 6.5.6. There must be regular documented appraisals of the trainee by their supervisor. These should be at least annual and incorporated in the portfolio. These appraisals must be discussed between the trainee and the supervisor and appropriate recommendations must be agreed and acted upon. If, at any stage, the supervisor finds the trainee unsuitable to continue specialty training, this should be immediately discussed with the Chief of Training and the Programme Director.
- 6.5.7. Recognition of training should be given by the competent national authority on satisfactory completion of the training programme.