



**U.E.M.S.**  
*Union Européenne des Médecins Spécialist*  
*European Union of Medical Specialists*

## **RHEUMATOLOGY**

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

### **REQUIREMENTS for the SPECIALTY RHEUMATOLOGY**

Drawn up by the UEMS Specialist Section Rheumatology, 20 April 1994

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Article 1.

#### **DEFINITIONS**

Rheumatology is that branch of medicine concerned with medical musculoskeletal disorders. This term includes systemic disorders of connective tissue, inflammatory arthritis, osteoarthritis, (arthrosis), back troubles, soft tissue (non-articular) rheumatism and non-traumatic bone disorders. A rheumatologist is a specialist medical practitioner 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, treat, rehabilitate and prevent rheumatologic disorders.

Article 2

#### **A TRAINING CENTRE**

2.1. The training centre must be recognized by the appropriate national specialist educational and training authority and should fulfill the requirements of the European Board of Rheumatology. It must be integrated within a university or community hospital providing general and specialist services recognized (as a minimum) for training in internal medicine and general surgery.

2.2. There should be sufficient clinical admissions and new out-patient referrals to provide adequate experience of the full spectrum of rheumatic diseases, such as 100 clinical admissions and 600 new out-patient referrals for rheumatology per year. This will be assessed by reference to a diagnostic database of in-patient and out-patient clinical activities. The trainee should be responsible for the management of new patients, follow-up patients and in-patients.

2.3. The department of rheumatology must have, apart from the head of the department, at least a second trainer, and both of these must work full time at the hospital and be actively involved in the training. The ratio between the number of qualified specialists on the teaching staff and the number of trainees should provide close personal monitoring of the trainee during the training, and provide adequate exposure of the trainee to the teaching. The ratio of trainer to trainee should not exceed 2:6.

2.4. There should be direct and ready access to medical imaging and to laboratories for hematology, histopathology, clinical chemistry, microbiology and clinical immunology. Allied health professional support should include nurses specializing in rheumatology, occupational therapists, physiotherapists, aids and appliances. There must be suitable instruments for specialist training, such as light polarizing microscope. There should be a library within easy access which subscribes to leading rheumatology journals and that has most of the current textbooks on rheumatology.

2.5. The recognition of a training centre is valid for 5 years and may be extended quinquennially by re-inspection by the National Authority. If recognition is withdrawn, the national training authority would be obliged to find an alternative training centre for trainees to complete their programme.

## Article 3

### The TRAINEE

3.1. The trainee must have completed and qualified in basic training as a physician before commencing the common trunk. Selection will be according to UEMS Charter 2.1, article 1. The trainee must provide evidence of appropriate knowledge, training and experience in the care of acute medical conditions before commencing specialist training in rheumatology.

#### 3.2. MINIMUM DURATION of SPECIALIST TRAINING

The training is a minimum of 6 years. This consists of a "common trunk" in internal (general) medicine, followed by specialist training in rheumatology. Internal (general) medicine should be for a minimum of 2 years, be of a clinical nature and in posts recognized for training in internal medicine. Rheumatology specialist training should be for a minimum of 4 years, include a minimum of 3 years clinical care training and should be in an approved post recognized for training in rheumatology. The other year could be spent in research or in rheumatology related disciplines. Training must normally be undertaken on a full-time basis. Interrupted or part-time training should be compensated for by extra time.

#### 3.3. SUPERVISION

Each trainee should have a named supervisor for his/her programme who is responsible for the training.

#### 3.4. MANPOWER

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.

#### 3.5. CONTENT of TRAINING

Training in rheumatology should be in a properly supervised and decently remunerated posts. There should be the possibility of acquiring a part of the specialist training in one or more member states of the EU/EFTA. Training in rheumatology must include theoretical teaching of the highest standard and supervised practical experience in the diagnosis and management of the full spectrum of rheumatological disorders. It should include a broad experience of both out-patient and in-patient work. In order to fulfil all aspects of their training it may be necessary for the trainee to move between different sites approved by the supervisor. The trainee should have increasing responsibilities conferred upon him for specific patients, making updates of the patient's history of diagnosis and management plan and communicating these to the family physician. Relevant knowledge, skills and attitudes as specified in the core curriculum (qv) and in addition: - clinical immunology- molecular medicine- metabolic bone disease- clinical pharmacology pathology- physical medicine and rehabilitation in relation to rheumatic disorders - orthopaedics, including pre-, peri, and post-operative treatment of patients with rheumatic disorders - neurology and electrophysiology- use of, and interpretation of radiodiagnostics, ultrasound, nuclear medicine and other imaging techniques - psychological aspects of rheumatic disorders- social and legal aspects of rheumatic disorders

3.6. The trainee should regularly attend staff meetings, clinical conferences, combined clinics with, for example orthopaedic surgeons, and pathology and radiology demonstrations. They must be provided with sufficient time for study and research. They should learn research skills and present scientific papers at national or international society meeting, and be encouraged to publish their work in refereed journals. Study leave must be provided to enable them to attend national and international courses and conferences.

3.7. There should be annual confidential written evaluation of the trainee by their trainer. These evaluations by the trainer must be discussed with the trainee and appropriate recommendation acted upon. At the end of the first year training in internal medicine, the trainer responsible for supervising the common trunk must evaluate the ability of the trainee to continue specialty training. At the end of the first year of training in rheumatology the trainer responsible for supervising their specialist training must evaluate the ability of the trainee to become a rheumatologist. If the trainer decides that the trainee should not continue his/her training at any stage, an appeal can be made within 2 weeks, and there should be an appeal committee appointed by the national authority that makes a decision within ½ year. Recognition of training should be given by the competent national authority on satisfactory completion of the training programme. Appeal can be similarly made.

#### Article 4

#### **The TRAINERS**

4.1. The Trainers must be recognized by the appropriate national educational and training authority and should fulfil the requirements of the European Board of Rheumatology. A trainer must be a recognized specialist in rheumatology and be in active clinical practice. He/she can only be recognized as a trainer if he/she works in an institution that is a recognized training centre. 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.

4.2. In assessing the suitability of a trainer, consideration should be given on his/her proper ethical attitudes on medicine and that he/she continues to be active in teaching and up to date in advances in theoretical and clinical rheumatology. He/she should evaluate and report every year on the progress of his/her trainees.

#### Article 5

#### **EVALUATION of TRAINING**

The quality of training provided for each trainee will be assessed by inspecting and approving the training programme and centre. The satisfactory accomplishment of the training programme will be ensured by means of a log-book, or by examinations, or adequate assessment for knowledge and competence in the required clinical skills by the national authority.