Kilchberg, Switzerland, 18 August 2020, The European league against rheumatism (EULAR) has published a new set of best practice guidelines to help raise standards of rheumatology training and, as a result, improve care for patients suffering from rheumatic and musculoskeletal diseases (RMDs), throughout Europe.

The guidelines were created by an expert panel composed of rheumatologists, medical educationalists, and people with RMDs. The panel identified best practices used in some countries and, by codifying and sharing them, aim to set achievable aspirations that encourage other countries to take steps to adopt them.

“In total, 41 EULAR countries provide rheumatology specialty training,” said Dr. Francisca Sivera, Head of the Department of Rheumatology at the Hospital General Universitario Elda, Spain, and first author of the EULAR training guidelines. “Each country has its own training structure, curriculum and assessment strategy, resulting in a wide heterogeneity.”

“Striving for harmonisation of specialty training and excellence of care in rheumatology, EULAR established a task force to develop points to consider for the assessment of competences during rheumatology specialty training. Their aim is to serve as a benchmark and an inspiration.”

The expert panel formulated 10 points to consider and four overarching principles. Taken together, the points provide recommendations on how strategies for the formative and summative assessment of competences in rheumatology should be developed across Europe.

**Four Overarching Principles**

A. Rheumatology training should generate rheumatologists capable of and committed to delivering the best care to people with rheumatic and musculoskeletal diseases.

B. Assessment of competences is vital to guide learning and to guarantee quality of care.

C. Assessment is an integral part of training and must be guided by and aligned with a clear set of educational objectives established by the curriculum.

D. Effective assessment requires protected time and resources.

**Points to Consider**

1. Assessment of competences should be a structured and continuous process, regularly carried out throughout the training period.

2. Formative assessment with constructive feedback should be regularly performed, and with a greater frequency than summative assessment.
3. Feedback should stimulate reflection by the trainee on how to achieve the standards of competence and professional behaviour.

4. Trainees should maintain an updated portfolio, including feedback and evidence of self-reflection, to be used as part of the assessment process.

5. Different methods of assessments should be carried out throughout training, as no single method of assessment can provide a complete overview of trainee competences.

6. Multiple-choice case-based questions should be the preferred form of knowledge assessment.

7. Clinical skills should be assessed in the workplace (direct observation of procedural skills or the mini-clinical examination exercise) and/or in a simulated context (observational structured clinical examination).

8. Competences related to professionalism should be formally assessed using multi-source feedback/360 degrees method.

9. The training program should incorporate a predefined process to identify and support trainees at risk of failure.

10. Trainers should receive regular training in assessment methods and strategies, particularly in providing constructive feedback.

The guidelines are intended to appeal to trainers and trainees in rheumatology, educational supervisors, training program directors, national scientific societies, and other stakeholders.

"The Points to Consider in no way attempt to undermine local regulations," Dr. Sivera said. “Rather, they seek to provide recommendations of good practice, which can help stakeholders analyse their own assessment strategy and inspire positive change.”

Rheumatology specialty training is the educational process required for a physician to formally become a specialist in rheumatology. It is defined by an officially approved training programme which aims to bring physicians to an agreed standard of proficiency regarding the management of people with rheumatic and musculoskeletal diseases. The definition of the aims, structure and contents of each country's rheumatology training programme is under the exclusive domain of national authorities. However, the harmonization of specialist training in Europe is deemed essential to ensure equity of access to high standards of care for all people with RMDs and to support the movement of rheumatology specialists across countries.

Citation

Notes to Editors
EULAR Recommendations: https://www.eular.org/recommendations_home.cfm
EULAR School: https://esor.eular.org/
EULAR Campaign: https://www.eular.org/eular_campaign.cfm
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About rheumatic and musculoskeletal diseases
Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints, but can also affect the muscles, other tissues and internal organs. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these
diseases are long term and worsen over time. They are typically painful and limit function. In severe cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.

About EULAR
EULAR is a non-profit scientific organisation based in Zurich, Switzerland, representing scientific societies, societies of other health professionals, professional associations and organisations for people with rheumatic and musculoskeletal diseases (RMDs). The aim of EULAR is to reduce the burden of RMDs on the individual and society and to improve the treatment, prevention and rehabilitation of RMDs. Further information: www.eular.org

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