



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

U.E.M.S.



UNION EUROPÉENNE DES

EUROPÄISCHE VEREINIGUNG DER FACHÄRZTE
UNIONE EUROPEA DEI MEDICI SPECIALISTI EU
ROPE SE SPECIALISTEN VERENIGING EURO-
PEAN UNION OF MEDICAL SPECIALISTS UNION
EUROPÉENNE DES MÉDECINS SPÉCIALISTES E U R O
OPAN ERIKOISLÄÄKÄRIIITTO

UEMS Section of Neurology & EBN

MÉDECINS SPÉCIALISTES

DEN EUROPAEISKE FORENING AF SPECIALLÆGER
ΕΥΡΩΠΑΙΚΗ ΕΝΩΣΗ ΕΙΔΙΚΕΥΜΕΝΩΝ ΓΙΑΤΡΩΝ UNI-
ON EUROPEA DE MÉDICOS ESPECIALISTAS UNIÃO
EUROPEIA DOS MÉDICOS ESPECIALISTAS DEN
EUROPEISKE FORENING FOR LEGESPECIALISTER EUROPEISKA
SPECIALISTLÄKARORGANISATIONEN

Tel: +43 1 889 05 03
Fax: +43 1 889 05 03 13

European Training Charter for Medical Specialists, UEMS 2007

NEUROLOGY

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

REQUIREMENTS for the Speciality Neurology

to replace previous document (Copenhagen 2000)

- 1 Training and lifelong learning
- 2 Central monitoring authority for Neurology at EU level
- 3 General aspects of training
- 4 Requirements for training institution
- 5 Requirements for the post of chief of training
- 6 Requirements for trainees
- 7 CME/CPD

Article 1

Training and lifelong learning

Neurology is a constantly evolving medical field. It is a compulsory part of pregraduate (university) training. Postgraduate training can be divided into specialist training; residency and continuous medical education or CME/or CPD. This document focuses on the postgraduate training (residency) of neurologists.

1.1 Pregraduate level

Neurologists deal with acute and chronic diseases. Training in Neurology must be an essential part of University curricula devoted to medical training. A minimum number of hours and patient and case evaluations should be part of the general medical training programme.

1.2 Postgraduate level

Postgraduate training comprises the period of neurological training (minimum 4 years) and the lifelong period of continuous medical education/professional development.

1.2.1 Training/Residency

The requirements and minimum standards for residency training in Neurology are the subject of article 2-5.

1.2.2 CME/CPD

Continuous medical education or continuous personal (professional) development to keep updated on the developments in neurological diagnostics, treatment and care is an obligation of the accredited neurologist. Definition of the type and content of education remains the province of national board committees or national medical societies. The UEMS provides European accreditation by the EACCME. The types of CME, their duration and minimum requirements differ among European countries. Voluntary or mandatory –CME and recertification are suggested and executed by the national medical societies and in some countries by government health bodies.

Article 2

Central monitoring authority for Neurology at EU level

2.1 The central monitoring authority for the speciality is the European Board of Neurology (EBN)/Neurology section of the UEMS. It communicates with the executive Bureau of the UEMS and serves in the interest of the various professional and scientific neurological societies.

2.2 The aims of the EBN with regard to education and training are the following:

2.2.1. - To ensure that optimal neurological care is provided to the public in the countries of the European Union and other countries in Europe, by taking the following measures:

2.2.2. – Recommending educational standards for training in Neurology at all levels

2.2.3. – Providing a clear description of requirements for training institutions and for those who are in charge of training in Neurology, in collaboration with the local (national) authority on Neurology, the national boards and national scientific/medical societies.

2.2.4. – Implementing exchange facilities for trainees among recognised training institutions.

2.2.5. - Recommending standards for visitation, or peer review of institutions on a European level. The EBN will issue certificates of European recognition for training institutions/programmes

2.2.6. – Studying and advising on the manpower needs of the European Union and other European countries, in collaboration with the national authority on Neurology, the national boards and the national scientific societies.

2.2.7. - Creating a European Board Qualification (EBQ).

2.2.8 - Ensuring that ethical issues in training, professional service and patient care are maintained.

Article 3

General aspects of training

3.1 Teachers and training institutions select and appoint trainees who are suitable for training in Neurology. In order to train the most suitable individuals for this speciality the selection principles should be set up on a national basis. This selection procedure must be transparent and application must be open to all persons who have completed basic medical training. The choice of selection tools is a national matter.

3.2 A total of 6 years of training should be mandatory before full registration as a Clinical Neurologist. A period of General Medical Training should precede the training in Neurology. The training should involve contact with patients and include a fair amount of acute unselected admissions as well as balanced proportions of in- and outpatients. During this period the training of candidates may take place in different institutions provided that they are nationally recognized training institutions. Certification by the EBN will be considered an additional mark of excellence

3.3 The training and teaching instruments for the training programmes shall be selected by the responsible national health authorities.

3.4 The content of training programmes is the prime responsibility of the national boards. The training programmes will be in line with the recommendations of the EBN. The UEMS and EFNS Core Curriculum (C Pontes, et al. Recommended core curriculum for a specialist training programme in neurology. European Journal of Neurology 2005; 12: 743-746) should be considered for the basic content of the national training programme.

3.5 The training programme must include a minimum of four years in Clinical Neurology (including Child Neurology, Neuro-Rehabilitation and Emergency and Intensive Care of neurological patients). Up to one year can be exchanged for medical research.

3.6 A period of training in Clinical Neurophysiology is recommended. A period of training in Internal Medicine, Psychiatry or Neurosurgery should also be considered in countries where this type of training is not a mandatory part of pregraduate general clinical training.

3.7 Part (up to one year) of this period should be dedicated to research or sub-specialisation in a specific subspeciality area. (Oberndorfer S., Clanet M - Subspecialisation in Europe. Newsletter EFNS, 2003, No 3, p 7). However, formal subspecialisation in Neurology has not been established in many countries.

3.8 Training in Neurology will usually be improved if undertaken in more than one institution and/or in more than one country. A national system of rotation is recommended.

3.9. The national health authority together with the national board should help their trainees fulfil this period in recognised training institutions, both in other member states of the EU/EFTA and outside the EU/EFTA (e.g. by provision of grants, facilitating absence from regular work during said period, applying for European funds and exchange programmes).

3.10 The EBN is implementing a working group with a view to facilitating the interchange of trainees between UEMS member countries; e.g. OFTEN (Gilhus NE, Federico A, Grisold W, Müller L, Lopes Lima JM. Open facilities for training in European Neurology (OFTEN): a European Board of Neurology initiative. *Europ J Neurol* 2002; 9: 349-352).

3.11. The training period will end either with a final examination, a sequence of interim examinations or simply at the end of the scheduled time. The EBN recommends a system of continuous evaluation of trainee knowledge, abilities and skills, irrespective of any exit examination.

3.12 A European board examination will be offered by the UEMS/EBN as a sign of excellence, but without national legal consequence. Neurologists trained in EU countries have equal rights to practice in all member countries.

3.13 Any Neurologist coming from a non-EU country may enter the European Union and have equivalence if he/she is approved in one of the member countries, but this equivalence will only be valid for the host country and it will not automatically give European equivalence.

3.14 Manpower

Each country should train enough neurologists to meet its own requirements. The required number of neurologists depends on the national medical system, the structure of Neurology, available positions and the calculated need for new neurologists, as defined by aging and retirement or new developments. Each member state is strongly encouraged to make an accurate estimate of neurological manpower.

Article 4

Requirements for training institutions

4.1 Training institutions have to be recognised by their national monitoring authority, and should follow the recommendations of the EBN. A UEMS/EBN visitation board will provide European training institution assessment.

4.2 Training must take place in an institution or group of institutions, which together offer the trainee practice in the full range of the speciality. Consultations should include training in in-patient, day- and outpatient care. Related specialities must be available to provide trainees with the opportunity to develop their skills in a team approach to patient care. The UEMS concept of the facilitation of Multidisciplinary Joint Committees (MJC) should be encouraged at national level within related fields.

4.3 The training institution will set up a quality assurance programme.

4.4 In the training centre the trainee should have space and opportunities for practical and theoretical study, including research. Access to the internet, databases and to adequate

national and international professional literature should be provided (library), as should space and equipment for practical training of techniques in a laboratory setting.

4.4 The training institution should be open and actively search for new training methods. In addition to participation in the daily routine of investigating and treating in- and outpatients (apprenticeship type), interactive learning, case presentations and structured learning should be offered. Examples of new training methods are listed below:

Recurrent clinical evaluation exercise,
Directly observed procedural skills,
Chart stimulated recall examination,
Checklist and guideline evaluation (checking resident's competency in standard clinical algorithms),
Global rating of recorded performance,
Procedural and case logs,
Record review,
Simulation and models (evaluating resident's ability to deal with fictive problems),
patient surveys (how the patient feels about the quality of care provided by the resident),
360° assessment (including nurses and other professionals).

4.5 Medical research: Training institutions should encourage medical research in basic and clinical neurological sciences. Up to one year (see 3.5) can be exchanged for medical research.

Article 5

Requirements for the post of chief of training

5.1 The chief of training should have been practising neurology for at least 5 years after specialist accreditation and must have been recognised by the national monitoring authority. He should have experience in management skills and a record of training and teaching. The associate medical training staff should be actively practising Neurology and devoted to residency training.

5.2 The ratio between the number of specialists on the teaching staff and the number of trainees at any given moment should be tailored so as to provide close personal monitoring of the trainees as well as adequate exposure of the trainees to sufficient practical work.

Article 6

Requirements for trainees

6.1. Entry to the training programme depends on national regulations, but should be transparent to trainees.

6.2 To build up their experience trainees should be involved in the management of a sufficient number of inpatients, day care patients and outpatients. They must perform a minimum number of instrumental diagnostic procedures/skills according to national regulations: NCV, EMG, ultrasound, EEG and CSF skills are suggested. A personal record in a log-book is encouraged.

6.3 The trainee must have sufficient linguistic ability to be able to communicate with patients and foreign colleagues. He/she should be able to work in the social and cultural context of the country in which he/she is based.

6.4 Literature research, computer and internet skills are basic requirements for studying the international literature.

6.5 He/she must be able to communicate and work in an interdisciplinary setting.

6.6 Experience with patients and carers as well as with related health groups and patient organisations is encouraged.

6.7 Knowledge of scientific methodology, critical interpretation of study results, and practical experience with current methods such as EBM are training goals.

6.8 The acquisition of organisational skills and knowledge of local medico-legal issues, as well as ethical and palliative issues is encouraged.

Article 7 CME/CPD

7.1 CME or CPD as a form of life-long learning is encouraged in all member countries.

7.2 The generally available guidelines for CME (UEMS, EFNS) should be followed.

7.3 CME is not restricted to meeting or congress attendance. Other teaching aspects such as reading, internet-based studies, and teaching should be encouraged.

7.4 A minimum of hours per time unit (period) devoted to CME/CPD should be suggested by the national society.

7.5 The individual consequences for neurologists not participating in CME programmes shall depend on decisions by the national medical society. The UEMS/EBN has a neutral position in this respect, but will offer advice in monitoring individual persons who have not fulfilled their national training programme.