

UNION EUROPEENNE DES MEDICINS SPECIALISTES

U.E.M.S.

European Training Charter for Medical Specialists, UEMS 1995

OTORHINOLARYNGOLOGY

Chapter 6, Charter on Training of Medical Specialists in the European Union

Requirements for the Specialty of Otorhinolaryngology and Head and Neck Surgery

Amended October 2007

A. Preamble

The Treaty of Rome provides for the free exchange of persons, services, goods and capital within the European Community (E.C). Free exchange of persons and services within the medical sector has been achieved by mutual recognition of basic and specialist medical qualifications brought into effect by the Commission of the European Communities in 1975. The directives have been consolidated in the Directive 93/16/EEC of 5 April 1993.

The Directive 93/16 specifies in its Articles varied responsibilities of the member States in relation to diplomas, certificates and formal qualifications in specialized medicine, see the Charter on Training of Medical Specialists in the European Community adopted by the Management Council of UEMS, October 1993.

B. Objectives of the Charter on Training of Medical Specialists in the E.C.

This Charter divides the requirements regarding content of training into a general part defined by the UEMS and a specific part for each recognized specialty defined by the relevant UEMS specialist section.

C. Definitions

The UEMS is the representative organization of all medical specialists in the E.C. It recognizes UEMS specialist sections which have a European Board whose purpose is to guarantee the highest standards of care in the Specialty concerned.

National Boards are the representative national professional organisations which monitor training of medical specialists in each member state and National Authorities are the bodies responsible for the qualification of medical specialists.

Article 1

GENERAL RULES ON MONITORING, ACCREDITATION AND QUALITY MANAGEMENT OF SPECIALIST TRAINING.

1.1 The central harmonisation and standard setting body for the specialty will be the European Board of Otorhinolaryngology, which has been constituted from the members of the UEMS ORL specialist section. The European Section and Board consists of two members from each of the EU and associated countries, appointed by the National ORL authorities of the participating country.

The Board members must be members of the professional organisation of the specialty and represent universities or other recognized teaching bodies or institutions and ORL practitioners of the profession on equal footing.

1.2 The standards for recognition of training institutions and trainers follow the rules of training by the National Boards. The European Board will review the rules of training of the separate countries and make recommendations for the minimum requirements to be met in order to receive confirmation as an European Institution for training in Otorhinolaryngology and Head and Neck surgery (ORL-HNS). The European Board may issue certificates of European recognition for training institutions.

1.3 The European Board will create a programme for quality management of postgraduate training in the specialty. This will include a programme for inspection of training institutions and will be monitored by a Quality Assurance committee to be set up by the European Board.

1.4 Manpower planning will be dealt with by a separate manpower committee instituted by the European Board.

Article 2

GENERAL ASPECTS OF TRAINING IN THE SPECIALTY

2.1 Selection for and access to the specialty

2.1.1 Applicants should have a valid licence to practise medicine from a training programme in EU and associated countries. This licence must be recognised by the country where he or she will be trained. Training institutions or, if present, responsible bodies should select or appoint trainees suitable for the specialty in accordance with an established selection procedure. This selection procedure should be transparent and fair. Application should be open to all eligible persons. The candidates should be aware of these requirements.

2.1.2 After appointment of a trainee, a training agreement should be entered into by the Director of the Training Programme and the trainee; and duly signed by the trainee and the Director. The agreement should define, in terms of education and training, the relationships, duties and obligations on each side.

2.2 Candidates for training in the specialty should have completed the study in medicine at one of the universities of the EU or one of the associated countries. This should be followed by at least one year of practical training as an intern, house officer, doctor in practice or whatever training is demanded by that country. This practical training should at least comprise training in surgical discipline and internal medicine. Adequate documentation of qualification should be provided. Further requirements for access to a recognised training programme in the specialty is the primary responsibility of the training institutions.

2.3 The minimum duration of training in ORL HNS should be five years. During this period, training of candidates can take place in different institutions if they are recognised nationally as a training institution. (see also 2.9)

2.4 The training programme prepares the candidate for work as a general Otorhinolaryngologist, Head and Neck Surgeon. Subspecialty training programmes will be created by the UEMS ORL HNS Board as specifically defined in separate documents.

2.5 Training in Health Care Management is obligatory.

2.6 The content of the training programme is the prime responsibility of the National Boards. The training programme will be in line with the recommendations of the European Board and will consist of theoretical instruction in the basic and clinical sciences of ORL and HNS as specified in the document on “Content of Training”. A logbook in ORL HNS for documentation of surgical and other activities has been created and approved by the Section and Board of UEMS ORL HNS (4 10 2006). This must be completed by all trainees throughout the training period.

As training progresses there should be an increasing level of responsibility. This will be achieved by adequate periods of training with both in and out patient departments, in clinical wards and in the operating theatre.

2.7. There will be at least an annual assessment of the progress of the trainee by the Director of the programme. The Director should advise the National authorities if a trainee is considered unsuitable for training. If the National Authority deems it appropriate, progress can be further evaluated by a national examination. The training programme should be assessed at least every five years by the National Authorities.

2.8 The number of trainees should not exceed the number of approved posts in a training programme.

2.9 The European Board will stimulate the exchange of trainees between EU and associated countries with approved training programmes. There should be recognition by the National Authorities of periods of training spent in institutions in those countries.

Article 3

REQUIREMENTS FOR TRAINING INSTITUTIONS

3.1 Training institutions should have official recognition by the National Boards responsible for training in ORL-HNS. The European Board will be informed of these training institutions by the National Boards and will keep a record.

3.2 The Training Institution should ensure that the trainee is an employee, covered by the employment law of that state. Most usually the trainee will be an employee of the Hospital, University, or Ministry of Health or some nominated body. Although service work will be undertaken by the trainees, their principal function will be the receipt of education and training.

3.3 Training Institutions should be placed within University hospitals or major general hospitals with adequate supporting services to optimise training opportunities. The presence of other disciplines, a fully stocked library and access to the Internet are required, although occasional periods of training in mono-specialist clinics may be taken. The concept of rotation of training between different training institutions may be considered favourably by National Boards.

The Training Institution will have as a minimum the following facilities for adult and pediatric patients:

- (a) A fully equipped out patient department for consultation with patients

which should include facilities for the management of emergencies. Equipment should be available for microscopic and endoscopic examination.

- (b) Facilities for audiological examination including speech audiometry and electrophysiological testing.
- (c) Facilities for vestibular examination including nystagmography
- (d) Facilities for phoniatrics including videostroboscopy and swallowing assessment.
- (e) A clinical ward for in-patients and clinical facilities for day-care and diagnostic and surgical procedures.
- (f) At least one operating theatre with specialised equipment for common procedures taught during Otorhinolaryngological training. This should include a modern operating microscope, endoscopic equipment and TV-VCR facilities.
- (g) Facilities for microscopic and endoscopic dissection and training should be available locally with time assigned for their use.
- (h) A conference room for deliberation and tutorial sessions.

3.4 The National Board will ensure that there is quality management of post-graduate training. This should include a defined programme and structure for the duration of training. There shall be both regular formative and summative assessment of the trainees which shall be recorded. There shall be regular and recorded assessment of the trainers which may include feedback from the trainees. There should be an annual report of training activities and outcomes.

Article 4

REQUIREMENTS FOR TRAINERS WITHIN THE SPECIALTY

4.1 The Director of the training programme should have been practising the specialty independently for at least five years. He/she should be a suitably qualified specialist, committed to training, recognised and approved by the National Board. He/she should have experience in postgraduate education and research methods and practice. There should be a staff of well-qualified specialists who can cover all aspects of the content of the training programme.

4.2 The Director of the programme will be responsible for a training programme tailored to the needs of each trainee in accordance with national rules and recommendations of the European Board.

4.3 The trainers will be sufficient for the number of trainees on the programme to guarantee adequate supervision for the safety of both patients and trainees.

ARTICLE 5

REQUIREMENTS FOR TRAINEES

5.1 Trainees will build up knowledge in the specialty by following theoretical courses and lessons and by self study of basic and clinical science. They will complement this by practical and anatomical exercises, e.g. audiometry, temporal bone and cadaver dissections. Trainees will develop skills in diagnosis and management, both surgical and medical, of the common problems in the specialty according to the UEMS ORL-HNS log book. The trainee will undergo regular assessment with feedback; both formative and summative, e.g. examination. Their competence should be adequately shown at the end of the training period by presentation of a satisfactorily completed log book. There should also be a certification from the Director of the programme to confirm the satisfactory completion of training.

5.2 The trainee should have sufficient linguistic ability to communicate with patients and colleagues in the country of training. He or she should be conversant with international medical literature.

5.3 The trainee must keep a log book of his or her training activities and present this both during training and finally before certification. We recommend the use of the UEMS log book.

5.4.1 The training programme will be based on the content of the UEMS ORL-HNS log book. (See appendix 1, the UEMS log book 2006). <http://orluems.com/>

5.4.2 There should be a graded increase in clinical responsibilities and surgical experience in procedures of the specialty.

5.4.3 The trainee should keep a training portfolio which should include :-

An up-to-date curriculum vitae.

Details of audits undertaken

Details of previous training posts, dates, duration and trainers

Details of examination passed

Details of any assessments undertaken

List of publications with abstracts

List of research presentations at local, national and international meetings
List of courses attended.

5.4.4 The trainee should be given the opportunity to evaluate the trainer and the training programme.

ARTICLE 6

COMPLETION OF TRAINING

6.1 On successful completion of all the training requirements, a certificate of completion of specialist training in ORL-HNS will be issued by the appropriate National Body.

6.2 Trainees who fail to make satisfactory progress in training, as judged by regular assessments, may need guidance regarding further training and experience or other alternative career pathways.

ADDENDUM

LINKS

www.orluems.com

www.uems.be.net