



Reflections in Internal Medicine

European Board guidance for training centres in Internal Medicine

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ABSTRACT

The European Board of Internal Medicine is working towards enhancing the training in Internal Medicine in Europe. One of the most important tasks is to ensure that training programmes reach an acceptable level of quality. The Board does not accredit training centres as this is the responsibility of national authorities. The purpose of this paper is to provide guidance for the accreditation process. The content of the paper has been developed from a publication on medical education produced by the World Federation for Medical Education. Basic standards which should be met by all training centres are outlined. Quality development describes standards which centres should aim for although progress will to some extent be influenced by resources, stage of development and local circumstances.

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1. Preface

The European Board of Internal Medicine, the joint venture between the European Union of Medical Specialists Section of Internal Medicine and the European Federation of Internal Medicine, seeks to improve the quality of postgraduate training in Internal Medicine across Europe. The Board does not accredit training centres as this is the responsibility of national authorities. The purpose of this paper is to provide guidance for the accreditation process. The content of the paper has been developed from a publication on postgraduate medical education produced by the World Federation for Medical Education (Postgraduate Medical Education. WFME Global Standards for Quality Improvement. WFME, 2003. <http://www.wfme.org>). Basic standards which should be met by all training centres are described. Quality development describes standards which centres should aspire to but fulfillment will vary across centres depending on resources, stage of development and local tradition.

1.1. What is an internist?

An internist is a physician trained in the scientific basis of medicine, who specialises in the assessment, diagnosis and management of general medical problems, atypical presentations, multiple problems or system disorders. The physician is skilled in the management of acute unselected medical emergencies and the management of patients in a holistic and ethical way, considering all psychological as well as medical factors for enhancing quality of life. The physician values the continuing care of all patients irrespective of the nature of the patient's complaint,

and is committed to lifelong continued professional development. The physician practices clinical audit and evidence-based medicine. The physician functions in a number of roles, including clinical counselling, education, leading and managing.

For more detailed discussion of the definition and core competencies of the internist, please see Palsson R., *European Journal of Internal Medicine* 2007;18:104–108 ([www.efim.org/EFIM working groups/core competencies](http://www.efim.org/EFIM_working_groups/core_competencies) or www.uems.net).

2. Mission and outcomes

2.1. Statements of mission and outcomes

2.1.1. Basic standard

The relevant authorities must define, in consultation with professional organisations, the mission and outcome objectives for postgraduate medical training and make them known. The statements of mission and outcomes must describe the practice-based training process producing a medical doctor competent to undertake comprehensive up-to-date medical practice in the defined field of medicine in a professional manner, unsupervised and independently or within a team, in keeping with the needs of the health care system.

2.1.2. Quality development

The mission and outcome objectives should encourage appropriate innovation in the training process and allow for development of broader competencies than minimally required and constantly strive to improve patient care that is appropriate, effective and compassionate in dealing with health problems and promotion of health. The training should encourage doctors to become scholars within their

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chosen field of medicine and should prepare them for lifelong, self-directed learning and readiness for continuing medical education and professional development.

2.2. Participation in the formulation of mission and outcomes

2.2.1. Basic standard

The statement of mission and outcomes of postgraduate training must be defined by its principal stakeholders.

2.2.2. Quality development

Formulation of mission and outcomes statements should be based on input from a wider range of stakeholders.

2.3. Professionalism and autonomy

2.3.1. Basic standard

The training process must strengthen professionalism of the doctor. The training should foster professional autonomy to enable the doctor to act in the best interests of the patient and the public. For a definition of professionalism, see the Physician's Charter on medical professionalism (www.efim.org/EFIM working groups/the professionalism project).

2.4. Training outcomes

2.4.1. Basic standard

The relevant authorities must, in consultation with professional organisations, define the competencies, which must be achieved by trainees as a result of the training programmes. For a definition of competencies, please see: Palsson R., *European Journal of Internal Medicine* 2007;18:104–108 (www.efim.org/EFIM working groups/core competencies or www.uems.net).

2.4.2. Quality development

Both broad and specific competencies to be acquired by trainees should be defined and linked with the competencies acquired as a result of basic medical education. Measures of competencies achieved by trainees should be used as feedback for programme development.

3. Training process

3.1. Learning approaches

3.1.1. Basic standard

Postgraduate medical training must follow a systematic training programme, which describes generic and discipline-specific components of training. The training must be practice-based involving the personal participation of the trainee in the services and responsibilities of patient care activities in the training institutions. The training programme must encompass integrated practical and theoretical instruction.

Training programmes must include a defined curriculum to enable trainees to achieve the programme's learning outcomes. The curriculum must be detailed and include specific learning outcomes and a syllabus of knowledge, skills and professional attitudes and behaviours.

Training must include considerable experience with patient care in appropriate clinical settings, involving trainees in the supervised delivery of service and providing regular formal educational sessions that cover topics of value and of interest to the trainee.

3.1.2. Quality development

Postgraduate medical training should interface with basic medical education and continuing medical education/professional development. Trainees should be given opportunities for self-directed learning and be directed to develop a personal development plan.

3.2. Scientific methods

3.2.1. Basic standard

The trainee must achieve knowledge of the scientific basis and methods of Internal Medicine including understanding of research methodology, and through exposure to a broad range of relevant clinical/practical experience in different settings become familiar with evidence-based medicine and critical clinical decision-making.

3.2.2. Quality development

In the training process the trainee should receive formal teaching about critical appraisal of literature, scientific data and evidence-based medicine, and be exposed to research.

3.3. Training content

3.3.1. Basic standard

The training process must include extensive clinical work and relevant theory of the basic biomedical, clinical, behavioural and social sciences, clinical decision-making, and communication skills, medical ethics, public health policy, medical jurisprudence and the managerial disciplines required to demonstrate professional practice in the chosen field of medicine.

3.3.2. Quality development

The training process should ensure development of knowledge, skills, attitudes and personal attributes in the roles as medical expert, health advocate, communicator, collaborator and team-worker, scholar, administrator and manager.

3.4. Composition and duration of training

3.4.1. Basic standard

The overall composition, structure and duration of training and professional development must be described with clear definition of goals and expected task-based outcomes and explanation of their relationship to basic medical education and health care delivery. Minimum requirements to complete the training programme should be defined. Components which are compulsory and optional must be clearly stated. The duration of training must comply with the relevant European Directive.

3.4.2. Quality development

Integration of practice and theory should be ensured in the training process.

3.5. Training structure

3.5.1. Basic standard

The core experience of trainees must include training in both inpatient and outpatient Internal Medicine.

a) Inpatient training

Trainees must have substantial experience of conducting ward rounds, both under direct supervision of a training physician and independently. Trainees early in the programme will require considerable supervision but this will gradually become less as experience is obtained. All trainees must be able to seek help from a more experienced colleague who must be available to provide onsite support.

Trainees must have primary responsibility for a sufficient number of unselected admitted patients to meet their training needs. 24-hour senior supervision must always be available. Experience in Critical Care Medicine should be gained either by a specific attachment or by patient care in a critical care environment.

Clinical experience in the major sub-specialties of Internal Medicine must be gained. This may be by a specific attachment,

inpatient or outpatient experience, or by additional experience and instruction.

b) Outpatient training

Trainees must have experience in follow-up clinics in order that they understand the natural history of acute illness and care of chronic illness. They must also attend a variety of subspecialty clinics in order that they gain a broad experience of Internal Medicine and its subspecialties.

c) Procedures

Trainees must be given instruction in relevant procedural skills. They must be aware of the indications, contraindications, complications, limitations, and interpretation of findings of the procedures commonly undertaken by physicians. They must be given the opportunity to perform the relevant procedures under supervision prior to being judged competent to perform these independently.

d) Educational programme

Formal teaching sessions in the form of seminars, grand rounds and case conferences should cover the whole Internal Medicine curriculum.

3.6. The relationship between training and service

3.6.1. Basic standard

The apprenticeship nature of professional development must be described and respected and the integration between training and service (on-the-job training) must be assured. There must be an appropriate balance between teaching and service provided by trainees.

3.6.2. Quality development

The capacity of the health care system should be effectively utilised for service-based training purposes. The training provided should be complementary and not subordinated to service demands.

3.7. Management of training

3.7.1. Basic standard

The responsibility and authority for organising, coordinating, managing and assessing the individual training setting and the training process must be clearly identified and is the responsibility of the Programme Director and Training Programme Committee.

3.7.2. Quality development

Coordinated multi-site training should be ensured to gain exposure to different areas and management of the discipline. The authority responsible for the training programme should be provided with resources for planning and implementing methods for training, assessment of trainees and innovations of the training programme. There should be representation of staff, trainees and other relevant stakeholders in the planning of the training programme.

4. Assessment of trainees

4.1. Assessment methods

4.1.1. Basic standard

Postgraduate medical training must include a process of assessment, and the competent authorities must define and state the methods used for assessment of trainees, including the criteria for passing examinations or other types of assessment. Assessment must emphasise formative in-training methods and constructive feedback. Assessment principles, methods and practices must be clearly compatible with training objectives and must promote learning and document the adequacy of training. In addition the assessment methods and practices should encourage integrated learning and should assess predefined practice requirements as well as knowledge,

skills and attitudes. The methods used should encourage a constructive interaction between clinical practice and assessment. Assessment should include methods that cover knowledge, skills and attitudes in order that a broad picture of a trainee's clinical competence and ability to practice safely is obtained.

4.1.2. Quality development

The reliability and validity of assessment methods should be documented and evaluated and the use of external examiners should be encouraged. A complementary set of assessment methods should be applied. The different stages of training should be recorded in a training log-book or electronic portfolio. An appeal mechanism concerning assessment results should be established and, when necessary, second opinion, change of supervisor or supplementary training should be arranged. Examinations are better suited to assessment of knowledge whilst work-based assessments may be better suited to assessment of performance and attitudes. Work-based assessments might include direct observation of clinical practice or procedures, multi-source feedback, case based discussion, critical incident review, audit projects and others. Final evaluation upon graduation from the training programme that states the level of clinical competence should be provided.

4.2. Feedback to trainees

4.2.1. Basic standard

Constructive feedback on the performance of the trainee must be given on an ongoing basis. Acceptable standards of performance must be explicitly specified and conveyed to both trainees and supervisors. Meetings between trainee and supervisor should be arranged regularly, usually at the start, middle and end of each training block (usually two or three monthly). Feedback would include assessment results but would also allow the trainee to voice concerns about his training. Potential unsuitability of the trainee for the chosen specialty must be voiced as early as possible and alternative career options discussed.

5. Trainees

5.1. Admission policy and selection

5.1.1. Basic standard

The competent authorities and medical professional organisations must agree upon a policy on the criteria and process for selection of trainees which must be published and implemented.

5.1.2. Quality development

The selection policy should define criteria, which considers specific capabilities of potential trainees in order to enhance the result of the training process. The selection procedure should be transparent with admission open to all qualified graduates from basic medical education. The selection procedure should include a mechanism for monitoring and appeal.

5.2. Number of trainees

5.2.1. Basic standard

The number of trainees must be proportionate to the clinical training opportunities, supervisory capacity and other resources available in order to ensure training and teaching of adequate quality.

5.2.2. Quality development

The number of trainees should be reviewed through consultation with relevant stakeholders. Recognising the inherent unpredictability of physician manpower needs in the various fields of medicine, the

number of training positions should be changed with careful attention to existing needs of the community and society and the market forces.

5.3. Support and counselling of trainees

5.3.1. Basic standard

The competent authorities must, in collaboration with the profession, ensure that a system for support, counselling and career guidance of trainees is available. Counselling should be provided based on monitoring the progress in training and incidents reported and should address social and personal needs of trainees.

Extra support and processes for remediation and retraining must be available.

The Programme Director has overall responsibility for monitoring trainee stress, including physical, mental or emotional conditions inhibiting performance or learning. Situations that demand excessive service or that consistently produce undesirable stress on trainees must be evaluated and modified. The educational supervisor is expected to provide counselling and support for trainees under his authority but all clinical faculty members may be expected to contribute to this form of support.

5.4. Working conditions

5.4.1. Basic standard

Postgraduate training must be carried out in appropriately remunerated posts or stipendiary positions and must involve participation in all medical activities relevant to the training, including on-call duties. The service conditions and responsibilities of trainees must be defined, made known to all parties and must specify that there is protected educational time for trainees. Training and service functions of medical doctors in training must respect the European Working Time Directive.

5.4.2. Quality development

The service components of trainee positions should not be excessive and the structuring of duty hours and on-call schedules should consider the needs of the patients, continuity of care and the educational needs of the trainee. Part-time training should be allowed but the total duration and quality of part-time training should not be less than those of full-time trainees. Interruption of training for reasons such as pregnancy (including maternity/paternity leave), sickness, military service or secondment should be replaced by additional training.

5.5. Trainee representation

5.5.1. Basic standard

There must be a policy on trainee representation and appropriate participation in the design and evaluation of the training programme, the working conditions and in other matters relevant to the trainees. Trainees must be able to provide feedback on the content and the faculty of the programme in a confidential manner.

5.5.2. Quality development

Trainee organisations should be encouraged to be involved in decisions about training processes, conditions and regulations.

6. Staffing

6.1. Appointment policy

6.1.1. Basic standard

The policy on appointment of trainers, supervisors and teachers must specify the expertise required and their responsibilities and duties. The policy must specify the duties of the training staff and

specifically the balance between educational and service functions and other duties.

6.1.2. Quality development

All physicians should as part of their professional obligations recognise their responsibility to participate in the practice-based postgraduate training of medical doctors. Participation in postgraduate training should be rewarded. Staff policy should ensure that teachers are active in the relevant field and that teachers in sub-specialties are only approved for relevant specific periods during training.

6.2. Obligations and development of trainers

6.2.1. Basic standard

Teaching activities must be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described.

6.2.2. Quality development

Staff policy should include support for teaching staff including training and further development, if appropriate, and should appraise and recognise meritorious academic activities, including functions as trainers, supervisors and teachers. The ratio between the number of recognised trainers and the number of trainees should ensure close personal interaction and monitoring of the trainee.

6.3. Programme director

The Programme Director must be appointed in open competition by the sponsoring authorities.

The Programme Director must:

- Have at least 5 years of participation as an active faculty member in an Internal Medicine programme.
- Be certified in Internal Medicine.
- Be responsible to the sponsoring organization.
- Oversee and organize the activities of the educational programme in all institutions that participate in the programme.
- Ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring authorities, are in place in all institutions that participate in the programme.
- Have appropriate dedicated and remunerated time to devote to the Internal Medicine programme.
- Be involved in selecting trainees for appointment to the programme.
- Ensure that the employing authority does not place excessive reliance on trainees for service at the expense of education.
- Ensure that all training institutions comply with the regulations of the sponsoring authorities and participate in the required quality assurance.

6.4. Educational supervisor

Each trainee must have an educational supervisor. One such individual might be responsible for all trainees at one site or alternatively this might be allocated to several individuals.

The educational supervisor must:

- Be certified in Internal Medicine.
- Arrange to meet with each trainee at the beginning, middle and end of each placement or every 2–3 months.
- Assess progress and professional development of the trainee.
- Ensure that the trainee has access to the training and clinical experience necessary to meet curricular requirements.
- Ensure that there is an appropriate balance between service and training.
- Check that the necessary work-based assessments are carried out.

- Receive feedback from the trainee about the training provided and make necessary changes.
- Provide counselling to trainees as appropriate.

7. Training settings and educational resources

7.1. Clinical settings and patients

7.1.1. Basic standard

The training locations must be selected and recognised by the competent authorities and must have sufficient clinical facilities to support the delivery of training. Training locations must have a sufficient number of patients and an appropriate case-mix to meet training objectives. The training must expose the trainee to a broad range of experience in the chosen field of medicine and, when relevant, include both inpatient and outpatient care and on-call activity.

The number of patients and the case-mix should allow for clinical experience in all aspects of Internal Medicine including training in health promotion and disease prevention. Training should be carried out in academic teaching hospitals and, when appropriate, part of the training should take place in other relevant hospitals or institutions and community-based facilities. The quality of training settings should be regularly monitored.

Training institutions are expected to provide ready access to advanced diagnostic techniques such as bronchoscopy, gastrointestinal endoscopy, noninvasive cardiology studies, pulmonary function studies, radiology including radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging. Inpatient clinical support services must be available on a 24-hour basis for phlebotomy, laboratory and radiological information systems, and clinical records. Trainees must have ready access to a computerized literature search system and electronic medical databases.

7.2. Physical facilities and equipment

7.2.1. Basic standard

The trainee must have adequate time and opportunities for practical and theoretical study and have access to adequate professional literature as well as equipment for training of practical techniques.

The physical facilities and equipment for training should be evaluated regularly for their appropriateness and quality regarding postgraduate training.

7.3. Clinical teams

7.3.1. Basic standard

The clinical training must include experience in working as a team with medical colleagues and other health professionals. The training process should allow learning in a multi-disciplinary team resulting in the ability to work effectively with colleagues and other health professions as a member or leader of the health care team and be able to guide and teach other health professions. The Programme should include training in communication, team working skills and equality and diversity.

7.4. Information technology

7.4.1. Basic standard

There must be a policy which addresses the effective use of information and communication technology in the training programme with the aim of ensuring relevant patient management. Teachers and trainees should be competent to use information and communication technology for self-learning and in accessing data information and working in health care systems.

7.4.2. Quality development

Trainees should be provided with the opportunity to become familiar with the use of the Electronic Medical Record.

7.5. Training in other settings and abroad

7.5.1. Basic standard

There must be a policy on accessibility of individualized training opportunities at other sites within or outside the country that fulfills the requirements for the completion of training and for the transfer of training credits.

7.5.2. Quality development

Regional and international exchange of academic staff and trainees should be facilitated by the provision of appropriate resources. The competent authorities should establish relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of training elements.

8. Evaluation of training process

8.1. Mechanism for programme evaluation

8.1.1. Basic standard

The relevant authorities must establish a mechanism for evaluation of the training programme that monitors the training process, facilities and progress of the trainee, and ensures that concerns are identified and addressed. Feedback from trainees must be incorporated in to the review of the programme.

8.1.2. Quality development

Programme evaluation should address the context of the training process, the structure and specific components of the programme and the general outcomes.

8.2. Feedback from trainers and trainees

8.2.1. Basic standard

Feedback about programme quality from both trainers and trainees must be systematically sought, analysed and acted upon.

8.2.2. Quality development

Trainers and trainees should be actively involved in planning programme evaluation and in using its results for programme development.

8.3. Using trainee performance

8.3.1. Basic standard

The performance of trainees must be evaluated in relationship to the training programme and the mission of postgraduate medical education.

8.3.2. Quality development

The performance of trainees should be analysed in relation to background and entrance qualifications, and should be used to provide feedback to the committees responsible for selection of trainees and for programme planning and counselling.

8.4. Authorisation and monitoring of training settings

8.4.1. Basic standard

All training programmes must be authorised by a competent authority based on well-defined criteria and programme evaluation and with the authority able to grant or, if appropriate, withdraw recognition of training settings or theoretical courses. The competent

authorities should establish a system to monitor training settings and other educational facilities via site visits or other relevant means. Criteria for authorisation of training settings would include minimal values for the number and mix of patients, equipment, library and information technology facilities, teaching staff and training programme.

9. Governance and administration

9.1. Governance

9.1.1. Basic standard

Training must be conducted in accordance with regulations concerning structure, content, process and outcome issued by competent authorities. Completion of training must be documented by degrees, diplomas, certificates or other evidence of formal qualifications conferred as the basis for formal recognition as a competent medical doctor in Internal Medicine. The competent authorities must continually assess training programmes, training institutions and teaching staff. The competent authorities must be responsible for setting up a programme of quality assurance.

9.1.2. Quality development

Procedures should be developed that can verify the documented completion of training for use by both national and international authorities.

9.2. Funding and resource allocation

9.2.1. Basic standard

There must be a clear line of responsibility and authority for budgeting of training resources. The sponsoring institution must ensure that trainees are provided with a written agreement of appointment or contract outlining the terms and conditions of their appointment and their responsibilities to the programme.

9.2.2. Quality development

The budget should be managed in a way that supports the mission and outcome objectives of the training programme and of the service.

9.3. Administration

9.3.1. Basic standard

The administrative staff of the postgraduate medical training programme and training institutions must be appropriate to support the implementation of the programme and to ensure good management and deployment of its resources.

10. Continuous renewal

10.1. Basic standard

In realising the dynamics of postgraduate medical training the relevant authorities must initiate procedures for regular review and updating of the structure, function and quality of the training programmes and must rectify identified deficiencies.

10.2. Quality development

The process of renewal should be based on prospective surveys, analyses and audits that should lead to revision of the policies and practices of the postgraduate medical training programme in accordance with past experience, present activities and future perspectives. In so doing it should address the following issues:

- Adaptation of the mission and outcome objectives of postgraduate training to the scientific, socio-economic and cultural development of the society.
- Modification of the competencies required on completion of the postgraduate training programme in Internal Medicine in accordance with the needs of the environment the newly trained doctor will enter.
- Adaptation of the learning approaches and training methods to ensure that these are appropriate and relevant.
- Adjustment of the structure, content and duration of training programmes in keeping with the developments in the basic biomedical sciences, the clinical sciences, the behavioural and social sciences, and changes in the demographic profile and health or disease pattern of the population, and in socio-economic and cultural conditions.
- Development of assessment principles and methods according to changes in training objectives and methods.
- Adaptation of recruitment policy and methods of selection of trainees to changing expectations and circumstances, human resource needs, changes in basic medical education and the requirements of the training programme.
- Adaptation of recruitment and policy of appointment of supervisors and teachers according to changing needs in postgraduate training.
- Updating of training settings and other educational resources to changing needs of postgraduate training, i.e. the number of trainees, number and profile of trainers, the training programme and contemporary training principles.
- Refinement of the process of training programme monitoring and evaluation.
- Development of the organisational structure and management principles in order to cope with changing circumstances and needs in postgraduate training and, over time, accommodating to the interests of the different groups of stakeholders.