UEMS: Current Status and Future Aspirations

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UEMS Section of Surgery
Athens, 19th September 2015
Late 1950s...early 1960s...

- Birth of European Medical Organisations

- Aiming to translate the ideas and ideals of European collaboration and integration into the medical profession
UEMS

Union Europeenne Des Medicins Specialistes
European Union of Medical Specialist

The European Medical Association
The European Medical Senate
(National Medical Associations with equal rights)

57 years young

37 countries-EU and beyond, 1.6 million Healthcare Professionals

43 Specialist Sections

15 Multi-disciplinary Joint Committees (MJC)

Budget: ~2.5 m Euros

Management Council/ Elected Executive
UEMS Main Aims

**UEMS influence European Health Policy**

- Promote the interests of medical specialists in Europe
- High standards of care, training and practice
- Continuing Medical Education and Professional Development/ EACCME
- Quality assurance in specialist practice
UEMS Section of Surgery Structure

- 12 Divisions

  General Surgery
  Bariatric Surgery (working group)
  Breast
  Colorectal
  Emergency Surgery (working group)
  Endocrine
  Hand
  HPB
  Surgical Oncology
  Transplantation
  Trauma
  Upper GI Surgery (working group)

- Active in 5 MJCs of the UEMS
UEMS Section of Surgery Operation

National Surgical Associations
- Delegates (two per Country)
- Financial support
- Organisational support
- Faculty for projects

The same model is used for all Divisions

Total of 1,000 Specialist Surgeons supporting the work of Section

Offices, Berlin
Website: www.uemssurg.org
UEMS Section of Surgery

Agenda

The National Surgical Societies
set the Agenda!!!

Joint Sessions with the National Surgical Societies

Annual ASGBI-UEMS Symposium
The need for a European approach

- Free movement of health care professionals
- Free movement of patients
- Health care systems across Europe are inter-dependent
- In many countries, assessments of training, competence and professional development either they do not exist or they are not well developed
EU Healthcare Directive 2011/24/EU

**The rights of the patients**

The freedom to receive health services throughout the European Union must be accompanied by **guarantees of quality and security**. In order to make an **informed choice**, patients must be able to access all the information they require on the conditions under which they will receive healthcare in another EU Member State and the conditions under which they will be **reimbursed** once they return home.
The birth of a UEMS Exam

Involves:

- Relevant UEMS Section
- The National Scientific Societies represented in the Section (37)
- The relevant European Scientific Societies
The birth of a UEMS Exam

Wide and in depth discussion regarding:

- Training requirements (clinical, academic, professional)
- Standards of clinical care
- Accreditation of trainers
- Appraisal and accreditation of training centres
The birth of a UEMS Exam

Content and format of the exam:

- Existing experience across Europe and beyond
- Consultation with already established European Boards
- Innovative ideas
- Preparatory courses
- Affordable/ No fixed failure rate
The birth of a UEMS Exam

Quality Control:
- Per examination session through the presence of external examiners
- Overall appraisal every 2-3 years by the UEMS Council of European Specialists Medical Assessments (CESMA)/also presence of external examiners
- Feedback of the applicants
The birth of a UEMS Exam

Consensus of all parties involved:

- Not the lowest common denominator
- High commonly agreed standards
The birth of a UEMS Exam

After consensus is achieved at this level:

- Submission to the 37 National Medical Associations (NMAs) for consultation
- The revised documents submitted to the UEMS Council
- Finally they are defended in the Council and approved (or not...) by the NMAs
UEMS Exams

They are offered by the UEMS as quality control markers of pan-European value that trainees can take voluntarily.

The UEMS *DOES NOT* try to replace well established and successful national processes or replace the authority of national accreditation authorities.

UK: Royal Colleges, GMC

Respect to the EU principle of subsidiarity.
UEMS Exams

European Countries decide for themselves if:

- They will consider them only as extra quality control markers
- Use them in parallel or partly instead of their national exams
- Use them as their national exams
Are they popular

Transplantation Surgery

212 Fellows

8 Exams


Next: Brussels, September 2015
UEMS-COUNCIL OF EUROPEAN SPECIALISTS MEDICAL ASSESSMENTS (CESMA)

UEMS organisation

35-European Specialists Assessment Boards

Share experience and expertise

Pave the way for the future
Committee of Appraisers:

- Other UEMS Boards
- European or national societies, professional boards, colleges
- Academia
APPRAISAL

Initial detailed report by the Board

Access to all application documents of the examinees

On site visit
APPRAISAL

- administrative/organizational preparation and support
- quality/status of examinees
- quality/status of examiners
- examination content
- examination format
- balance between stations
- fairness
- professionalism of the examiners
- marking process
- decision making process for pass/fail
- minuting of examination, marking and pass/fail decision making process
- quality control mechanisms (i.e., external examiners)
- established mechanisms for facing appeals and challenges (possibly legal)
- process for examinees and examiners to offer feedback
- announcement of the result
- overall marking for the quality of the exam/assessment
REPORT

Detailed (per domain)

Areas of strength and recommendations for Improvement

Review at the UEMS Council meeting by 37 NMAs
EUROPEAN MEDICAL ASSESSMENTS

Quo Vadis ???
UEMS-CESMA

EUROPEAN MEDICAL ASSESSMENTS

MCQs/ OSCEs/ Vivas

End of training for specialisation

Snap shots of in training assessments using similar “tools”
LET US SET THE SCENE FOR THE FUTURE

THROUGH MEDICAL ASSESSMENTS WE TRY TO ENSURE THAT A MEDICAL SPECIALIST IS:

Knowledgeable

Clinically safe, competent and effective

Has well developed/ top class non-clinical skills

Academically productive (research-education)
LET US SET THE SCENE FOR THE FUTURE

THROUGH MEDICAL ASSESSMENTS WE TRY TO ENSURE THAT
A MEDICAL SPECIALIST IS:

Ethical

Charitable

Socially alert
LET US SET THE SCENE FOR THE FUTURE

THROUGH **EUROPEAN** MEDICAL ASSESSMENTS

We try to ensure that an individual trained in a specific country is ready and competent to practice in any European Country!!!
FUTURE OF ASSESSMENTS

COVER THE WHOLE SPECTRUM OF PROFESSIONAL DEVELOPMENT

Selection for training

Progress in basic, specialist and post-CCT training

Revalidation
FUTURE OF ASSESSMENTS

TRAINING AND BECOMING COMPETENT IS A PROCESS

Assessments:
- Over time
- Real time

...come and see me operating...
...follow my ward round...
FUTURE OF ASSESSMENTS

WHO IS THE ASSESSOR?

Training

Accreditation

Revalidation

At a European level!!!
FUTURE OF ASSESSMENTS

ASSESSMENT “TOOLS”

Tying a surgical knot...
PROJECTS

SCHOOL OF ASSESSORS

UEMS-CESMA SYMPOSIUM ON THE FUTURE OF EUROPEAN MEDICAL ASSESSMENTS
PREPARATORY COURSES FOR UEMS EXAMS

IS THERE A NEED FOR PREPARATORY COURSES FOR EUROPEAN EXAMS ???

IS IT ETHICAL TO ORGANISE PREPARATORY COURSES FOR EUROPEAN EXAMS ???
THE NEED

Benchmarking against European standards and requirements not adequate

Trainees are used to their own system of assessment but feel entirely out of time and place for a European exam

A significant proportion of applicants never had the experience of some of our examination formats

All the published guidelines in the world cannot replace real life communication

If we don’t do it, who is going to do it?
IS IT ETHICAL

Can the examiner prepare the examinee?

Of course **NOT !!!**

That is why:

- the spin is not to teach you how to pass the exam but to familiarise yourself with the format and content so that success or failure depends on real competency
- faculty cannot be examiners
- no simulation questions can be used in the exam
STRUCTURE OF THE COURSE

Time:
- at least 4 months before the exam

Venue:
- hospital or university

Faculty:
- have been but cannot be examiners for 2-3 exams following the course
- local faculty from Universities, Colleges, Scientific Societies
STRUCTURE OF THE COURSE

Cost:
- affordable by all/ Registration fee 1/3 to 1/4 of the exam fees

Number of participants:
- 30/40 to make it educationally meaningful
- faculty to participants ratio/ small group of committed educators

Social programme:
- avoid
STRUCTURE OF THE COURSE

Content:
- not everything you want to know and you were afraid to ask
- focus on topics that vary across Europe

Format:
- suggestive reading
- relatively short introductory lectures
- identify and discuss variations of approaches and practice
- exam simulation
Preparatory Courses
Transplantation Surgery

Budapest, Semmelweis University, May 2009
Santander, University of Cantabria, June 2010
Limassol, Cyprus, June 2011
Tel-Aviv, May 2012
Venice, May 2013
Athens, June 2014
Pamplona 2015
PROJECT

Working group

Survey the current status regarding organisation of preparatory courses across European Boards

Produce CESMA guidelines and plan for the future
UEMS-EACCME

European Accreditation Council for Continuing Medical Education

1,500 applications per year

Live and e-learning events

EACCME 2.0
The e-revolution/ The e-portfolio
UEMS MENTORSHIP PROJECT
UEMS-Section of Surgery
The next step...

1997 UEMS
Chapter on
Appraisal of
Training Centres
UEMS
Domus Medica Europea
A strategic location

- European Quarter
- Nearby European Institutions
- Easily accessible
UEMS

- Proud of our achievements

- Always keen to learn and explore
this is your world. shape it or someone else will.
Thank you!