

EDITORIAL

The European Union of Medical Specialists and speciality training

The Union Européenne des Médecins Spécialistes (UEMS) Section Anaesthesiology Reanimation and Intensive Care is privileged to be able to publish the training guidelines in this issue of the Journal.

This publication, by reaching a wide audience, will promote the aims of this UEMS Section by harmonizing training programmes and achieving minimum standards of training and expertise among the Member European Union States. This harmonization will allow the free movement of doctors and specialists, which is the prime aim of the European Union.

The Treaty of Rome, signed by the six Member States in 1957, promoted the free movement of Nationals of these countries, but this did not guarantee migrating doctors the right to exercise their medical profession in other Member States.

In order to rectify this omission Medical Directives were issued in 1975 and 1986, which, together with later amendments, resulted in the Medical Directive 93/16/EC. The major purpose of the Directives was to facilitate free movement of doctors and specialists within the European Union. The Directive provided a legal aspect for the mutual recognition of medical qualification at basic and postgraduate level. The final version of the long awaited update of the Directive 93/16/EC has recently been published and is available (77 pages) on the newspaper of the UEMS website [1].

In the Directive it states that: Member States are obliged to harmonize their medical training systems in order to comply with the minimum requirements laid down. However, Member States can place their respective qualifications at higher level. Nevertheless, a European Union country cannot refuse recognition of a doctor who is a National of that country and holds a medical qualification awarded on completion of training at both basic and postgraduate level.

In 1958, one year after the Treaty of Rome, medical specialists from the then six member countries of the European Economic Community (EEC) formed the UEMS European Union of Medical Specialists. The UEMS created Specialist Sections in 1962, so that general criteria and comparable levels of training in member countries could be established. These Sections, working

together with the Standing Committee of European Doctors, initiated the work that introduced the concepts of coordination and then harmonizing the specialist training and also criteria for the recognition of medical specialists. Their proposals and surveys were used in the first European Directive in 1975 about the free movement of doctors within the European Community.

To further co-ordinate European professional medical organizations, universities and national governments, the European Commission established the Advisory Committee on Medical Training (ACMT). This committee is an official European Union body that advises the European Commission and through them the Council of Ministers. The Specialist Sections inform the ACMT via the UEMS Executive Committee and the Standing Committee of European Doctors.

The UEMS, on the strength of the Directive, produced a Charter on Training of Medical Specialists in 1993. Other charters were compiled to consolidate training objectives and maintain quality of education. These are:

- The Charter on Continuing Medical Education (1994);
- The Charter on Quality Assurance (1996) and Charter on Visitation of Training Centres (1997).

These Charters may be found on the UEMS website [1].

The Charter on Training provides definition of the structure for training institutions, teachers and trainers: to compile this Charter National Authorities were consulted; national programmes and rules were supported and European Union legislation was followed according to the Directive 93/16/EC. The main body of the Charter in general terms concerns all specialities. It required individual speciality input. It is the requirements of each speciality that resulted in Chapter 6 of the Charter.

The individual Sections work was mainly on general professional matters. To expedite the establishment of Chapter 6 requirements, each Section was asked to form educational boards. Similar to the Sections, each EU Member State has two elected representatives on the Board, one from the academic professional body and one from the practitioners' body. The established Board can co-opt other professional bodies and persons to form its working group. In some specialities the Section and

Board became separate entities but with voting rights remaining solely with the Section members. In Anaesthesiology, although initially a separate Board was formed in the early 1990s, to improve efficiency the Section and Board have coalesced; Section members can also be Board members.

The requirements for the *Specialty of Anaesthesiology, Reanimation and Intensive Care* were adopted by the UEMS Specialist Section in December 1993. They became incorporated in Chapter 6 of the Charter in May 1995. In this European Charter it states that the Board, a working group of the Section, will be the central monitoring authority of the Speciality at EU level. The tasks of the Board were defined.

The European Board of Anaesthesiology

The Board has the following aims and objectives:

- The harmonization of training in the EU Member States and associated countries (Norway, Iceland, and Liechtenstein) as well as countries that aspire to join the EU.
- To set minimum standards of quality, content and duration of training. These are defined in the Training Guidelines.
- To establish criteria to which training centres and trainers should conform. This has been implemented in 1996 by the introduction of a joint site visitation programme. These site visits are carried out together with the European Academy of Anaesthesiology (EAA) who had established a visitation and accreditation programme in 1989. A member of the EAA education and visitation committee is a permanent representative on the Board.
- To establish a European recognition of quality. To this end the Section has endorsed the examination for the European Diploma in Anaesthesiology and Intensive Care (EDA) of the EAA as a recognition of quality. However, EU Member States do not accept that this examination confers speciality status. At the UEMS Presidents' Meeting with the Executive Committee in May 2001 the term Fellow, rather than Diplomate, was considered to be a more acceptable title for successful examinees, and this was duly approved.
- To establish methods of assessing manpower planning. In this respect the Board has published a *Survey of Anaesthesiological Manpower in Europe* [2]. Otherwise this difficult political problem still has to be addressed.

The European Board of Anaesthesiology Training Guidelines were first published in booklet form in 1996. This publication was facilitated by the *British Journal of Anaesthesia* but was not a referenced publication. The publication was a developed and augmented version of the information found in Chapter 6 of the Charter.

Since this publication the UEMS Board has become associated with the European Federation of Anaesthesiology (EFA), which has been formed by the collaboration of the EAA, the European Society of Anaesthesiologists (ESA) and the Confederation of European National Societies of Anaesthesiologists (CENSA). The UEMS, as an official advisory body of the European Community, forms the political wing of the EFA. Furthermore, with this construction the separate executive bodies of the Federation can be regarded as forming an *ad hoc* extended European Board. The Section has decided that the EAA, ESA and CENSA should be both cognizant of and approve Board decisions and publications. To emphasize our collaboration the UEMS Section, in 1999, adopted the *European Journal of Anaesthesiology* as their official Journal. The European Anaesthesiology bodies in the Federation, together with the UEMS Anaesthesiology Section, will be able to make a powerful representative voice of our speciality at European Government level.

The Board has revised and updated the first Training Guidelines; these have been approved by the EAA, ESA and CENSA. The UEMS Section gave the final approval in January 2001 at the Section and Board Meeting in London. The UEMS Management Council has, in May 2001, requested all Specialist Sections to revise their Chapter 6 Training Guidelines this year. The European Board of Anaesthesiology is pleased to be one of the first to publish them.

Simon de Lange

*President of the UEMS Section
and Board Anaesthesiology,
Reanimation and Intensive Care,
University Hospital of Maastricht,
NL-6202 AZ Maastricht,
the Netherlands*

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