
European Training Requirements (ETR)

General

- This document has updated in close co-operation with the European Society of Cardiology (ESC).
- The entire ETR is included within the 2020 Core Curriculum for the Cardiologist.
- This will significantly increase the readership of the ETR by cardiologists and trainees, and significantly increase UEMScs' influence across cardiology.
- The document has been published in EHJ and is available online from Sunday 30 August.

UEMS: who we are

Union of European Medical Specialists (UEMS):

- Non-governmental organization
- Represent 34 national medical associations
- 41 Specialist Sections and Boards

Union of European Medical Specialists – Cardiology Section (UEMS cs):

- The UEMS specialist section for Cardiology

Aims of UEMS

- Promote the free movement of medical specialists across Europe, through harmonization of training
- Optimize quality of care of all European citizens, through improvement of medical training and by developing European standards in the different medical disciplines

NO MATTER WHERE THE DOCTORS ARE TRAINED THEY SHOULD HAVE THE SAME CORE COMPETENCIES

- Since 1994 UEMS adopted its Chapter on Postgraduate Training to provide recommendations for good medical training

WE DO NOT AIM TO SUPERSEDE THE NATIONAL AUTHORITIES BUT RATHER TO COMPLEMENT THESE AND ENSURE THAT HIGH QUALITY TRAINING IS PROVIDED ACROSS EUROPE

Core Curriculum vs Training Requirement Document

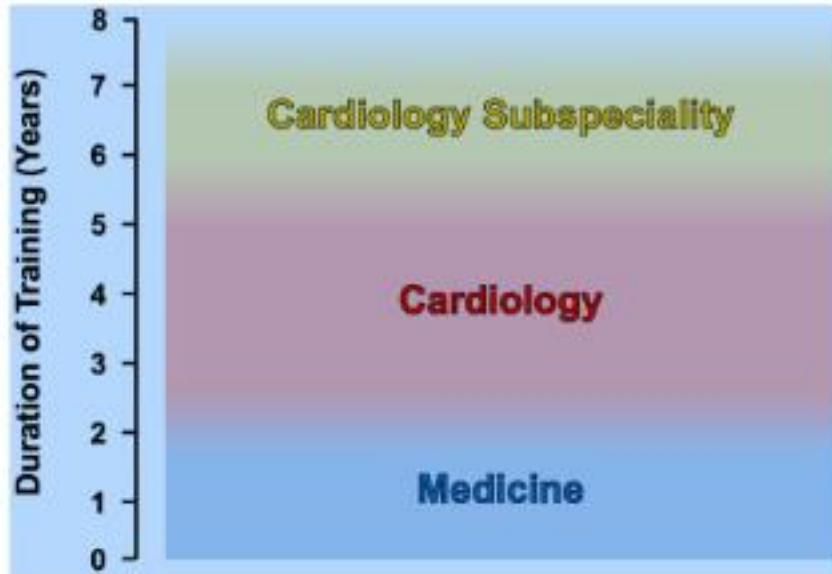
What has been the traditional difference

- Core Curriculum: What the trainee should achieve / **according to the specialty**
 - Previously: theoretical knowledge, skills, attitudes / Nowadays: Entrustable Professional Activities
- Training Requirement documents: How the training will be achieved / **according to the whole medical profession**
 - Requirements of cardiology trainee
 - Requirements of cardiology trainers (qualifications, training in Education etc)
 - Requirements of cardiology training programs (duration of training, preceding training in General Medicine, organization of training programs, combining training in different EU countries etc)
 - Requirements of training institutions (criteria of recognition as a training center)
 - Learning opportunities
 - how the trainee will acquire theoretical knowledge: reading, educational events, latest research, small group discussions, case presentations, bedside teaching, small groups sessions of data interpretation etc
 - How the trainee will acquire practical skills: assessment and follow-up inpatients and outpatients, multidisciplinary meetings, undertaking supervised clinical procedures, logbook
 - Assessment
 - Knowledge: Formative and Summative assessment
 - Skills: Cases based discussions, mini-clinical evaluation exercises, DOPs
 - Attitudes: Reports by multiple trainers, other hospital members (other members of the multidisciplinary team, nurses, patients etc)

All these are now in one document

Training Requirement Document and European Core Curriculum

Duration of Training and the Recognition of the Sub-specialties



Training Requirements Document and Core Curriculum

Learning Practical Skills: We do not count them on numbers anymore

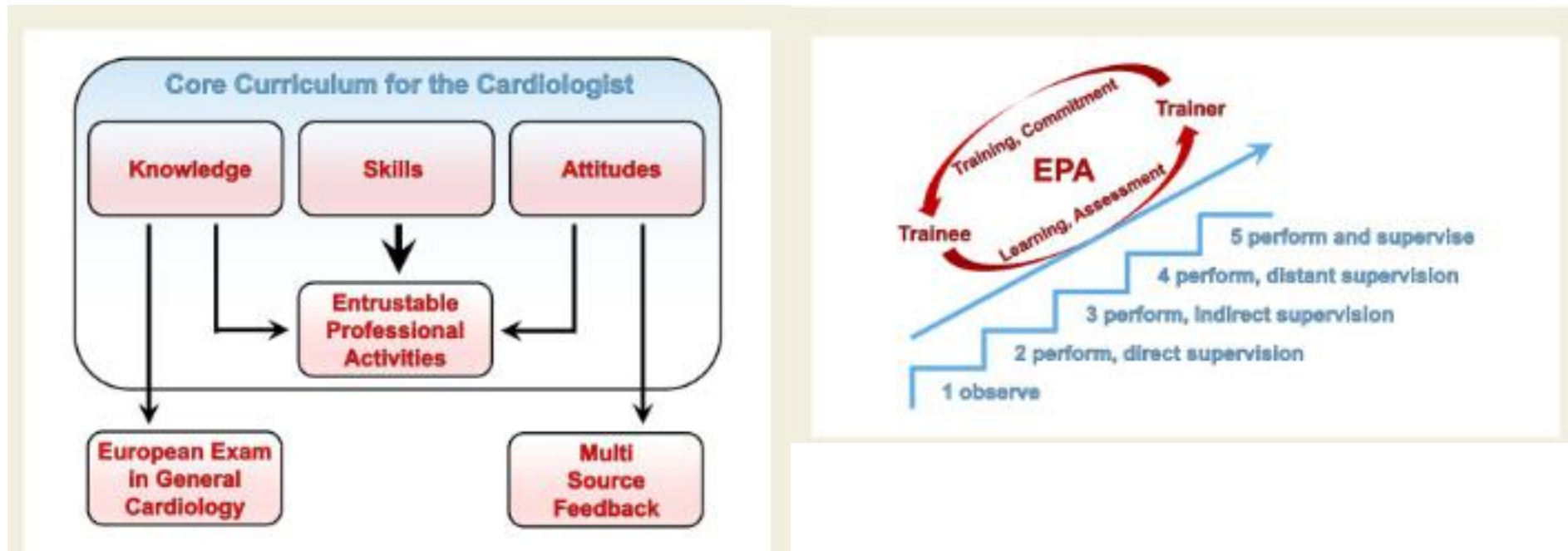
Table 4 Level of independence for each investigation

Investigations	Levels of independence				
	1	2	3	4	5
ECG	█	█	█	█	█
Ambulatory ECG	█	█	█	█	█
Exercise ECG testing	█	█	█	█	█
Cardiopulmonary exercise testing	█	█	█	█	█
Ambulatory BP monitoring	█	█	█	█	█
Transthoracic echocardiography	█	█	█	█	█
Trans-oesophageal echocardiography	█	█	█	█	█
Stress echocardiography	█	█	█	█	█
Vascular ultrasound	█	█	█	█	█
Coronary CT	█	█	█	█	█
Cardiac CT	█	█	█	█	█
Cardiac MR	█	█	█	█	█
Nuclear imaging	█	█	█	█	█
Right heart catheterization	█	█	█	█	█
Endomyocardial biopsy	█	█	█	█	█
Coronary angiography	█	█	█	█	█
Percutaneous interventions	█	█	█	█	█
Structural interventions	█	█	█	█	█
Cardiac surgery	█	█	█	█	█
Pacemaker programming	█	█	█	█	█
ICD/CRT programming	█	█	█	█	█
Temporary pacemaker implantation	█	█	█	█	█
Permanent pacemaker implantation	█	█	█	█	█
ICD/CRT implantation	█	█	█	█	█
Electrophysiological studies	█	█	█	█	█
Electrophysiological interventions	█	█	█	█	█
Electrical cardioversion	█	█	█	█	█
Pericardiocentesis	█	█	█	█	█

Each investigation is assigned an expected level of independence from level 1 to level 5: (1) Observe; (2) Direct supervision; (3) Indirect supervision; (4) Distant supervision; and (5) Able to teach (no supervision).

Training Requirements Document and Core Curriculum

Assesment: Far more than just final exams





ETR was supposed to be presented, appraised and voted during the Spring UEMS Council Meeting on April 24, 2020.

Given the current circumstances a different process and timeline was followed for the endorsement of the ETRs.

The Timeline

- 14-27 April 2020 ETRs possible feedback (by different Sections, Boards and the Advisory Board).
- 28 April – 5 May 2020 communication between ETR proponent(s) and Section(s) if needed.
- 6 May -13 May 2020 vote of Advisory Board (AB) through TC meeting if necessary or over email.
- Mid May 2020 vote of the ETRs by NMAs via emails.



The voting result from National Medical Associations

Finally this process was concluded on the 6th of July 2020.

23 National Medical Associations (NMAs) voted within the deadline.

The ETR in Cardiology had 100% support from NMAs.