

UEMS-RHEUMATOLOGY Meeting Lisbon Thursday May 2nd, 2024, and Friday May 3rd, 2024

Meeting Minutes

Day 1

Dear Colleagues,

The last Annual Rheumatology Meeting was held in Lisbon on May 2nd and 3rd, 2024, organized by Dr. Chaudhuri, Dr. Dias, Professor Jurgen, and Professor Dudler. The meeting began with a rolling introduction, during which attendees introduced themselves, stating their country of origin and their expectations for the meeting. Dr. Dias, Dr. Kaushick, Prof. Dudler and Prof. Jurgen were highlighted as key figures for the meeting. In their welcome address, they provided a brief overview of their roles within the UEMS and their significance in the field of rheumatology.

Session 1: Overview of the UEMS Rheumatology Section.

Professor Jurgen presented an introduction to the UEMS (European Union of Medical Specialists) and the rheumatology section. This section currently includes 29 member countries, represented by 57 delegates. Each country has two delegates, and each country is allowed one vote. The executive board consists of the president, past president, treasurer, and secretary, along with additional secretarial support.

Workforce Survey:

The primary focus of the session was the workforce survey designed to analyse the organization and delivery of specialist care for rheumatic diseases across European countries. The goal of the survey is to ascertain the optimal number of rheumatologists needed in each participating country. Key Factors Considered in the Survey: The total target population specific to each country. The number of working hours per week. Weekly Hours Dedicated to Patient Care. The number of patients seen each week.

Austria Survey on IRD Specialists:

A separate survey was conducted, focusing on specialists in Austria who manage patients with inherited retinal diseases (IRD)

Free Movement of Specialists:

The importance of free circulation within the UEMS was emphasized, particularly regarding the sharing of expertise and resources across borders.

Workforce Survey: Future Outlook:

Prof. Eva Rath provided an update on the workforce survey, indicating that data collection has been completed and is currently being analysed. Feedback will be provided to delegates from participating countries, and the project report is being drafted for future publication.



Prof. Philip Remans discussed the prediction that the future workforce in rheumatology will shrink, making it essential to optimize the existing workforce. He noted that recruiting rheumatologists from other countries, as well as domestically, will become increasingly challenging.

The session emphasized the ongoing efforts to optimize the rheumatology workforce across Europe and the importance of collaboration within the UEMS to address future challenges in healthcare delivery.

Session 2

Presentation by Dr. Dzhus: The Impact of War on Rheumatology in Ukraine

Dr. Dzhus discussed the repercussions of the war in Ukraine. First, there has been a significant population decline; Ukraine's population has decreased by 10 million since 2014, which has adversely affected healthcare availability. In the realm of medical education, universities and training centres have been impacted by the conflict. Despite the challenges, Ukraine has continued to train healthcare specialists in higher medical and pharmaceutical institutions, although resources are stretched thin. Regarding rheumatology training, Ukraine's rheumatology curriculum is regulated by the Ministry of Health, but the ongoing war has severely disrupted training programs. The conflict has resulted in a decrease in the number of rheumatologists, from 350 to just 300. Meanwhile, the prevalence of rheumatic diseases, particularly arthritis, has increased, yet Ukraine currently has only one dedicated rheumatology program. This situation in Ukraine underscores broader issues faced by countries with aging populations and strained healthcare systems.

Discussion: Country-Specific Issues in Rheumatology In this session, each country addressed the unique challenges it faces in rheumatology, with a particular emphasis on workforce shortages, training structures, and access to care.

Country-Specific Challenges:

Belgium:

The challenges associated with reimbursement for private practices are driving patients to hospitals, which is placing a strain on hospital-based rheumatologists and creating access issues for care.

Turkey:

There are distinct protocols for rheumatologists trained in internal medicine compared to those trained in external medicine. The short duration of treatment and the absence of standardized guidelines negatively impact the quality of care.

Poland:

Rheumatology is regarded as a subspecialty of internal medicine; however, many specialists complete only the internal medicine training. Smaller institutions often face marginalization, resulting in disparities in care throughout the country.



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Workforce issues are widespread, with a declining number of trainees entering the field. Government funding for training programs has diminished, and private practice is viewed as a potential solution to address workforce shortages.

Slovakia:

Rheumatology was once a key focus, but interest has diminished. There is an increasing demand for specialists to serve an aging population.

Netherlands:

The training structure is outdated and requires reorganization to better align with workforce needs, as we are losing trainees due to inefficient training pathways.

Spain:

There are sufficient rheumatologists in urban areas; however, rural regions face significant shortages. As a result, internal medicine physicians are increasingly assuming rheumatology roles due to the scarcity of specialists willing to practice in smaller towns.

Denmark:

Delayed diagnoses of arthritis are common due to referral issues. Many rheumatologists choose to work in private practice, which contributes to a shortage in public hospitals.

Finland:

The private sector is thriving due to financial incentives, resulting in a shortage of specialists in public healthcare.

Germany:

The government recommends that 10 percent of doctors be rheumatologists; however, this suggestion lacks enforcement. Future discussions may need to focus on delegating certain responsibilities to nurses.

Greece:

Faces similar challenges as other countries, particularly regarding workforce shortages.

Czech Republic:

The underutilization of medical care leads to inefficiencies within the healthcare system.

The UK:

The focus is shifting from rheumatology to internal medicine. This transition has created challenges in training, as resources are increasingly concentrated in larger hospitals, making it more difficult for smaller hospitals to provide specialized care.



The conclusion of that session underscored the diverse and complex challenges that various countries encounter in delivering rheumatology care. Common themes included workforce shortages, the influence of financial incentives, and the necessity for updated training programs. The discussion highlighted the significance of international collaboration and policy adjustments to tackle these urgent issues.

Session 3: UEMS Rheumatology Section and Board - Discussion on MCQ Exam and ETR.

The third session focused on the development of the European Multiple-Choice Question (MCQ) Exam and the European Training Requirements (ETR) for rheumatology. This session examined the roles and collaborative efforts involved in establishing these standards. The Role of CESMA in Exam Development CESMA (Council for European Specialists in Medical Assessments) provides guidance to the European Board on the development of the Multiple-Choice Question (MCQ) exam. Key points discussed included:

Aligning the exam with the portfolio and assessing whether it effectively evaluates the necessary knowledge. Key Steps in Exam Development: Identifying a Provider, Defining the Type of Exam, Determining Delivery Methods, and Selecting the Exam Provider.

Standards for Writing Questions, Setting Criteria, and Post-Exam Analysis:

Successful exam development requires collaboration and partnership. Funding is primarily provided by EULAR (European Alliance of Associations for Rheumatology). A Memorandum of Understanding regarding investment and income from the exam is currently under discussion. The MCQ exam is expected to launch in late 2025, primarily organized by EULAR, with UEMS overseeing the process.

Multiple Choice Question (MCQ) Examination Overview:

They discussed the timeline for developing and launching the exam, as well as the format and eligibility criteria that were outlined. The procedures for score calculation, appeals, and candidate support were explained, and the importance of reviewing statistical and clinical data, along with benchmarking, was emphasized.

They also discussed the collaboration between UEMS Rheumatology and EULAR. EULAR representatives, including Chris Edward, Simona Rednic, and Alessia, spoke about their joint effort to develop a curriculum by autumn 2024. This curriculum will align with a comprehensive training framework that includes training courses and advocacy initiatives. EULAR maintains a strong advocacy presence both across Europe and globally. The emphasis on training trainers and utilizing an e-portfolio was particularly highlighted

List of Conditions Required for Trainees in the New ETR

The new ETR will encompass clinical conditions, including specific rheumatological diseases, syndromes, and presenting patterns such as monoarthritis and polyarthritis. The evolving nature of disease classifications and the necessity for trainees to distinguish between various conditions were emphasized. The new ETR must adhere to EPA/CIP (Entrustable Professional Activities/Competency in Practice) standards, which are mandatory under UEMS guidelines. The collaboration with EULAR in developing the ETR and training trainers is clearly defined.



First Day Summary and UEMS Overview

The day concluded with a summary of key points and an explanation of what UEMS (Union Européenne des Médecins Spécialistes) is the UEMS is a professional organization representing medical specialists in Europe. It aims to harmonize training and standards across member countries, ensuring high-quality specialist care. UEMS 's role in rheumatology includes developing training requirements, collaborating with organizations like EULAR, and supporting the professional development of rheumatologists across Europe.

<u>Day 2</u>

Session 4

The discussion began with the idea that a country can invite 41 members, associates, or observers to join the UEMS Rheumatology Section. Confirmation was requested from the group members on their interest in participating. There was a focus on increasing participation and assisting countries interested in joining. It was noted that some countries lack awareness about UEMS processes. In some nations, society decides who receives specialty training, while in others, this responsibility lies with the government.

The Netherlands expressed interest in the exam and the European Training Record (ETR). To encourage participation, setting an earlier meeting date and outlining project assignments were discussed. The conversation shifted to how to make the program more attractive to trainees. It was acknowledged that many trainees currently view the program as unappealing and without tangible benefits. A focus on helping trainees secure better opportunities or connections was suggested as a way to add value.

Exam Details and Structure:

The European Rheumatology Exam was discussed in depth such as two types of questions were mentioned, including matching questions. A key point was that successful exams avoid repeating questions. The exam's passing criteria and the process of seating candidates were debated. The flexibility for candidates to retake the exam without limits was emphasized. The exam is not for licensing but for assessing knowledge and skills. Fair pricing is essential, given the economic differences between countries. Additionally, language considerations were highlighted, particularly for non-native English speakers. Candidates will have 90 seconds per question, with an extra 30 seconds added to accommodate language barriers.

Improving Organizational Efficiency:

The session also explored ways to improve efficiency within the organization and attract more participants by updating the website was suggested as a priority, with content proposals, minutes, and reports being key components. Discussions focused on the European exam and the ETR (European Training Record), particularly in relation to recruitment challenges faced across Europe, especially with younger generations.



UEMS Financial Report Overview:

Membership fees were reviewed, with the calculation based on the number of rheumatologists in each country, rather than the practice size. A new financial rule was introduced by UEMS, requiring funds to be invested based on account balances; balances under €10,000 are exempt, but those above €10,000 must retain that amount, with 50% of any excess being invested. The benefits of this rule are enhanced security and transparency.

The session concluded with a presentation on the provider for the upcoming exam, which is a crucial element in the ongoing development of UEMS initiatives.

Session 5

The fifth session included the following key points:

- 1. Recording from Absent Members:
 - Presentations from Professor Simona Rednic (Chair of the EULAR Committee) and Chris Edwards (Past Chair of EULAR) were shared with the group. They were unable to attend in person but provided updates and insights through recorded messages.

2. Planning for Trainee Training:

- The next steps were discussed, including organizing a Zoom session next year focused on live trainee training. This will help enhance the training programs offered and ensure consistent communication with trainees.
- 3. Website Updates:
 - There was a discussion on updating the website with the latest information, resources, and materials, ensuring that members and trainees have access to the most recent developments and data.
- 4. Spring Meeting Scheduled for Next Year:
 - The group decided to schedule the next Spring Meeting. Discussions centered around confirming the date and format for the meeting. The EULAR-UEMS examination and workforce matters will be key agenda points for this upcoming session.
- 5. Choosing the Best Day for the Next Meeting:
 - The group discussed scheduling preferences for the next meeting, aiming to find a convenient time for all participants. The options presented were either Thursday-Friday or Friday-Saturday.
 - A Doodle Poll will be sent out to allow members to vote on their preferred days, helping to finalize the schedule.

These decisions set the groundwork for ongoing collaboration and ensure that all members are aligned on the next steps and key priorities moving forward.



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Session 6

Creating a Multiple-Choice Question (MCQ) Exam

Why an Exam is Necessary? The exam serves as a quality assurance tool to confirm knowledge and competencies. It establishes common training standards across countries. Ensures consistency and alignment in rheumatology education. Provides a mapped curriculum and aligns with the Educational Training Requirements (ETR). The aim is to choose the most appropriate exam format that aligns with the section's needs while maintaining quality. The creation of the infrastructure includes developing a blueprint, forming question-writing groups, assembling review groups, and setting up logistical support for smooth operations. The exam should evaluate knowledge, information processing, and management skills. It needs to assess both core medical knowledge and advanced problem-solving skills.

Structure of an MCQ:

First, it is important to have **a Stem**. The question should present a clear scenario relevant to realworld situations. Secondly, should add a **Lead-In which is the** actual question that follows the stem should be direct and concise. Then **Options and Answer which o**ptions must be plausible, with one correct answer and finally **Cover Test:** This checks if the question makes sense before looking at the answer choices.

Best Practices for Writing Questions:

Questions should reflect real-world clinical scenarios. It is important that questions are constructed to measure actual knowledge rather than encouraging guessing and a well-constructed question focuses on a clear and concise stem, ensuring candidates with the appropriate knowledge can answer correctly.

The session concluded with a presentation on structuring MCQs, which will be shared with the participants to aid in future question development. This framework ensures a standardized and rigorous approach to creating the exam.