



UEMS- RHEUMATOLOGY ONLINE AUTUMN MEETING 2024

Opening Remarks and President's Report

Dr. Kaushik Chaudhuri welcome everyone for the online Fall Rheumatology meeting. He thanks everyone for joining us this morning, especially the members of the Board and Dr. Venkat Challa which is a co-opted Board member and has been instrumental in helping develop the European Certificate in Rheumatology (ECPR) examination. Today's the meeting is followed by two intensive days of question writing, which have been expertly organized. A quick note—congratulations to one of our members who recently became a father! And as always, if you have any questions during the session, please do not hesitate to raise them.

As is customary, let us begin with a brief overview of the past year. The ACR meeting is just around the corner, and some of you will be attending either in person or virtually. Over the past few months, we have made considerable progress on question writing for the ECPR exam. We have focused on creating “single best answer” format questions, ensuring consistent structure and clarity. By the end of this weekend, we hope to have at least 50% of the questions needed for the exam, scheduled tentatively for September or October 2025.

European Rheumatology (ER) Curriculum

While the exam has taken much of attention, the European Rheumatology (ER) curriculum remains a priority. It is the other essential component of the educational mission. We are grateful to Dr. Nada Cikes, who has been resolute advisor and active contributor to this process. We began update the ER curriculum in earnest in February, during our Board meeting. Although we are a bit behind schedule, we hope to have a working draft ready by May and with your input and that of our international colleagues, the goal is to finalize the curriculum in time for our midterm meeting in 2025. It is an ambitious goal—these documents often take years to finalize—but thanks to the dedicated team we have in place, we are optimistic about meeting our target. Finally, I would like to mention the UEMS meeting with primary care physicians held in October, where Dr. Cikes also played a key role. Her involvement continues to strengthen the collaboration between specialties and enhances the quality of our shared educational efforts.

Continuing the President's Report – EULAR Collaboration and Exam Development

Over the past two years, we have made a concerted effort to build strong links of collaboration and partnership with EULAR. I am pleased to report that this effort is bearing fruit, and their contributions have been invaluable. This is an encouraging development, as it brings important synergies to our shared goals. We have also recently agreed on the adoption of the "provider" model. For context, when you are developing an exam from scratch, several key elements are required. First, there is the



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conceptual framework: what type of exam are we creating? In our case, we have agreed to use a multiple-choice question (MCQ) format, consistent with other UEMS exams across medical specialties. Our exam is being developed with one critical goal: to meet the ambitious standards required for recognition by the European Board, which is the authorizing body for such qualifications. This means not only ensuring excellent content but also having the right infrastructure and processes in place to support the exam delivery.

European Training Requirements (ETR)

While the exam is our major area of collaboration with EULAR, we are also taking a leading role in revising the European Training Requirements (ETR). Though we are a partner in the exam development, we will be the primary driver of the ETR project. If any of you are interested in contributing to this important work, I strongly encourage you to reach out. We will also be dedicating time at our next annual conference in May to discuss this in more detail.

Broader UEMS Engagement and Strategic Planning

In my role representing the rheumatology section in various UEMS Council meetings, I have emphasized that we should go beyond the exam. As a truly European and multinational society, we have the opportunity to collaborate on broader initiatives—such as workforce mapping, defining standards for training centers, and more. These are areas we should explore further, and I propose that we have a comprehensive discussion at our next meeting in Madrid. Another topic for your input is the development of a strategic plan for our division. Many UEMS sections operate with a two- or three-year strategy, outlining key activities, timelines, and responsibilities. I would like to introduce this idea today, and we can work towards formalizing it during our Madrid meeting in May.

Support to Ukraine and Collaboration with EULAR

Before I conclude, I want to highlight one meaningful collaboration we have undertaken. Together with Dr. Martha Dzhus and the support of EULAR, we managed to send over thirty rheumatology textbooks—including the EULAR textbook of rheumatology—to Kiev, Ukraine. The Ukrainian Rheumatology Society very gratefully received these, and it is a small but impactful gesture of solidarity and support during these challenging times.

Expanding Membership and Updates on the European Certificate in Rheumatology Exam

One crucial element that should form part of our overall strategy is expanding and diversifying our membership. Over the past few years, we have observed a decline in membership from various national societies. Reversing this trend is essential. We will



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actively work on membership growth between now and our annual meeting in May and to support our outreach and engagement, we now have a new website. I will mention more about that toward the end of this session. It is still in the pilot stages, but with your contributions, we aim to fully populate and develop it into a dynamic platform. I would especially appreciate help from those of you who are more tech-savvy—consider this a call for content “webmasters” from within our group to assist in this process. The development of this examination is an enormous undertaking, in both financial cost and professional time investment. However, it represents:

- A defining moment in building the European Rheumatology training identity.
- A tool to ensure standardized, high-quality assessment across Europe.
- A strategic opportunity for UEMS Rheumatology to lead on educational innovation within our specialty.

European Certificate in Rheumatology (ECR) Exam – Overview

Now, I'd like to focus on the European Certificate in Rheumatology Exam, which has become a major priority for us. As mentioned earlier, the exam format will consist of Single Best Answer (SBA) questions—90 questions in 120 minutes, which means 1.5 minutes per question. This will be challenging but aligns with international standards. The current plan, though still evolving, is to administer the exam as a virtual, online, proctored exam. This has advantages, particularly when considering the global interest beyond Europe. While the core audience is European trainees, we are seeing growing demand from outside the EU—including interest from the U.S. and other regions. In fact, if we look at previous EULAR exams, a considerable number of applicants came from outside Europe. Similarly, the Royal College exams receive candidates from over twenty-three countries. Given the substantial financial investment by EULAR—over €250,000—it makes sense that we aim to reach a wider audience to ensure the financial sustainability of the project. Ultimately, we want the ECR exam to become the most recognized and sought-after credential for those training in rheumatology globally. We can explore this further during our May meeting, by which time we should have a clearer picture of the rollout strategy.

Exam Infrastructure and Delivery

Regarding the infrastructure, we have now appointed a provider after a thorough assessment by EULAR. They evaluated numerous potential partners across Europe, the U.K., and the U.S., and selected Pearson VUE. It is a UK-based company with a global presence, including Europe, the U.S., and Australia. It is a highly experienced provider that already oversees a wide range of international medical examinations, including those in medicine, surgery, obstetrics, and sub-specialties. Many of us in the UK are familiar with their platform. We are confident in their capabilities, but we will of course



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monitor performance closely. As of now, EULAR is funding the development and delivery of the exam. Exact figures are being finalized, but it is clear that the first five years represent a significant investment.

Financial Considerations and Stakeholder Discussion

There is also a conversation underway about whether our section should have a financial stake in the exam. I have been in discussions with both the UEMS leadership and the head of CESMA. One proposal being considered is a 10% stake, which has been described as a fair and manageable contribution. However, no decisions have been made yet. Once a concrete proposal is on the table, it will be discussed at Board level, and we will seek your input and vote to determine the best course of action.

Exam Fee and Affordability

The proposed fee for the exam is currently set between €700 and €750 per candidate. This may appear high, but it is comparable to other specialty exams administered under UEMS. The actual development and delivery cost is even higher, but EULAR has decided to subsidize the exam to ensure it remains affordable and aligned with similar exams. There may be a need for additional national-level subsidies to support candidates in regions where the fee is a barrier. Both Chris Edwards from EULAR and I are committed to working on a fiscal plan that ensures the widest possible access without compromising quality.

Leadership and Technical Support

We are fortunate to have strong technical leadership, particularly from Dr. Venkat Challa, who has chaired the question writing group at the Federation of Royal Colleges of Physicians (UK) for nearly a decade. He previously oversaw the Specialty Certificate Exam (SCE) in rheumatology and has now stepped down from that role to dedicate his full attention to our project, avoiding any conflict of interest. His experience is an immense asset, and we are deeply grateful for his contributions.

Get Involved

We already have an ardent team contributing to the question writing group, but there is still room for others. If you are interested in being involved—especially in question development or validation—please contact me or Arjen. There is plenty of work to be shared!

Use of Artificial Intelligence (AI) in Question Writing

Let me now address an excellent question raised regarding the use of Artificial Intelligence (AI) to assist in question generation. This is indeed a highly relevant and current topic. EULAR is actively exploring the potential role of AI in question development. It was a central topic of discussion at the recent UK Education



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Committee meeting. While we have not implemented it yet, the possibility of using AI tools is under careful review to ensure quality, accuracy, and ethical integrity. As the technology and regulatory framework evolve, we may see AI playing a supportive role, but always with expert oversight.

Use of Artificial Intelligence (AI) in Exam Development

It would be a serious oversight in today's world *not* to explore how AI can assist in creating and validating exam content. Artificial Intelligence is now contributing to Nobel Prize-winning science—so surely, it can help us write high-quality MCQs, but we are approaching this with caution, responsibility, and the necessary safeguards. A dedicated policy or framework will be developed to outline how we integrate AI into the question-writing process. It will not replace expert oversight, but it will support and enhance our workflows, particularly in the drafting phase and quality control. To clarify for candidates: Even though the exam is taken in a secluded setting, there will be no time during the 120 minutes to look up answers. The questions will be analytical, requiring lateral thinking, not just memorization. Using AI to answer the questions in real time is neither feasible nor permitted.

Educational Training Requirements (ETR): Our Strategic Focus

This is our flagship initiative—our "big ticket item"—within the UEMS framework, and our path toward making a lasting impact in specialist education. As you know, ETR is the UEMS-branded curriculum and a cornerstone of their quality assurance process. In our afternoon session, we will go into this in more detail. But let me summarize the key points now.

Key Elements of the ETR

The ETR defines the knowledge, skills, and professional attitudes that rheumatologists in training should acquire. Our shared aspiration as a board is to ensure this ETR is:

- Rigorous
- Purpose-driven
- And, most importantly, usable

It is not enough to create an ETR that just sits in a PDF folder because it must be used in practice, ideally by trainers and institutions across Europe. Not all aspects of the ETR will apply to every national curriculum, and that is okay. What matters is that we define the European gold standard and that each country can then adapt the document to suit its specific educational and clinical contexts.

Train-the-Trainer Program

To support ETR implementation, we are developing a "Train the Trainers" program. This is vital because even the best curriculum fails unless educators know how to deliver it



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effectively. This afternoon, we will offer a brief introduction to the training model. The program will continue throughout the coming year, covering topics such as:

- Assessment strategy
- Feedback and supervision
- Competency-based evaluation
- ETR is our strategic anchor within UEMS.
- AI will play a role in exam development—but under clear ethical guidelines.
- We need your engagement—whether in writing questions, piloting ETR components, or shaping training materials.

Progress, Identity, and Strategic Focus of the UEMS Rheumatology Section

We initially began efforts to revitalize our section in early 2022, shortly after the peak of the COVID pandemic. Unfortunately, momentum slowed, and the initiative lost some steam. The recent UEMS Council Meeting was a pivotal moment for this revival.

This meeting reinforced one of our key strategic tensions:

- On the one hand, we are strengthening collaboration with EULAR.
- On the other hand, we must enhance and protect our own identity as the UEMS Rheumatology Section.

Memorandum of Understanding with EULAR

One small but significant outstanding issue is finalizing the Memorandum of Understanding with EULAR. I have been in touch with:

- Bertrand Daval, CEO of UEMS,
- The UEMS President, Prof. Vasilios Papalois,
- And the UEMS “High Council.”

The key message I have communicated is this: while we support collaboration, we are not an administrative arm of EULAR. That clarity is crucial for protecting our strategic autonomy and decision-making freedom.

Revenue, Course Access, and Financial Sustainability.

Important notes:

- Some member countries are behind on payments, including the United Kingdom.



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- The issue is often the complexity of how national contributions are structured—sometimes there are multiple organizations involved, and it is unclear who holds financial responsibility.

This is not just an administrative inconvenience; it directly affects our ability to deliver on strategic initiatives, such as:

- Accredited training programs
- International courses
- Infrastructure like our website

Exploring Broader Course Access

A possible solution is to open our courses to non-UEMS members (e.g., delegates from outside Europe). Discussions with the UEMS CEO indicate that this is permissible—as long as we follow the same rules as other sections. Doing this could:

- Generate new revenue streams.
- Expand our educational footprint.
- And give us greater flexibility and autonomy.

Membership Growth & Representation Issues

We continue to see membership gaps:

- Some countries are underrepresented, or only partially engaged.
- Others have multiple representatives, which may need to be addressed for fairness and clarity.

We will need a membership drive, especially to support initiatives like:

- Workforce development
- Pan-European standards in education
- Training the Trainers programs

Ukraine's membership status and representation were also discussed and will continue to be evaluated within our broader inclusion strategy.

New Website and Communication

We do have a new website under development. That said, we are not sending to our administrative officer nearly enough content. This is a call to action to all members—especially board members—to begin submitting:

- Institutional updates
- Educational materials



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- Announcements and events
- Profiles, resources, and best practices

We are committed to launching and maintaining a functional, up-to-date website that serves as a live, accessible hub for all our activities. We encourage all members to start submitting content (bios, photos, updates) as the platform is now ready to display our collective work and progress.

Revenue, Membership Growth, and the Website: Final Chair's Remarks

1. Financial Structure and Sustainability

The chair revisited the revenue challenges faced by UEMS Rheumatology, emphasizing the complexity in how funds are collected across different countries.

- In many member countries (e.g., the UK), multiple organizations engage in funding processes, making it difficult to identify the correct contact for contributions.
- Consistent and transparent revenue collection is essential to support strategic priorities such as:
 - Accredited courses (e.g., through EACCME)
 - Training programs
 - Digital resources and communications

2. Membership Engagement and Expansion

- There is a need to strengthen member engagement and grow representation, particularly from:
 - Countries like Ukraine
 - Other member states that could support more than one representative

A targeted membership drive is seen as essential to strengthen participation and broaden regional input.

Secretary's Report: Summary of Administrative Progress

The Secretary welcomed all twenty-one attendees currently present and opened her portion of the meeting.

- Approval of minutes from the May meeting in Lisbon:
 - No objections or corrections were raised.
 - The minutes were formally approved.
- Improvements in communication:



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- Based on May feedback, steps were taken to improve the timeliness and clarity of updates:
 - A brief summary letter of the May meeting's outcomes was sent within two weeks.
 - Full minutes were delayed slightly, despite being ready earlier, but have now been circulated.
 - Participants also received an executive summary along with the invitation to today's meeting.

Next Meeting Planning

- The next meeting will take place in Madrid, Spring 2026, and will include:
 - An introduction to Spanish rheumatology.
 - A formal invitation from the local host.

UEMS Representation and Membership Expansion

- Ongoing discussion with UEMS central about how non-member countries can participate.
 - Regular delegates must be from UEMS member countries.
 - Others may be granted associate status.
- A draft PowerPoint template will be developed to help delegates promote UEMS Rheumatology nationally.

MCQ Examination Update (Prof. Jean Dudler's Report)

- A brief written summary of the MCQ project will be submitted post-meeting.
- Key update: Exam launch confirmed for 2025.
- A dedicated in-person question-writing session will take place next week with six to seven members.
- The goal remains a world-class assessment tool that complements existing national systems while establishing a unified European benchmark.

Final Notes and Actions

- All members are urged to:
 - Submit their photos and biographies for the new website.
 - Suggest new active members or potential associate nations.
 - Contribute to upcoming training materials and PowerPoint outreach tools.



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- The Chair closed the session thanking all contributors and expressing confidence in UEMS Rheumatology's momentum.

MCQ Examination – Continued Update and Implementation Planning

Presenter: Prof. Jean Dudler

Question Curation Sessions

- UEMS group (7 members) will meet with representatives from Iran on Friday and Saturday to curate new exam questions.
- The goal is to create one hundred MCQs, but even fifty quality questions would be considered successful for this phase.
- This initiative is seen as a momentum builder for the launch of the European MCQ exam.

Technical and Platform Considerations

- Discussions are ongoing about the best digital platform to use for question creation and management.
- There is consensus that a scalable and standardized solution is essential for sustainability.

Exam Cost and Subsidization

- The initial cost proposed for candidates was €1200, deemed too high.
- Following advocacy from UEMS, the Iranian collaborators agreed to subsidize a sizeable portion of the cost.
 - The revised cost is €700–750, more aligned with standard medical examination pricing in Europe.

Resident Preparation

- A key topic for the next Madrid meeting will be:
 - How do we prepare residents for this exam?
 - Should UEMS or EULAR create supportive training materials or question banks?
- UEMS Rheumatology is responsible for reviewing applications submitted to EACCME for CME accreditation.
 - This includes congresses, courses, and online activities seeking official credit recognition.
- Applications typically arrive close to the deadline, requiring prompt review.



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- While the workload is not excessive, reviewers gain:
 - Insight into current educational activities.
 - Influence on the quality of CME across Europe.

Action Point:

- Volunteers are requested to email Sandrine if they are interested in becoming reviewers.
 - At least two new reviewers are sought to support the existing effort.

Rheumatology Workforce and Patient Care in Europe

Overview of Survey and Data Collection

- A comprehensive survey was distributed across multiple European countries (e.g., Austria, Belgium, Finland, Germany, Greece, Hungary, Italy, Netherlands, Poland, etc.).
- Topics covered:
 - Working conditions for rheumatologists
 - Organizational structure of rheumatologic care
 - Patient demographics and appointment types (first visit, follow-up)
 - Types of practice: hospital, outpatient, or private

Variation in Workload:

- Substantial differences between countries in number of patients seen per week.
- Some countries' rheumatologists only treat pharmacologic patients; others have broader roles.

Rheumatologist Density:

- Varies significantly: from 0.8 to 5.1 rheumatologists per 100,000 inhabitants.

Part-Time Work:

- Data was uneven: some countries reported good data, others provided none.

Age Distribution Concerns:

- Several countries report an aging workforce with insufficient younger rheumatologists entering the field.



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Spain – In-Depth Insight

- Presented by Dr. Isabel Castrejon:
 - Data from the Spanish Society of Rheumatology (covering ~95% of Spanish rheumatologists).
 - Regional disparities: Some regions (e.g., Aragon, Valencia, Balearic Islands) fall below the recommended threshold of two rheumatologists per 100,000 adults.
 - Urban areas like Madrid and Catalonia fare better.
 - Gender trend:
 - Overall, more male rheumatologists currently, but the younger generation is predominantly female.
 - Follows broader medical trends in Spain and across Europe.
 - Shortage particularly critical in tourist-heavy areas and under-resourced regions in the south.
- Emphasis on encouraging medical students to consider rheumatology.

Specialized Autoimmune Disease Centers in Spain & Upcoming Madrid Meeting

Presenter: Dr. Isabel Castrejon

National Centers for Systemic Autoimmune Diseases

- Spain has recently formalized a national model for complex autoimmune care, establishing six specialized multidisciplinary centers.
- These centers are not exclusive to rheumatologists but include:
 - Neurologists, dermatologists, nephrologists, and others.
 - Focused on disease complexity rather than a single specialty.
- The approach is to build infrastructure and expertise around disease clusters, ensuring comprehensive care.
- Existing centers include:
 - One in Santander
 - Two in Catalonia
 - Three in Madrid
- The Spanish National Health System selected these centers through a competitive application process approximately five years ago.



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- Dr. Isabel emphasized that this model reflects a strategic shift toward disease-focused healthcare structures and could serve as a framework for future European initiatives.

Spring 2025 Meeting in Madrid – Invitation & Logistics

- The next UEMS Rheumatology Section meeting will take place in Madrid, Spring 2025.
- The exact date has been set, and attendees are encouraged to save the date now.
- This offers an opportunity for a productive meeting and cultural and professional exchange in the Spanish capital.

Clarifying ETR and Its Role

- The ETR represents a coordinated effort to define and harmonize specialist competencies and skills across European countries.
- This initiative supports:
 - Standardization of postgraduate education in rheumatology
 - Implementation of shared training expectations
 - Improved quality and consistency across national systems
- Approach Taken:
 - The UEMS ETR process actively encourages national representatives to review their own frameworks.
 - Delegates are encouraged to identify existing competencies in their national programs and use that as a baseline.
 - The new ETR seeks to raise the bar by proposing ambitious but achievable standards.
- ETR documents are not imposed top-down but rather:
 - Drafted collaboratively by UEMS and relevant specialty bodies.
 - Circulated for feedback among all stakeholders, including national Medical Associations (NMAs)
 - Approved formally by the UEMS Council, where NMAs vote on final versions.
 - Importance is placed on early and open communication to ensure alignment and endorsement across Europe.



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Closing of Morning Session

Chair: Dr. Kaushik Chaudhuri:

The morning meeting concluded with gratitude for the collaborative discussions and active participation from all attending members.



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Opening of "Train the Trainer" Afternoon Seminar

Speaker: Dr. Nada Cikes (UEMS ETR Representative)

Purpose of the Session

The focus of this afternoon seminar is to explain how trainers are perceived within the framework of the UEMS European Training Requirements (ETRs)—a foundational element of postgraduate medical education in Europe.

Overview of the European Training Requirements (ETR)

ETR Framework

- The ETR is the highest standard-setting document in European medical education.
- It defines the core structure and expectations of:
 - Training programs
 - Trainers
 - Training institutions

Structure of the ETR Document

The ETR is composed of three main pillars:

1. Training Requirements for the Trainee
2. Requirements for the Trainers
3. Requirements for Training Institutions

As part of the upcoming renewal of the Rheumatology ETR:

- Content will be modernized to reflect:
 - Post-COVID medical education shifts
 - Technological changes
 - Evolving clinical practices
- There will be greater focus on:
 - Competency-based education
 - Generic competencies
 - EPAs (Entrustable Professional Activities)

Alignment with Governance and Quality Frameworks

- New ETRs will integrate European quality assurance standards.



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- Documents will be aligned with national expectations while promoting pan-European harmonization.

Looking Ahead

- A renewed focus on collaboration between UEMS sections and scientific societies is encouraged.
- The implementation of these lofty standards will require commitment from all stakeholders, including trainers, hospitals, universities, and national bodies.
- The working group will reconvene in upcoming sessions to finalize the revised ETR draft and present it for formal review and endorsement.

Implementation of Competency-Based Education (CBE) in UEMS Framework

European Training Requirements (ETRs)

- The ETR structure includes:
 - Requirements for trainees
 - Requirements for trainers
 - Requirements for training institutions
- The ETR template is published on the UEMS website.
 - UEMS is currently revising the ETRs to include more explicit guidance on CBE.
 - This includes definitions, examples of good practice, and clearer assessment standards.

Strategic Alignment with the EU

- UEMS intends to work more closely with the European Commission:
 - To strengthen recognition and enforcement of CBE principles through the Directive on professional qualifications (2005/36/EC).
 - Use upcoming revisions or clarifications in EU law to support structured implementation of ETRs Europe-wide.



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Development of Trainer Competency Framework within UEMS Rheumatology Section

Focus: Trainee vs. Trainer Competencies

- There is a recognized need to distinguish between:
 - The competencies expected of trainees.
 - The competencies required of trainers.
- Both areas are essential for a robust and harmonized training ecosystem.

Is There a Generic UEMS-Wide Training Program for Trainers?

- Currently, UEMS has an excellent structural template for the ETR (European Training Requirements) that includes trainer expectations, though it is 10 years old.
- Despite its age, the skeleton remains valid and adaptable.
- The specific content and focus areas can be tailored to specialties—e.g., rheumatology vs. surgery.

Importance of Acting in Parallel

- There is a clear call to develop the trainer education strategy concurrently with the ETR drafting and approval.
- The May annual meeting is suggested as a venue to:
 - Present the initial roadmap.
 - Get consensus from stakeholders.
 - Start mobilizing the rheumatology training community.

What Should Be Done Now

- Review existing UEMS documents on trainer competencies.
- Identify generic training components (e.g., communication, assessment, leadership, ethics)
- Incorporate rheumatology-specific skills, such as:
 - Ultrasound
 - Immunotherapy safety
 - Long-term disease monitoring



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Next Steps:

1. Set up a working group under the UEMS Rheumatology section focused on trainer development.
2. Prepare an outline draft of the Rheumatology-specific "Train the Trainer" roadmap.
3. Present this draft at the UEMS Annual Meeting in May for consultation and refinement.
4. Engage with trainees and trainers early to test and co-create meaningful content.

Levels of Performance: The EPA Scale

Each trainee is evaluated based on entrustability levels, typically:

- | | |
|------------|---|
| Level
1 | Observes only (not trusted to act) |
| Level
2 | Acts with direct supervision |
| Level
3 | Acts with indirect supervision |
| Level
4 | Trusted to act independently (unsupervised) – Required for completion of training |
| Level
5 | Supervises others performing the task |

Generic Professional Capabilities (GPCs)

These are cross-cutting domains that all physicians, regardless of specialty, must develop. They support safe, ethical, and effective practice.

Examples of domains and descriptors include:

- Patient safety & quality improvement
 - Participates in audits, identifies safety concerns.
- Professional values & behavior
 - Respects ethical principles, demonstrates integrity.
- Communication & people skills



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- Communicates clearly with patients and teams.
- Leadership & teamwork
 - Contributes to team effectiveness, understands system-level care.
- Teaching & training
 - Provides peer teaching or participates in educational activities.
- Research & scholarship
 - Demonstrates understanding of evidence-based medicine.

Specialty-Specific EPAs for Rheumatology

In addition to the generic capabilities, trainees must meet rheumatology-specific EPAs, such as:

- Rheumatologic emergencies
 - Diagnose and manage conditions like septic arthritis, vasculitis.
- Chronic inflammatory disease management
 - Coordinate long-term care, use biologics, manage comorbidities.
- Interface with internal medicine
 - Manage systemic disease across specialties.
- Multidisciplinary team leadership
 - Work with PTs, OTs, social services, etc.
- Patient education and advocacy
 - Engage with patient organizations, develop written materials.

Each EPA should include:

- Descriptors of required knowledge, skills, attitudes
- Expected evidence of performance.
- Examples of case types, clinical settings, and assessments



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CBME in Practice: Emergency Care, Reflective Learning, and Assessment

Emergency Care & Real-Time Decision-Making

- Challenge: Emergencies occur with incomplete information—trainees must prioritize rapidly and act responsibly.
- Assessment Evidence Sources:
 - Reflective practice on acute care encounters
 - Case-based discussions during emergencies
 - Multi-consultant reports across different weeks/shifts
 - Procedural skills assessments (e.g., aspirating an acutely septic joint)
 - Team interaction, leadership, and collaboration under pressure

CBME aims to evaluate trainees not just on knowledge, but on real-world capability across domains:

- Clinical expertise (esp. emergencies)
- Communication and teamwork
- Leadership under pressure
- Supervision and mentorship of juniors
- Response to deteriorating patients

Knowledge & High-Stakes Exams

- Exams (e.g., European exam) assess core knowledge.
- Trend toward:
 - Single comprehensive papers instead of multiple disjointed ones
 - MCQs and standardized formats to support reliability.
 - Tech-based assessments
- However, these exams are only one piece of the larger CBME assessment framework.

Assessment Judgment and Professional Standards

- Assessment is ongoing—not just annual or end-of-training.
- Educational supervisors must:



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- Be trained and certified.
- Make balanced decisions from a variety of inputs.
- Justify progression or remediation decisions with evidence from the full portfolio.
- Patient safety and professional trust are the final benchmarks.

The focus now is on implementation and engagement.

- The 2014 ER was strong on structure but lacked clarity on adoption and uptake.
- The new document must:
 - Be backed by clear tools for implementation (templates, examples, assessment rubrics)
 - Include engagement strategies with national societies.
 - Define a roadmap for trainers and institutions, not just trainees.

Competencies for nurses and allied health professionals will follow.

- A parallel process for nurse and multidisciplinary training should be considered.

EPA framework is an effective backbone.

- Entrustable Professional Activities (EPAs) are widely accepted and align with UEMS and global trends (e.g. USA, UK, Canada).
- Their use provides a:
 - Clear standard for unsupervised practice
 - Practical basis for assessment and feedback
 - Way to integrate knowledge, skills, and behavior.

Recommendations for the Coming Months

By the Annual Meeting (May)

- Review & discuss draft EPA-based structure.
- Define a small working group to integrate existing ER with new EPA descriptors.
- Begin developing training materials and support tools (e.g. trainer guides, EPA evidence portfolios).

Stakeholder Involvement

- Invite representatives from national training committees to contribute.
- Consider involving:



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- Patient reps (especially for communication, chronic care, shared decision-making)
- Junior doctors/trainees
- Trainers/educational supervisors

Supporting Trainees in Difficulty

- Trainees in difficulty are a reality in every system.
- Difficulties may arise from:
 - Knowledge or skills gaps
 - Attitude or behavior issues
 - Health and personal problems
 - Cultural adaptation
 - Burnout or resilience problems
- Ignoring or mishandling these issues risks:
 - Patient safety
 - Team morale
 - The trainee's career.

Structured Approach to Supporting Trainees in Difficulty

Early Identification

- Look for red flags:
 - Repeated mediocre performance.
 - Negative team feedback
 - Missed deadlines or assessments.
 - Unprofessional behavior
- Use formal tools:
 - Workplace-based assessments
 - Multisource feedback
 - Supervisor meetings

Trainer Development

- Good trainers:
 - Are trained to identify and manage underperformance.



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- Know how to give honest yet compassionate feedback.
- Understand the boundaries of their role — when to escalate, when to support, when to refer

Dr. Ian Gough provides an insightful overview of the challenges surrounding doctors in difficulty, the evolving understanding of this group, and the importance of early support and structured responses. He emphasizes prevention, early detection, and differentiation between types of challenges encountered in medical training.

Definitions and Terminology

- There is no single definition of a "doctor in difficulty."
- Essentially, any doctor unable to fulfill their role effectively, for any reason, can be considered to be in difficulty.

Prevention Is Better Than Cure

- Initiative-taking support is critical.
- Early recognition and intervention are key in preventing further deterioration or burnout.

Support Strategies

- Identifying signs early: Changes in behavior, performance, communication, or professionalism.
- Providing structured support: Includes mentorship, clear feedback, tailored development plans, and access to occupational health or mental health services.
- Team awareness: Colleagues and supervisors must be equipped to notice and act appropriately.

The Rarity of the 'Rogue Trainee'

- While high-profile cases may take up significant resources and emotional energy, true rogue cases are rare.
- Most issues are at lower levels and are manageable with compassion and structure.

Cultural Shift in Medicine

- 30 years ago, medicine was a rigid, survival-based profession.
- Today, there is greater awareness of:
 - Diversity and inclusion
 - Mental health



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- Flexibility in training
- This cultural evolution allows more individuals to thrive, rather than be excluded.

What's Changed – And Why It Matters

Societal Expectations

- Equality and inclusion are now mandated — socially and legally.
- Diverse entrants into medicine include:
 - Second-career doctors
 - People with disabilities or neurodiversity
- Reasonable adjustments must be made — a legal and ethical obligation.

Systemic Improvements

- Centralization and standardization:
 - National recruitment → fairer access
 - Single employer model → smoother HR, occupational health
 - Digital portfolios → consistent tracking

Workforce Demands

- Increasing student intake means:
 - Broader range of abilities entering medicine.
 - More structured support needed to maintain patient safety and professional standards.
 - Greater focus on professional behaviors alongside knowledge

Trainees in Difficulty: A Modern Reality

- No longer “weakness” — life circumstances can affect anyone.
- Common causes:
 - Mental health challenges
 - Learning difficulties or disabilities
- Without support, struggling trainees may spiral:
 - Missed assessments.
 - Negative feedback loops
 - Professional consequences



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Call to Action

As we redesign the European Training Requirements (ETR) and national curricula:

- Embed trainee wellbeing as a core competency area.
- Ensure trainer development includes:
 - Supporting doctors in difficulty
 - Understanding legal obligations around disability and inclusion
 - Managing personal crises compassionately and effectively

Real-World Cases: Trainees in Difficulty — A Modern Perspective

These case studies underscore the need for nuanced, case-by-case management supported by multidisciplinary collaboration and systemic flexibility.

Case 1: COVID-Induced Anxiety & Mental Health Crisis

Profile: Junior doctor with good prior performance

Issue: Severe anxiety triggered by the pandemic and repeated absences, risk of self-harm

Interventions:

- Involvement of HR, occupational health, and senior educators
- Placement change due to breakdown in trainer-trainee relationship.
- Supported inpatient mental health stay.
- Time out of training, followed by return with reasonable adjustments.

Outcome: Successfully reintegrated; significant resource investment, but retained a competent clinician

Case 2: Undiagnosed Autism Spectrum Disorder

Profile: Anaesthetics trainee, unable to pass exams

Presentation:

- Slow work rate, obsessive focus on details
- Difficulty grasping "the big picture".
- Errors in documentation and judgment, masked by surface-level clinical competence.



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Interventions:

- Formal ASD diagnosis
- Career counselling → redirected to general practice training.

Outcome: Tailored career path and safer practice, potentially avoiding future patient safety issues

Practical Steps to Prevent “Hidden” Fails

Mandatory Documentation Review

- Monthly or fortnightly sampling of patient charts, medications, and discharge notes
- Assign a different senior each time to reduce bias.

Shadowing & Direct Observation

- Even senior trainees should occasionally be directly observed seeing patients.

Psychological Safety & Debrief Culture

- Make it okay to say, “Something doesn’t feel right” — even about high-performing team members.
- Encourage 360° feedback — including from nursing staff, junior doctors, and even patients (if possible)

What to Implement Next Time

Trainer Group Prevention Toolkit

-Monthly Case Review Huddles

- Brief discussion of each trainee
- Each trainer brings “soft” impressions, not just performance data.

-Shared Concern Log

- Confidential, digital log of minor concerns or observations
- Allows pattern recognition over time.

-Peer Shadowing

- Have trainers observe each other's trainees periodically.
- Adds objectivity and mentorship.

-Trainee Self-Audit

- Ask trainees to periodically review and reflect on 3–5 of their own cases.



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- Compare with supervisor audit.

Final Reflections: Trainers, Time & Culture Shift

- Trainers may recognize issues but hesitate to act.
- Documentation and transparency are inconsistent.
- Historical context of a trainee can get lost between rotations or regions.

The Key Ingredient is time:

- One-on-one trainee meetings
- Documentation and feedback
- Participation in support networks or educator forums
- Without this time, even the best systems fail due to inertia and burnout.
- While systems vary by country, the principles are universal:
 - Good training needs good trainers.
 - Good trainers need time, support, and accountability structures.
 - No system works without shared ownership of both success and failure.

Closing Thanks

- Thanks to Prof. Ian for the deeply practical, honest talk.
- Thanks to Prof. Nada for highlighting the wider systemic responsibility.
- Thanks to all participants for your time, insights, and openness.