

UEMS- Rheumatology Spring Meeting- May 7th & 8th, 2026- Prague.

Present

Country	Delegate
Austria	Eva Rath
Belgium	Philip Remans
Croatia	Miro Mayer
Croatia	Nada Cikes
Czech Republic	Marta Olejarova
Denmark	Christian Holkmann
Finland	Johanna Paltta
France	Géraldine Falgarone
Germany	Jurgen Wollenhaupt
Greece	Katsifis Gkikas
Italy	Fabrizio Conti
Netherlands	Caroline Van Durme
Norway	Hallvard Fremstad
Portugal	Joao Dias
Portugal	Patricia Pinto
Sweden	Valgerdur Sigurdardottir
Switzerland	Alexandre Dumusc
Switzerland	Jean Dudler
Turkey	Sebnem Ataman
Ukraine	Marta Dzhus
United Kingdom	Kaushik Chaudhuri
United Kingdom	Deepak Nagra
UEMS Secretariat – Belgium	Sandrine Tshimbulu-Tendu

Absent

Country	Delegate
Austria	Peter Mandl
Belgium	Laurent Meric de Bellefon
Cyprus	Vasos Scoutellas
Cyprus	Gabriel Panayi
Czech Republic	Jiri Vencovsky
Denmark	Tine Lottenburger
Estonia	Riina Kallikorm
Estonia	Peets Tonu
Finland	Vappu Rantalaiho
France	Emmanuel Maheu
Germany	Gabriela Riemekasten
Greece	Antonios Fanouriakis
Hungary	Pal Geher
Italy	Florenzo Iannone
Latvia	Daina Andersone
Latvia	Valda Stanevicha
Malta	Franco Camilleri
Netherlands	Melek Guler-Yuksel
Norway	Silje Reisetser
Poland	Bogdan Batko
Poland	Eugeniusz Kucharz
Romania	Catalin Codreanu
Romania	Laura Muntean
Slovakia	Ivan Rybár
Slovakia	Zelmira Macejova
Slovenia	Ales Ambrozic
Slovenia	Ziga Rotar
Spain	Maria Galindo Izquierdo
Spain	Isabel Castrejon

Country	Delegate
Sweden	Ylva Borgas
Turkey	Tuncay Duruoz

Attendance and Introduction of Delegates

The Secretary opened the meeting on behalf of the President, Prof. Kaushik, and the Executive Board, welcoming delegates and highlighting the strong attendance and comprehensive two-day scientific programme.

Special thanks were extended to Prof. Marta Olejárová and the Czech organising team for hosting the 2026 Spring Meeting in Prague. Prof. Olejárová welcomed participants and briefly introduced the historic meeting location and the Institute of Rheumatology, affiliated with Charles University. She outlined the Institute's role as a national tertiary referral centre, as well as its activities in clinical care, research and medical education.

A round of introductions followed. The Secretary introduced himself and noted his long-standing involvement with the UEMS Section and Board of Rheumatology, including eight years as Secretary.

The UEMS Secretariat representative, Ms. Sandrine Tshimbulu-Tendu, introduced her role in providing administrative support to the Section and Board and reminded delegates that the UEMS Office in Brussels remains available to assist with meetings, documentation, correspondence and delegate information.

National delegates then briefly introduced themselves, including several members attending for the first time. The introductions reflected broad European representation and a wide range of expertise in clinical rheumatology, research, specialist training and medical education.

Delegates emphasised the importance of continued European collaboration in rheumatology education, training, continuing professional development and professional standards.

Following the introductions, the meeting proceeded to the first item on the official agenda, the President's Report.

President's Report

The President, Prof. Kaushik, welcomed delegates and thanked Prof. Marta Olejárová and the Czech hosts for organising the meeting. He also thanked Ms. Sandrine Tshimbulu-Tendu for her continued administrative support. He highlighted the European Certificate of Rheumatology, jointly developed by EULAR and the UEMS Section and Board of Rheumatology. The first virtual examination will take place on 18 November 2026. The certificate aims to become widely recognised as evidence of specialist knowledge, with CESMA accreditation to be sought after approximately three years.

The President reported that the European Training Requirements (ETR), last published in 2014, have been comprehensively revised and aligned with the European Certificate. He thanked those who contributed and invited delegates to submit final comments before the document enters the UEMS approval process. Progress was also reported on the Training the Trainers Programme, which aims to establish a common European framework for supervision, assessment and feedback, and on the development of a European e-Portfolio for documenting trainees' competencies and progress.

The President concluded by highlighting four educational priorities: the European Certificate of Rheumatology, the revised ETR, the Training the Trainers Programme and the European e-Portfolio. He thanked delegates for their voluntary contributions and emphasised the importance of UEMS collaboration in strengthening specialist training and improving patient care.

Secretary's Report

The Honorary Secretary presented an overview of recent developments within the Section. He noted that UEMS, founded in 1958, represents 41 member countries and approximately 1.6 million medical specialists. Its principal role is to harmonise specialist medical training, professional standards and competence across Europe. The Section of Rheumatology currently includes 29 countries and 57 delegates. The Secretary explained that revised UEMS governance requires delegate nominations to be formally confirmed by each country's recognised UEMS Member Organisation. The Secretariat continues to support delegates and national societies with this process.

He highlighted several improvements within the Section over the past four years. Continued administrative support from Sandrine Tshimbulu-Tendu has strengthened continuity and institutional knowledge. Meeting minutes are now produced as concise executive summaries and circulated more promptly. The meeting format has also been revised, with an online Autumn Meeting and a full in-person Spring Meeting hosted by different European countries. This has improved participation and provided opportunities to engage with European centres of excellence. The Secretary concluded by thanking delegates and the Secretariat for their continued cooperation and support.

Treasurer's Report

The Treasurer presented the financial report for 2025 and the current position for 2026. Income is primarily derived from national medical association contributions, calculated according to the number of registered rheumatology specialists in each country.

In 2025, income was approximately €32,500 and expenditure €33,500, resulting in a modest deficit of around €1,000. Main expenses included Secretariat support, meetings and travel, banking costs, CESMA membership and UEMS management fees. The Treasurer noted that meeting costs, particularly travel and accommodation, have increased significantly since the COVID-19 pandemic. The financial position for 2026 remains stable, with approximately €9,000 spent to date. Delegates were reminded to ensure that national data on practising rheumatologists are accurate, as these figures determine annual contributions.

A reserve of €25,000 has been placed in a savings account to provide financial security and support future educational projects. The Treasurer concluded that the Section remains financially stable and well positioned to support its ongoing activities.

European Certificate of Rheumatology – Examination Development

Delegates discussed the implementation of the European Certificate of Rheumatology, scheduled for 18 November 2026, focusing on the development of the examination question bank. The importance of a balanced examination blueprint was emphasised to ensure appropriate coverage of all major areas of rheumatology and avoid overrepresentation of individual topics. Questions follow a standard format consisting of a clinical scenario, a clearly formulated question and five answer options. They assess diagnosis, clinical reasoning, management, treatment decisions and interpretation of investigations. Delegates agreed that high-quality questions should preferably be based on genuine and common clinical cases, as realistic scenarios provide the most effective assessment of specialist knowledge, clinical reasoning and decision-making.

Delegates discussed the use of AI in examination question development. AI was considered useful for improving grammar, formatting and checking reference values, but not yet suitable for independently producing specialist-level questions. AI-generated questions often required substantial revision due to insufficient complexity or inaccurate answer options. Delegates therefore agreed that AI should remain a supportive editorial tool, with expert clinical judgement and review essential to maintaining examination quality.

Delegates were informed that an abstract on simulation-based education had been accepted for oral presentation at the forthcoming UEMS Congress. The programme aims to develop empathy and communication skills among medical students from the early stages of their education. Simulation exercises focus on patient-centred communication and understanding the patient perspective. Following encouraging initial results, the programme has been expanded in collaboration with oncology departments to further assess its educational impact.

The second presentation addressed the growing role of AI in higher education. A multidisciplinary initiative involving medicine, computer science and economics explored its applications, ethical considerations, economic and environmental impact, and implications for education. Faculty expressed uncertainty about the appropriate use of AI, while students reported using it extensively to support learning, revision and academic work. The discussion emphasised the importance of teaching students to use AI responsibly and effectively. The President congratulated the presenters on their acceptance for oral presentation at the UEMS Congress and welcomed the Section's increasing contribution to medical education.

UEMS Educational Initiatives and Representation at the UEMS Congress

Prof. Nada Cikes presented an overview of the Rheumatology Section's participation in the forthcoming UEMS Congress, with particular focus on the Training the Trainers initiative. The Section will contribute to two educational sessions. The first will explore the role of UEMS Specialist Sections in developing educational programmes for trainers, while the second will compare how trainer development is organised and regulated across European countries. The Rheumatology Section will present its structured Training the Trainers programme, based on educational webinars for clinical educators. The programme aims to provide practical guidance on supervision and teaching while supporting greater harmonisation of specialist training across Europe.

Prof. Nada explained that the programme was developed following a survey of UEMS member countries. The survey examined existing trainer development programmes, whether participation is mandatory, and the requirements for becoming a recognised trainer. Results showed considerable variation between countries. While clinical experience is generally required to supervise trainees, formal educational preparation for trainers remains inconsistent. Delegates agreed that clinical expertise alone is not sufficient for the educational responsibilities involved in postgraduate specialist training. The survey findings have therefore provided a basis for developing a common UEMS framework for trainer education.. The importance of structured trainer development and educational quality has become increasingly recognised across Europe, particularly since the COVID-19 pandemic. The President encouraged delegates to participate in the forthcoming UEMS Congress sessions and to contribute to the further development of the Training the Trainers initiative.

Continuing Medical Education (CME) Accreditation

The President reminded delegates that UEMS plays an important role in the accreditation of Continuing Medical Education (CME) activities through the European Accreditation Council for Continuing Medical Education (EACCME). In many European countries, specialists are required to obtain CME credits as part of their continuing professional development and licence renewal. The President currently serves as a reviewer of CME accreditation applications. Educational activities are assessed according to established UEMS criteria, including educational quality, scientific independence, international participation and programme content. Accreditation may be granted to international congresses, postgraduate courses, workshops and online educational activities in English or other European languages, provided that the required standards are met. The President noted that reviewing CME applications provides valuable insight into educational activities across Europe and contributes to maintaining high standards in continuing medical education. He encouraged other members of the Section to consider becoming involved in this area of UEMS educational work in the future.

Future Educational Collaboration with EULAR

The President concluded the discussion by reflecting on future collaboration between the UEMS Section and Board of Rheumatology and EULAR, particularly in postgraduate education. He acknowledged the high quality of EULAR's existing educational programmes but noted that participation may sometimes be limited by registration fees, travel and accommodation costs, particularly for trainees and early-career rheumatologists. The President suggested exploring closer cooperation between UEMS and EULAR to improve access to high-quality postgraduate education across Europe. This could include new educational formats that are accessible and affordable while complementing existing EULAR and national training programmes. Although these proposals remain at an early stage, delegates were encouraged to contribute ideas and participate in developing future joint educational initiatives. The discussion concluded with agreement that education remains a major strategic priority for the Section and Board. Continued collaboration between UEMS, EULAR and national organisations was considered essential for maintaining high standards of specialist training and ultimately improving patient care.

Discussion on the Future Development of the Training the Trainers Programme

The President invited delegates to consider how the revised European Training Requirements (ETR) and the European Certificate of Rheumatology could support future educational activities across Europe. The aim would be to complement, rather than duplicate, existing national programmes and to address identified gaps in trainer education. Future activities should be aligned with the competencies defined in the ETR and examination blueprint, providing a common European framework that countries could adopt or adapt according to national needs. The importance of keeping educational opportunities accessible and affordable was also emphasised, with virtual learning expected to play an important role.

National Experiences

Delegates shared examples of trainer development in their countries. The representative from the Netherlands described a system in which accredited training hospitals are externally evaluated every three to five years, with trainers required to participate in recognised educational programmes covering supervision, assessment and feedback. Such established national systems could provide useful models for developing a European approach.

Proposed European Programme

The initial phase of the Training the Trainers Programme will consist of concise online webinars covering key areas such as effective feedback and supervision, supporting trainees experiencing difficulties, workplace-based assessment, educational leadership, communication and coaching skills. Collaboration with medical education experts has already begun to develop practical educational videos and teaching scenarios for the webinars. The online programme is intended as an introductory phase, with more advanced face-to-face courses planned to provide interactive training in practical teaching and assessment skills. The virtual format will improve accessibility, reduce costs and minimise unnecessary travel.

The President stressed that publication of the revised ETR should be viewed as the beginning of the process. Effective implementation will depend on appropriately trained educators who can translate European standards into everyday specialist training. Countries with established trainer development systems were encouraged to share their expertise. The long-term objective is to ensure that rheumatology trainers across Europe have access to structured educational development, supporting greater harmonisation and quality of specialist training. The President outlined his long-term vision for the Training the Trainers Programme, linking it with the four major educational initiatives currently under development: the European Training Requirements (ETR), European Certificate of Rheumatology, European e-Portfolio, and Training the Trainers Programme. He emphasised that the

aim is not to duplicate successful national educational activities, but to identify gaps where a coordinated European approach could provide additional value. Delegates were encouraged to review existing educational opportunities in their countries and identify areas where further support may be needed.

Future educational resources would be closely aligned with the competencies defined in the ETR and the content blueprint of the European Certificate. This alignment would strengthen the programme's credibility and facilitate its adoption by national rheumatology societies. The programme would remain flexible, allowing countries to adopt individual components or the complete curriculum according to national needs. Accessibility and affordability were highlighted as key principles. Given increasing travel and meeting costs, virtual education is expected to play a central role. The President noted that a UEMS programme directly linked to recognised European training standards would provide added value compared with existing commercial educational activities.

The Dutch delegate described the organisation of trainer education in the Netherlands. Hospitals accredited for specialist training undergo formal external evaluation approximately every three to five years and must demonstrate that clinical trainers have received appropriate educational training. Trainer development is organised regionally through university medical centres. Educational training is mandatory for physicians supervising specialist trainees, and institutions must provide evidence that trainers maintain their educational competencies as part of the accreditation process. The President welcomed the Dutch system as an example of a well-established approach to trainer development in Europe.

Development of Educational Resources

The President reported that collaboration with medical education experts is underway to develop practical resources for the UEMS Training the Trainers Programme. The programme will include professionally produced videos based on realistic clinical supervision scenarios. Topics will include effective feedback, workplace-based supervision and assessment, mentoring and coaching, management of underperforming trainees, and supporting trainee progression. Each scenario will be followed by expert analysis and discussion, enabling trainers to observe practical examples of effective educational practice alongside the underlying principles. These online resources will provide a common educational foundation and stimulate interest before the introduction of more advanced face-to-face workshops.

Future Face-to-Face Training

Delegates emphasised the importance of combining virtual education with practical, interactive training. Skills such as communication, feedback and mentoring were considered particularly suited to face-to-face learning and small-group activities. The President noted that organising such courses requires careful planning to ensure appropriate participant numbers while maintaining effective interaction between faculty and participants. Experience from the UEMS Section of Cardiology, which is developing a similar programme, will help inform the Rheumatology Section's approach. The President has been invited to observe its forthcoming educational course in Greece and will use lessons from this initiative to support future programme development. The long-term aim is to establish a European faculty of trainers capable of delivering high-quality educational programmes across member countries and promoting greater consistency in educational standards throughout Europe.

Building a European Educational Community

The President emphasised that publication of the European Training Requirements (ETR) alone will not improve specialist education without corresponding investment in trainer development. Effective implementation of the curriculum depends on trainers having the educational skills required to supervise, assess and support trainees within their institutions. Developing a community of trained clinical educators was therefore identified as a key strategic priority for the Section. Delegates recognised considerable differences across Europe, with some countries having well-established trainer

education systems while others are still developing formal programmes. The proposed UEMS Training the Trainers Programme aims to support all member countries while remaining flexible enough to respect national educational structures and existing programmes. Prof. Nada noted that responsibility for trainer education varies between countries and often rests with individual institutions rather than national organisations. The UEMS survey identified several examples of well-developed systems, with Finland highlighted for its structured approach to trainer development. The President thanked delegates for their contributions and confirmed that development and implementation of the Training the Trainers Programme would continue to be discussed at future Section meetings.

International Educational Collaboration

The Ukrainian representative presented a new international educational initiative developed at the National Medical University to strengthen undergraduate rheumatology education. An online lecture series was organised with support from the UEMS network, involving five rheumatology experts from the United Kingdom, Croatia, Switzerland and other European institutions. The programme was aimed at undergraduate medical students and junior doctors interested in rheumatology. Approximately 85 students attended each session, with consistently high levels of participation and engagement. The initiative provided students with access to international expertise while strengthening educational collaboration between European institutions. The delegate thanked colleagues who had supported the programme and expressed hope that similar collaborations would continue. The President congratulated the Ukrainian team on the successful initiative despite the challenging circumstances and highlighted the programme as an excellent example of how virtual education can expand access to high-quality specialist teaching and strengthen European collaboration.

Upcoming Elections of the Executive Board

The Secretary informed delegates that elections for a new Executive Board will take place during the Autumn 2026 Meeting, with the elected Board serving the 2027–2030 mandate. Under the revised UEMS Statutes, each Specialist Section is required to elect at least two statutory officers: the President and Honorary Secretary. Following changes introduced by the UEMS Central Office, financial administration and banking are now managed centrally by the UEMS Secretariat. As a result, the Treasurer's administrative responsibilities have been significantly reduced, and the position is no longer mandatory. The Executive Board will continue to work collectively, with additional members appointed as needed to oversee specific projects, working groups and activities of the Section.

Nominations for Executive Board Elections

The Secretary announced that Prof. Kaushik had expressed his willingness to stand down for a second term as President. All eligible delegates remain free to stand for election. Candidates for President or Honorary Secretary will be invited to submit a letter of intent outlining their motivation, objectives and priorities within the announced deadline. The Secretariat will circulate the list of candidates and their statements to delegates before the election. The Secretary concluded that the elections represent an important milestone for the Section, ensuring appropriate leadership and continuity as its major educational initiatives move towards implementation. The Secretary informed delegates that his second term as Honorary Secretary will end in December 2026 and that, under the UEMS Statutes, he is not eligible for re-election. A new Honorary Secretary will therefore be elected at the Autumn 2026 Meeting. He thanked delegates for their cooperation and offered to support his successor during the transition.

The President confirmed that elections for both the President and Honorary Secretary will be conducted electronically by the UEMS Central Office. Candidates will be invited to submit a letter of intent outlining their motivation and vision for the Section. Results will be announced at the Autumn Meeting, with the newly elected officers taking office on 1 January 2027. Under the revised Statutes, only the President and Honorary Secretary are formally elected. Additional Executive Board members will be appointed according to the Section's priorities and ongoing projects. Several working

groups will continue or be developed, including those responsible for the European Certificate question bank, workforce and training, Training the Trainers, ETR, e-Portfolio, and other educational initiatives. The President encouraged delegates to participate actively in these groups according to their expertise and interests. He emphasised that continued collaboration and shared expertise will be essential to strengthening the Section and advancing rheumatology education across Europe.

Future Collaboration and Delegate Engagement

The President emphasised that collaboration between the UEMS Section and Board of Rheumatology and EULAR is entering a new phase, with leadership changes in both organisations providing an opportunity to strengthen cooperation. He noted that the organisations have distinct but complementary roles. EULAR focuses primarily on scientific activities, while UEMS concentrates on specialist training, professional standards and harmonisation of postgraduate education. Closer collaboration could therefore strengthen rheumatology education and ultimately contribute to improved patient care across Europe. The President encouraged delegates to become more actively involved in the Section's activities, noting that participation is not limited to elected Executive Board positions. Delegates can contribute according to their expertise and interests through specific projects and working groups. Opportunities include the **Training the Trainers Programme, European Training Requirements (ETR), question writing for the European Certificate of Rheumatology, workforce planning**, and future educational initiatives. The President concluded by emphasising the importance of broad participation, ensuring that the Section benefits from the expertise and contributions of delegates across the European rheumatology community.

Expansion of the Question-Writing Team

The President highlighted the importance of expanding the question-writing team supporting the European Certificate of Rheumatology. He acknowledged the excellent work of the existing group, which has already produced a substantial number of high-quality examination questions. He emphasised that question writing is a specialised educational skill requiring training, practice and experience. New writers develop their skills through constructive feedback, peer review and participation in dedicated workshops. Within the Section, draft questions are reviewed collaboratively, allowing participants to discuss and refine each question and ensure that it meets the educational and psychometric standards required for a European specialist examination. Although new contributors may initially find peer review challenging, participants generally gain confidence quickly and consider the workshops highly valuable educational experiences. The President encouraged delegates from all member countries to participate in future question-writing workshops. Expanding the group will support the long-term sustainability of the examination while also strengthening delegates' knowledge of assessment methodology and educational principles.

Value of the European Training Requirements

The President concluded by highlighting the significant achievement represented by the revised European Training Requirements (ETR). He thanked the ETR Working Group, particularly Prof. Milo, Dr. and Prof. Nada, as well as all colleagues involved in drafting and reviewing the document. Although structured according to formal UEMS requirements, the revised ETR provides a comprehensive framework defining the competencies, organisation and educational standards expected for specialist rheumatology training across Europe. Together with the European Certificate of Rheumatology, Training the Trainers Programme and future European e-Portfolio, the ETR will form a strong and coherent educational framework to support the continued development and harmonisation of rheumatology training across Europe.

Future Workforce Initiatives

The President introduced workforce planning as a future strategic priority for the Section. He noted that rheumatology workforce challenges across Europe are influenced by demographic change, professional migration, evolving healthcare systems and differences in multidisciplinary practice. Workforce models vary considerably between countries. In some, specialist nurses have an important role in patient management and disease monitoring, while elsewhere these responsibilities remain largely physician led. New professional roles, including physician associates, are also influencing workforce planning. The President highlighted the difficulty of obtaining reliable workforce data, as information from professional organisations, medical registers and healthcare institutions may differ considerably. This makes accurate workforce assessment and long-term planning challenging. Delegates agreed that a European approach could provide added value. The President proposed establishing a dedicated workforce working group to examine workforce needs, improve understanding of national differences and explore collaboration with EULAR and other European organisations. Such work would support future workforce planning, professional mobility and the maintenance of high standards of rheumatology care across Europe.

Overview of the European Certificate of Rheumatology Examination

The President provided an overview of the forthcoming European Certificate of Rheumatology, which will consist of approximately 180 best-of-five multiple-choice questions completed over two sessions. The examination blueprint ensures balanced coverage of the rheumatology curriculum. Major areas include inflammatory rheumatic diseases, connective tissue diseases, vasculitis, spondyloarthritis, metabolic bone disease, imaging, immunology, genetics, epidemiology and medical statistics. Most questions will be based on realistic clinical scenarios assessing diagnosis, investigation and management, with additional questions covering research methodology, clinical trials and broader specialist knowledge. He described the rigorous process for developing and validating examination questions. Draft questions undergo several stages of peer review and are discussed during dedicated question-writing workshops. Authors receive feedback and questions are revised until they meet the required educational and psychometric standards. Accepted questions are classified according to curriculum area, difficulty and educational objective before entering the examination bank. A complete reserve examination paper will also be prepared to ensure examination security. The pass mark will be established through a formal standard-setting process, based on the expected performance of a minimally competent final-year rheumatology trainee. Following each examination, psychometric analysis will assess the performance and quality of individual questions, allowing the examination to be continuously refined. The examination provider has extensive experience in European specialist examinations and will provide the necessary infrastructure for secure online delivery and statistical analysis.

The President clarified that the certificate will not replace national specialist certification. It will initially serve as an additional European qualification demonstrating knowledge assessed against common standards. Following successful implementation and future CESMA accreditation, national societies may voluntarily decide to incorporate it into their specialist training programmes. The examination assesses knowledge only and should therefore be viewed as one element of the broader competency framework described in the European Training Requirements, alongside clinical skills, professionalism, communication and workplace-based assessment. The examination will initially be delivered exclusively in English. Although the potential disadvantage for non-native English speakers was acknowledged, multilingual delivery would currently create significant challenges regarding translation and examination validity. Delegates also reflected on earlier attempts to establish a European rheumatology examination, which had encountered difficulties with consistency and were subsequently disrupted by the COVID-19 pandemic. The current collaboration between UEMS and EULAR was considered an important strength, providing greater educational, organisational and administra-

tive support. The President concluded by emphasising that continued delegate involvement in question writing, review and quality assurance will be essential to maintaining the examination's standards and long-term success.

Ongoing Development and Quality Assurance of the European Certificate Examination

The President emphasised that the European Certificate of Rheumatology should remain a dynamic examination, with the question bank regularly reviewed and updated to reflect developments in clinical practice. New questions will be introduced annually, while outdated or previously used questions will be retired. Some retired questions may be published as sample material to help candidates become familiar with the examination format. He noted that writing high-quality questions is a complex educational process, particularly when developing appropriate answer options and reaching consensus among expert reviewers. Question writing therefore requires experience, peer review and continuous refinement. Following each examination, statistical and psychometric analysis will assess the performance of individual questions. This will allow poorly performing questions to be identified and support the ongoing improvement, reliability and educational quality of the examination.

He also discussed the importance of considering the candidate population when interpreting examination results. European specialist examinations often attract candidates from outside recognised European specialist training programmes. While international participation is welcomed, analysis intended to evaluate the quality of European training should focus primarily on candidates completing recognised European rheumatology programmes. This will ensure that examination results provide meaningful feedback on the effectiveness of training and help identify areas of the curriculum requiring further attention. He concluded the discussion by providing delegates with further details regarding the practical administration of the European Certificate of Rheumatology.

He explained that although every candidate will receive the same examination content, the order of the questions will be randomised electronically for each individual candidate. In addition, the order of the answer options within certain multiple-choice questions will also be randomised. These security measures are designed to minimise opportunities for candidates to copy answers during the examination while ensuring that every participant completes an equivalent assessment. The President noted that the examination platform incorporates numerous safeguards to maintain examination integrity and that considerable work has been undertaken to ensure secure and fair delivery of the assessment.

Target Candidate Population

Delegates discussed eligibility criteria for the European Certificate of Rheumatology. The examination is primarily intended for rheumatology trainees in the penultimate or final year of specialist training, reflecting the level of knowledge expected before completion of training. At present, access is not expected to be restricted exclusively to rheumatology trainees. Any registered medical practitioner may apply, although candidates will be required to indicate their training stage or professional status when registering. Delegates noted that final-year trainees in many countries have not yet obtained specialist registration and should therefore remain eligible. The President confirmed that eligibility criteria are still under review and may evolve as the examination programme develops. The primary objective remains to assess the knowledge of doctors approaching completion of recognised specialist training in rheumatology.

Financial Considerations

Delegates discussed the financial implications of introducing the European Certificate of Rheumatology. The Finnish delegate noted that specialist education and examinations in Finland are traditionally provided without direct cost to trainees, meaning that a substantial examination fee could discourage participation. The President acknowledged significant differences in trainees' financial circumstances across Europe. In some countries, the proposed fee could represent a considerable pro-

portion of a trainee's monthly salary and therefore create a barrier to participation. Delegates suggested that national rheumatology societies, educational institutions and employers could consider supporting or subsidising examination fees. Further discussions with UEMS and EULAR will explore ways to encourage such support and promote equitable access. The Section agreed that affordability and accessibility will be important factors in the successful implementation and wider adoption of the European Certificate across Europe.

Discussion on National Adoption of the European Certificate of Rheumatology

The President invited delegates to consider the future integration of the European Certificate of Rheumatology into national specialist training programmes. He emphasised that its long-term success will depend on support from national rheumatology societies, training authorities and healthcare institutions, as well as participation by individual trainees. Delegates generally expressed support for the initiative. The Austrian delegation reported positive feedback from trainees, who welcomed the opportunity to benchmark their knowledge against European standards. This was considered particularly valuable for smaller countries with relatively limited numbers of rheumatology trainees. The Croatian delegation noted that several specialties already use European examinations successfully, demonstrating that such assessments can complement rather than replace national certification. Experience from Turkey was also discussed, where participation in a European examination had identified weaknesses in the national curriculum. This subsequently led to improvements in specialist training, illustrating how external assessment can contribute to educational quality improvement.

Educational Benefits and Scope

Delegates agreed that the examination should primarily be viewed as an educational tool. It can encourage trainees to broaden their knowledge, benchmark their performance and identify areas for improvement. Examination results may also provide useful feedback to trainers and institutions regarding the effectiveness of their programmes. Representatives from France stressed that the examination should reflect the full scope of rheumatology practice, including osteoarthritis, osteoporosis, spinal and mechanical musculoskeletal disorders, rather than focusing predominantly on inflammatory and rare diseases. The President confirmed that the examination blueprint has been designed to cover the full spectrum of rheumatology, with predefined weightings for the different areas. He emphasised that the initial objective is to establish a single European examination rather than country-specific versions.

Harmonisation of European Training

Delegates acknowledged that national rheumatology curricula vary considerably due to differences in healthcare systems and clinical practice. Nevertheless, there was broad agreement that a common examination could establish a shared European standard of core specialist knowledge. The President concluded that the European Certificate should be viewed as one component of a broader competency-based framework. Together with the ETR, Training the Trainers Programme and future e-Portfolio, it is expected to support the gradual harmonisation and improvement of rheumatology training across Europe.

Discussion on Examination Fees and National Implementation

Delegates discussed the practical implementation of the European Certificate of Rheumatology, particularly examination fees and its future integration into national training programmes. The President noted that adoption will depend on national rheumatology societies and training authorities and is likely to develop gradually, initially through individual participation and potentially later through incorporation into national training systems. Delegates highlighted considerable differences across Europe in specialist examination costs, trainee salaries and access to educational funding. The

acceptable fee will therefore depend largely on the recognition and perceived value of the certificate. Greater integration with national certification and career progression could increase its value, while a high fee for a voluntary examination could discourage participation.

The President stressed that the examination is not intended to generate revenue, but must cover the costs of examination development, question writing, psychometric analysis, technical infrastructure and quality assurance. Delegates agreed that a balance between financial sustainability and equitable access is essential. Cooperation between UEMS, EULAR and national rheumatology societies could help provide financial support or subsidies and encourage wider participation across Europe.

Timing of the Examination

The appropriate stage of training for sitting the examination was also considered. Some delegates suggested the penultimate year of specialist training, allowing candidates to identify knowledge gaps before completing their training. However, recognising differences between national training systems, the President confirmed that strict eligibility requirements are not currently planned. As the Certificate assesses specialist knowledge rather than providing a legal qualification to practise, national societies may determine the most appropriate timing within their own training programmes. Delegates reaffirmed that the examination should primarily serve an educational purpose, providing trainees with an objective benchmark against European standards while complementing national competency-based assessments.

Closing of the First Day

The President thanked delegates for their active participation and constructive contributions throughout the first day. The Secretary confirmed that the second day's programme would begin at 09:00 and continue with the remaining educational and agenda items.

UEMS Rheumatology Section and Board – Spring Meeting 2026

Day 2 Proceedings.

Opening of the Second Day and Introduction of Presentations

The president opened the second day by outlining the morning programme. He proposed that the scheduled presentations be completed before opening the floor for broader discussion, allowing delegates to consider all relevant information together.

The first presentation, delivered by Eva and Christian, focused on the rheumatology workforce. They presented current challenges, future workforce projections and ongoing European work to assess shortages and their potential impact on training, service provision and patient care. The importance of collecting reliable and comparable workforce data across member countries was emphasised. The Chair thanked them for their substantial contribution to this important project.

The second presentation, delivered by Professor Miro Mayer, addressed the revised European Training Requirements (ETR) for Rheumatology. He outlined the methodology used by the working group, including expert consultation, review of existing curricula and comparison with national training programmes. The revised ETR aims to provide a modern and harmonised European framework while retaining sufficient flexibility to accommodate differences between national training systems.

The final presentation was introduced by welcoming Dr. Deepak, trainee representative and final-year rheumatology trainee in the Birmingham Deanery. He has been asked to contribute to two important projects: development of the new European e-Portfolio and modernisation of the UEMS Rheumatology website.

The president stressed the need for the website to become a more informative, accessible and engaging resource for trainees, trainers and rheumatologists across Europe. All delegates were encouraged to contribute updated content, educational materials and information from their national societies. He thanked the presenters and invited the meeting to proceed with the presentations, with detailed discussion to follow later in the session.

Workforce Survey Across Europe

Presentation by Dr. Eva (Iva)

Dr. Eva presented the final report of the European Rheumatology Workforce Survey, outlining the development of the project, its methodology, principal findings and implications for future workforce planning. The initiative originated from an Austrian workforce survey conducted in 2020 and was subsequently expanded through the UEMS Rheumatology network into a Europe-wide study. The European survey was launched in 2021, updated in 2023 and ultimately included national estimates from 17 European countries. The results were published as an open-access article in February 2026. The survey examined a broad range of indicators, including weekly working hours, the proportion of time devoted to direct patient care, numbers of patients seen, consultation duration, workforce density, hospital versus private practice and the organisation of patient care pathways. The findings demonstrated considerable diversity in the delivery of rheumatology services across Europe. In some countries, inflammatory rheumatic diseases are managed almost exclusively by rheumatologists, while elsewhere general practitioners, internal medicine specialists, rehabilitation physicians and other healthcare professionals also contribute to diagnosis and long-term follow-up. Finland was highlighted as an example where rheumatologists may concentrate on diagnosis and treatment initiation before transferring longer-term follow-up to other healthcare providers.

Substantial differences were also identified in practice settings. Countries such as Slovenia and Finland rely predominantly on hospital-based rheumatology services, whereas Germany and Greece provide a significant proportion of care through private practice. Working patterns similarly varied.

Although contractual working hours were generally around 40 hours per week, **actual** workloads were frequently reported to be higher. The proportion of professional time dedicated directly to patient care also differed considerably, ranging from almost all working time in some countries to approximately half of the working day in others, with the remainder devoted to administration, teaching, research and other responsibilities. Patient workloads ranged from approximately 30–40 patients per week to more than 140, while consultation duration varied substantially between healthcare systems. Initial consultations could range from approximately 15 minutes to one hour, depending on the country and complexity of the condition, while follow-up consultations for inflammatory rheumatic diseases generally averaged around 20 minutes. Workforce density showed equally important differences, ranging from approximately 0.7 to more than five rheumatologists per 100,000 inhabitants, with adjustments for part-time employment made where possible.

Dr. Eva emphasised that workforce figures should therefore never be interpreted in isolation, as the number of rheumatologists required within a country depends heavily on how healthcare services are organised, consultation lengths, patient volumes and the distribution of responsibilities between specialists and other healthcare professionals. She also highlighted emerging trends likely to affect future workforce planning, including the increasing proportion of women entering rheumatology, greater levels of part-time employment, ageing populations and growing demand for chronic disease management. Non-inflammatory musculoskeletal conditions also continue to represent a substantial workload, accounting for approximately one quarter of new rheumatology consultations in several countries. Finally, Dr. Eva acknowledged that the study has important limitations, particularly because the data were primarily based on informed estimates provided by national UEMS delegates rather than comprehensive national workforce databases. Direct comparisons between countries should therefore be approached cautiously. Nevertheless, the survey provides a valuable first overview of the considerable diversity of rheumatology workforce organisation across Europe and establishes a basis for future research. The working group is considering a more comprehensive Europe-wide survey combining expert input with structured national datasets and open-source workforce information to provide a more detailed and reliable picture of future rheumatology workforce needs.

Discussion

Following the presentation, Christian emphasised that the UEMS survey complements existing workforce studies that rely primarily on published or publicly available data. By collecting information directly from national experts, the survey provides practical insights into rheumatology practice and workforce organisation that may not be captured through other sources. He suggested repeating the survey periodically to monitor trends such as the increasing proportion of female rheumatologists, part-time working patterns, workforce shortages or growth, and evolving models of care.

The Chair congratulated Dr. Eva and Christian on this valuable work and stressed that workforce planning is becoming an increasingly important issue for rheumatology. He highlighted its close connection with specialist training and the need to ensure an adequately trained workforce to maintain high-quality patient care across Europe. Delegates were subsequently invited to share information on similar workforce assessments undertaken in their respective countries.

Digital Workforce Survey Platform and Demonstration

Presentation by Dr. Christian Holkmann

Digital Workforce Survey Platform and Demonstration

Dr. Christian Holkmann presented a proposal for a new digital platform designed to build on the European Rheumatology Workforce Survey and improve the collection and monitoring of workforce data across Europe. He explained that, although extensive information is available on rheumatological diseases and treatments, reliable and comparable data concerning the rheumatology workforce itself remain relatively limited.

The proposed platform would move away from periodic national surveys towards continuous digital data collection, allowing workforce information to be regularly updated and presented through interactive dashboards. Unlike the previous survey, which relied mainly on national estimates provided by UEMS delegates, the platform would collect anonymised information directly from individual rheumatologists. This could include working hours, time devoted to clinical care, patient volumes, consultation duration, practice setting and other professional responsibilities. Data protection, confidentiality and compliance with European and national regulations would remain fundamental requirements.

Delegates participated in a live demonstration of the platform using personalised links to a short questionnaire. Although some technical difficulties were experienced when accessing the survey on mobile devices, he explained that future versions could use personalised email invitations to facilitate participation. He also demonstrated the administrative dashboard, which enables organisers to distribute invitations, monitor response rates in real time and automatically generate graphical summaries of the collected data. He stressed that the platform remains a proof of concept, but could eventually provide a valuable mechanism for continuous European workforce monitoring. It could help identify workforce shortages, follow demographic and working-pattern changes, compare different models of care and support evidence-based workforce planning. He concluded that such a digital approach could significantly improve the accuracy, quality and timeliness of rheumatology workforce data and provide an important resource for future strategic planning across Europe.

Discussion on the Future Development of the Workforce Project

Discussion led by Professor Kaushik

Following the presentation, Professor Kaushik congratulated Dr. Eva and Dr. Christian Holkmann on their work, describing workforce planning as one of the most important initiatives currently undertaken by the UEMS Rheumatology Section and Board. He emphasised that understanding workforce capacity is essential for maintaining high-quality rheumatology services across Europe. He proposed establishing a dedicated Workforce Working Group to further develop the digital platform, refine and validate the questionnaire, and coordinate its future implementation. An updated version should be presented at the Autumn UEMS Rheumatology Meeting before wider distribution. The principal strength of the proposed platform is its ability to collect individual-level workforce data, potentially providing detailed information on working patterns, clinical activity and workforce need. National rheumatology societies would likely play an important role in distributing the questionnaire while ensuring compliance with national and European data protection requirements.

Refinement and Pilot Testing

Dr. Holkmann confirmed that the questionnaire remains under development and can be easily modified in response to feedback. He suggested reviewing each question carefully to ensure that the survey remains concise while collecting meaningful information. Delegates welcomed the questionnaire's short and practical format. Pilot testing within smaller professional networks was recommended before national implementation to identify ambiguities and allow further refinement.

Use and Interpretation of Workforce Data

Delegates agreed that reliable workforce data could become an important resource for discussions with governments, healthcare authorities and policymakers, particularly when advocating for appropriate staffing and resources. However, caution was advised when interpreting and communicating results. Workforce numbers, consultation times and patient volumes must be considered alongside healthcare organisation, administrative responsibilities and available resources to avoid misleading comparisons between countries. Professor Kaushik emphasised that future work should therefore address not only data collection but also how results are analysed, interpreted and communicated. The recently published open-access workforce survey was recognised as an important first step. Pro-

fessor Kaushik thanked Dr. Eva and Dr. Christian and confirmed that workforce planning would remain a strategic priority for the Section and Board. The meeting then proceeded to the presentation of the revised European Training Requirements (ETR) by Professor Miro Mayer.

Revision of the European Training Requirements (ETR)

Presentation by Professor Miro Mayer

Professor Miro Mayer presented the revised European Training Requirements (ETR) for Rheumatology, developed over almost three years in response to the introduction of the new UEMS competency-based template. The revision represents an important shift from training primarily defined by duration, rotations and procedural numbers towards a system increasingly based on demonstrated competencies. The working group drew on several established educational frameworks, including CanMEDS, UK rheumatology curricula, EULAR educational initiatives and relevant UEMS policies.

A central element of the revised ETR is the incorporation of the seven CanMEDS roles and the introduction of Entrustable Professional Activities (EPAs). EPAs are intended to assess whether trainees can safely perform key professional activities at an appropriate level of supervision, combining clinical knowledge and practical skills with communication, professionalism, patient safety and clinical judgement. The document also provides guidance on workplace-based assessments and maps EPAs to relevant competencies and assessment methods. These tools are presented as recommendations rather than mandatory requirements, allowing national training programmes to adapt them to their own systems. Professor Mayer stressed that the objective of the ETR is harmonisation rather than standardisation. Countries should retain flexibility in the organisation and terminology of their training programmes while working towards common European competencies and educational standards. The revised document therefore addresses the responsibilities of trainees, trainers and institutions, as well as curriculum content, assessment, accreditation and quality assurance. It also introduces a clearer distinction between Educational Supervisors, who oversee overall trainee development and progression, and Clinical Supervisors, who provide day-to-day supervision in clinical settings.

Particular attention was given to faculty development and Training the Trainers, with Professor Mayer acknowledging Professor Kaushik's contribution in this area. He emphasised that competency-based education requires appropriately trained supervisors and sufficient protected teaching time for supervision, mentoring and assessment. These educational responsibilities should be formally recognised by hospitals and healthcare institutions as an essential part of clinical work. The revised ETR also strengthens quality assurance, extending it beyond trainees to include trainers, institutions, educational programmes and assessment processes. Harmonised European standards could additionally facilitate greater educational mobility, enabling trainees to undertake exchanges or periods of training in recognised centres of expertise. Transitional care between paediatric and adult rheumatology was also identified as an increasingly important competency that should form part of specialist training. Professor Mayer concluded that the revised ETR should be regarded as a living document, with further revisions expected approximately every five years as educational evidence and assessment methods continue to develop. He thanked the working group for its extensive contribution and invited delegates to review the draft carefully and submit comments, additional references and proposed amendments before the document is finalised.

Discussion Following the Presentation of the Revised European Training Requirements (ETR)

Following the presentation, Professor Kaushik thanked Professor Miro Mayer and the ETR Working Group for their extensive work over almost three years. He particularly acknowledged the contributions of Professor John Dudler and Professor Nada Čikeš, Chair of the UEMS ETR Committee. Professor Kaushik described the revised European Training Requirements (ETR) as a major achievement resulting from numerous discussions, revisions and contributions from experts across Europe. He encouraged delegates to review the draft carefully and circulate it within their national rheumatology societies, training programmes and educational committees to obtain broader feedback. He stressed that the ETR should be regarded as a collective European document that will help shape the future of rheumatology specialist training.

Endorsement and Approval Process

In response to a question regarding formal endorsement, Professor Kaushik explained that consultation within the UEMS Rheumatology Section and Board represents the first stage of the approval process. Following incorporation of delegates' comments, the document will undergo further review with EULAR before being submitted to the UEMS ETR Review Committee. The formal UEMS consultation process will then involve circulation to relevant national medical authorities and UEMS Member Organisations, providing an opportunity for national review and comments. The revised ETR will subsequently proceed through the appropriate UEMS structures before being presented for final approval. Relevant documentation will be made available through the UEMS Google Drive, allowing delegates and national organisations sufficient time to review the text. Professor Kaushik encouraged broad participation throughout the consultation process, noting that national engagement will strengthen both the quality and legitimacy of the final ETR. The Chair again thanked Professor Mayer and the Working Group and confirmed that delegates would have further opportunities to provide comments before the document enters the final stages of approval.

Clarification of the UEMS ETR Approval Process

Professor Nada Čikeš, Chair of the UEMS Committee responsible for European Training Requirements, provided further clarification on the formal approval process for the revised ETR. Once the Rheumatology Section has completed its internal review and incorporated delegates' comments, the document will enter the official UEMS consultation process.

The revised ETR will first be circulated to the relevant UEMS Sections and Boards, allowing other specialist bodies to review the document and propose amendments where necessary. This stage is intended to ensure consistency with the broader UEMS framework and principles for postgraduate specialist medical training.

The document will then be submitted to the National Medical Associations (NMAs) of UEMS Member States for further consultation. Professor Čikeš stressed the importance of this stage, as it allows national organisations to assess the proposed requirements within their respective educational and regulatory systems and identify any remaining concerns.

Following these consultation stages and the incorporation of relevant amendments, the final ETR will be presented to the UEMS Council for formal adoption. Professor Čikeš encouraged delegates to remain actively involved throughout the process, emphasising that contributions from both specialty experts and national organisations are essential to ensuring that the final document is relevant, robust and applicable across Europe.

Professor Čikeš also announced a UEMS webinar scheduled for the following Tuesday. The webinar will present the revised competency-based UEMS framework, including its educational principles, methodology and implications for future European Training Requirements across medical specialties. Delegates were encouraged to attend, and the Chair thanked Professor Čikeš for the clarification before proceeding to the next agenda item.

Discussion Following the Revised European Training Requirements (ETR) Presentation

Following the presentation, Professor Kaushik again thanked Professor Miro Mayer, Professor John Dudler, Professor Nada Čikeš, and the entire ETR Working Group for almost three years of work on the revised European Training Requirements (ETR). He reminded delegates that the current draft remains a working document and encouraged them to review it carefully and circulate it among national rheumatology societies, training committees, programme directors and trainers. Broad consultation was considered essential to ensure that the final ETR reflects the diversity of European training systems while supporting greater harmonisation. Professor Kaushik stressed that educational documents must continue to evolve through feedback and revision and that the current consultation should therefore be regarded as an important part of the development process.

Competency Milestones and EPAs

A delegate asked whether the Entrustable Professional Activities (EPAs) should include expected competency levels for each year of specialist training. Professor Mayer explained that the working group had deliberately avoided fixed annual milestones because of the considerable differences in the structure and duration of national training programmes. Countries should remain free to determine when trainees are expected to achieve particular competencies. However, indicative European milestones could be considered in future work, particularly in connection with trainer development.

Duration of Specialist Training

Professor Mayer clarified that the ETR addresses specialist rheumatology training only, excluding any preceding common trunk or general internal medicine training. The document recommends approximately four years of dedicated rheumatology training, but this should be regarded as guidance rather than a mandatory requirement. The central principle of competency-based education is that progression should depend increasingly on demonstrated competence rather than time alone. Professor Mayer also highlighted the connection between training and workforce planning. In some countries, rheumatology trainees spend considerable time providing general internal medicine, emergency or intensive care services, potentially reducing opportunities for rheumatology-specific training.

Introduction of the European Knowledge Examination

Professor Kaushik then introduced the next agenda item, a pre-recorded presentation by Professor Venkat, who was unable to attend in person. He highlighted Professor Venkat's extensive experience in postgraduate assessment, including leadership roles within UK rheumatology training and examination structures, and acknowledged his important contribution to the development of the UEMS–EULAR European Knowledge Examination.

Presentation by Professor Venkat

In his recorded presentation, Professor Venkat provided an update on the European Knowledge Examination, a collaborative initiative between UEMS and EULAR. The examination is designed to assess whether trainees approaching the end of specialist training possess the theoretical knowledge required for safe and independent practice as rheumatologists. He emphasised that it is not intended to replace national certification examinations, but rather to provide an additional European benchmark that complements existing national systems while promoting greater harmonisation and high educational standards across Europe. The examination consists of 90 multiple-choice questions using a single best answer, best-of-five format. Questions are predominantly based on clinical scenarios and assess areas such as diagnosis, investigation and management, while also covering relevant fundamental scientific knowledge. The examination blueprint is directly aligned with the European Training Requirements, ensuring appropriate coverage of the agreed European rheumatology curriculum.

Professor Venkat also described the extensive question-development and quality-assurance process. An international group of rheumatology experts contributes questions through dedicated workshops, with each contributor expected to develop approximately 15 questions annually. All questions subsequently undergo several stages of independent peer review and are classified according to topic and competency area before being accepted into the examination question bank. Workshops had already been successfully organised in Lisbon, Milan and Budapest, and by 2026 more than 300 questions had been developed and were progressing through the review process. A formal standard-setting exercise was also planned to establish an appropriate pass mark. Looking ahead, Professor Venkat identified the recruitment of sufficient question writers as one of the principal challenges for the long-term sustainability of the examination. He therefore encouraged experienced rheumatologists from across Europe to contribute to the initiative, stressing the importance of maintaining a large and regularly updated question bank. He concluded by highlighting the successful collaboration between UEMS and EULAR and confirmed that the European Knowledge Examination would be officially launched during the EULAR Congress in London in June 2026. Sample questions and further information would also be made available to support candidates in preparing for the examination. Following the recorded presentation, Professor Kaushik invited final questions from delegates. As there were no further comments, participants gathered in the hotel lobby for the traditional group photograph before the meeting was adjourned for a 15-minute coffee break.

Trainee Perspective and Demonstration of the Electronic Portfolio (e-Portfolio)

Following the discussions on the European Training Requirements (ETR), **Professor** Kaushik introduced a session providing the trainee perspective on competency-based education. Before the presentation, he thanked Professor Marta Olejárová, the local host, for the excellent organisation of the Spring Meeting and presented her with a commemorative gift on behalf of the UEMS Rheumatology Section and Board. Professor Kaushik then introduced Dr. Deepak, a final-year rheumatology trainee in the West Midlands region of England who had recently completed an MD at King's College London. Dr. Deepak is also involved in several UEMS educational initiatives, including the development of an electronic portfolio (e-Portfolio) and the modernisation of the UEMS Rheumatology website.

Dr. Deepak explained that e-Portfolios have become an increasingly important component of modern competency-based postgraduate medical education. Although portfolios are sometimes perceived by trainees as an administrative burden, they provide a structured record of professional development throughout specialist training. Rather than simply documenting attendance or procedures, an e-Portfolio brings together evidence of competencies, workplace-based assessments, clinical experience, reflections, feedback, teaching, research, audit activities and supervisor reports. At the end of each training year, this evidence can be reviewed jointly by the trainee and Educational Supervisor to assess progression, identify strengths and areas requiring further development, and determine whether the required competencies have been achieved. As an example of workplace-based assessment, Dr. Deepak presented a Case-Based Discussion (CBD). Trainees document the clinical presentation, diagnostic reasoning, investigations, management decisions and key learning points, after which the supervising consultant provides structured feedback. Performance is assessed according to whether the trainee is below, at or above the expected level for their particular stage of training, rather than against the standard of a fully qualified consultant.

Dr. Deepak also demonstrated the portfolio's reflective practice functions. Trainees can record learning from courses, conferences, workshops and clinical experiences, describe how this learning has influenced their practice and link activities to relevant curriculum competencies. Using a musculoskeletal ultrasound course as an example, he showed how additional educational activities can be documented even when they are not mandatory components of the national curriculum. Overall, he emphasised that the e-Portfolio should serve not simply as a collection of forms, but as a structured tool for monitoring progression, supporting reflection and demonstrating the development of competencies throughout specialist training.

Government-Supported National Portfolio

Professor Kaushik explained that the electronic portfolio demonstrated by Dr. Deepak is the standard portfolio used throughout postgraduate medical training in the United Kingdom. The system was developed collaboratively by the National Health Service (NHS) and the Royal Colleges, with financial support from the UK Government. Every trainee uses the same national platform, although individual specialties customise the curriculum components according to their own educational requirements. The portfolio forms an essential part of specialist certification. Before receiving certification, trainees must not only pass the specialist knowledge examination but also demonstrate, through their portfolio, that all required competencies have been achieved.

Annual Review of Progression

Professor Kaushik further explained that progression through specialist training is formally reviewed each year by the regional training committee. Rather than functioning as a traditional examination, this annual review evaluates the trainee's overall educational development and determines whether satisfactory progress has been achieved. The committee considers the full range of evidence documented within the e-Portfolio, including workplace-based assessments, examinations, audit and quality improvement projects, research and teaching activities, multisource feedback and supervisor reports. This provides a comprehensive picture of the trainee's development across the different areas of the curriculum. Any deficiencies identified during the review must be addressed before progression can be confirmed. Where significant competencies remain incomplete, trainees may be required to undertake additional training or provide further evidence of competence. In some circumstances, the duration of training may therefore be extended before the trainee is considered eligible for final specialist certification.

Types of Workplace-Based Assessments

Dr. Deepak demonstrated several of the workplace-based assessment tools used throughout UK training.

These include:

- Case-Based Discussions (CBDs);
- Direct Observation of Procedural Skills (DOPS);
- Mini Clinical Evaluation Exercises (Mini-CEX);
- Acute Care Assessment Tools (for General Internal Medicine);
- Teaching evaluations;
- Audit documentation;
- Reflections;
- Learning event analyses.

Each assessment evaluates different aspects of professional competence.

Formal Teaching Programme

Professor Kaushik outlined the structured teaching programme available to rheumatology trainees within the West Midlands Deanery. Trainees are released from clinical duties once a month to attend regional teaching days covering both rheumatology-specific topics and broader professional competencies.

Participation is documented within the trainee's educational portfolio. Attendance at national meetings, including the British Society for Rheumatology (BSR) Annual Meeting, must also be accompanied by written reflection on key learning points and their relevance to future clinical practice, emphasising that attendance alone does not demonstrate learning.

Multisource Feedback

Dr. Deepak described Multisource Feedback (MSF) as another important component of the training portfolio. Trainees receive anonymous feedback from a range of colleagues, including consultants, nurses, allied health professionals, administrative staff and medical students. The process provides a broad assessment of professionalism, communication, teamwork and interpersonal skills. Feedback is summarised and subsequently reviewed with the trainee's Educational Supervisor as part of their ongoing professional development.

Evaluation of Training Centres

Professor Kaushik highlighted that the e-Portfolio also provides valuable information on the quality of the training environment. In addition to documenting individual progression, trainees can provide feedback on supervision, educational opportunities, workload and learning conditions within their clinical placements. This information can be reviewed by regional training committees and used to identify areas for improvement within training programmes. He emphasised that the portfolio demonstrates the practical application of competency-based medical education, in which specialist training extends beyond theoretical knowledge and examinations. Competence encompasses clinical reasoning, procedural skills, communication, professionalism, leadership, teamwork, reflective practice, patient-centred care and continuous professional development. The portfolio therefore provides a more comprehensive picture of a trainee's readiness for independent specialist practice.

Professor Kaushik acknowledged that this approach requires significant commitment from both trainees and supervisors. However, once incorporated into routine clinical practice, workplace-based assessment and feedback become a natural part of the educational process. He also noted that supervisors are provided with protected educational time within their job plans, recognising supervision, teaching and assessment as essential professional responsibilities rather than additional administrative duties. The president thanked Dr. Deepak for providing a valuable trainee perspective and for demonstrating how competency-based education operates in practice. He noted that the presentation provided an excellent practical example of how many of the principles contained within the revised European Training Requirements could be incorporated into everyday specialist training.

Strategic Discussion on the Future Direction of UEMS Rheumatology

As the meeting approached its conclusion, Professor Kaushik **invited** delegates to reflect on the future priorities of the Section and Board, particularly the competencies that rheumatologists may require by 2035. He stressed the importance of anticipating developments in healthcare, technology, workforce organisation and society so that specialist training can evolve proactively rather than responding only after new challenges emerge. Delegates identified diversity, equity and inclusion as areas of growing importance, particularly as European patient populations become increasingly culturally, linguistically and socially diverse. Future rheumatologists will therefore need the skills to provide equitable and patient-centred care across a wide range of backgrounds and circumstances.

Environmental sustainability was also highlighted as an emerging priority. Delegates recognised the need to consider the environmental impact of professional and educational activities, including reducing unnecessary travel where appropriate. Virtual and hybrid meetings and educational activities are expected to remain important, while maintaining opportunities for valuable face-to-face collaboration. Professor Kaushik emphasised that the European Training Requirements should therefore remain a living framework, capable of adapting to developments in clinical practice, education and wider society. Regular review will be essential to ensure that specialist training continues to reflect the competencies required of future rheumatologists. The discussion also highlighted the importance of continued collaboration between UEMS and EULAR. Although the organisations have different but complementary roles, with UEMS focusing primarily on specialist training and professional standards and EULAR having a broader scientific and educational remit, closer cooperation can support common objectives in education, workforce development and high-quality rheumatology care across Europe.

Future Meetings

Delegates unanimously agreed that the Spring 2027 Meeting, hosted in Italy, will take place on 23–24 April 2027. The Autumn 2026 online meeting was scheduled for Thursday, 26 November 2026, with the exact starting time to be confirmed. An early evening session, approximately 17:00–19:00 CET, was considered most suitable.

Membership, Website and Communication

Professor Kaushik encouraged efforts to strengthen representation from countries currently absent or underrepresented within the Section, including Iceland, Latvia, Lithuania and Estonia. Delegates were also reminded to submit their professional photographs, short biographies and national information to support redevelopment of the UEMS Rheumatology website. Meeting presentations, photographs and other materials will also be progressively added to the website.

Closing Remarks

Professor Kaushik thanked delegates for their active participation and acknowledged the substantial progress achieved across the Section's educational and workforce initiatives. Particular appreciation was expressed to members completing their terms on the Board for their service and contributions. On behalf of the Czech Society of Rheumatology, Professor Marta Olejárová thanked delegates for attending the meeting in Prague and provided final information regarding the afternoon guided tour of the city. With no further business, the Chair formally closed the UEMS Rheumatology Section and Board Spring Meeting 2026, thanking the local organisers, speakers and delegates for their contribution to advancing rheumatology education and professional standards across Europe.