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## CHARTER on TRAINING of MEDICAL SPECIALISTS in the EUROPEAN COMMUNITY

Charter adopted by the Management Council of the UEMS, October 1993

### Introduction

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### A . PREAMBLE

The Treaty of Rome provides for the free exchange of persons, services, goods, and capital within the European Community. Free exchange of persons and services within the medical sector has been achieved by mutual recognition of basic and specialist medical qualifications brought into effect by the Commission of the European Communities (EC) in 1975. The Directives have been consolidated in the **Directive 93/16/EEC of 5 April 1993**.

The Directive 93/16 specifies in its articles:

4. Each Member State shall recognize the diplomas, certificates and other evidence of formal qualifications in specialized medicine awarded to nationals of Member States by the other Member States in accordance with Articles 24, 25, 26 and 29 and which are listed in Article 5, by giving such qualification the same effect in its territory as those which the Member State itself awards.
  
24. Member States shall ensure that the training leading to a diploma, certificate or other evidence of formal qualifications in specialized medicine, meets the following requirements at least:
  - (a) it shall entail the successful completion of six years' study within the framework of the training course referred to in Article 23 (basic medical training);
  - (b) it shall comprise theoretical and practical instruction;
  - (c) it shall be a full-time course (or equivalent part-time training according to Article 25) supervised by the competent authorities or bodies ;

- (d) it shall be in a university centre, in a teaching hospital or, where appropriate, in a health establishment approved for this purpose by the competent authorities or bodies;
- (e) it shall involve the personal participation of the physician training to be a specialist in the activity and in the responsibilities of the establishments concerned.
26. Member States shall ensure that the minimum length of the specialized training courses mentioned below may not be less than the following: Article 26-27.
42. Member States shall designate the authorities and bodies competent to issue or receive the diplomas, certificates and other evidence of formal qualifications as well as the documents and information referred to in this Directive and shall forthwith inform the other Member States and the Commission thereof.

## **B. OBJECTIVES of the Charter on training of medical specialists in the EC**

The Charter describes the requirements for adequate training, which prepares specialists for practice of their specialty at an appropriate level in any Member State of the EC. The definition of the content of this training is necessary to further the harmonization of training into medical specialties in the EC. This charter divides the requirements regarding content of training into a general part, defined by the European Union of Medical Specialists (UEMS), and a specific part for each recognized specialty, defined by the UEMS Specialized Sections.

## **C. DEFINITIONS**

- C.1 The **UEMS (Union Européenne des Médecins Spécialistes)** is the representative organization of all medical specialists in the EC. The UEMS is constituted by the representative organizations of medical specialists in the member states of the EC and the EFTA countries as well as associate members and observers from other European countries.
- C.2 A **Specialty** is a nationally or internationally recognized area of medical specialization for which a structured postgraduate training programme exists.
- C.3 A **UEMS/Specialized Section** is the representative body of physicians in the EC in any given specialty. Members of the UEMS/Specialized Sections are appointed by the appropriate professional organizations of the specialties in the EC member states and EFTA countries in accordance with UEMS rules of procedure. The UEMS/Specialized Sections deliberate and make proposals on matters of concern to their particular specialty and submit their findings to the UEMS in order that they may be coordinated as necessary with the interests of the other specialties and the profession as a whole.
- C.4. A **National Board** is the (representative) national (professional) organization, which monitors the training of medical specialists in each of the member states according to the rules in existence within the EC and within the EC member states. Its task includes setting national standards and supervising the following:
- duration of training,
  - contents of training,
  - quality control,
  - control of capacity of training according to demand,
  - procedures for entrance of training,
  - assessments or other means of qualification.

C.5 A **European Board** is a body set up by the relevant UEMS/Specialized Section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EC member states by ensuring that the training of specialists is raised to an adequate level. This aim is achieved by the following means:

- recommendations for setting and maintaining standards of training,
- recommendations for training quality,
- recommendations for setting standards and recognition of training institutions,
- monitoring of the contents and quality and the evaluation of training in the EC member states,
- facilitation of exchange of trainees between the EC member states
- facilitation of free movement of specialists in the EC.

C.6 - The **National Authority** is the body responsible for qualification of medical specialists in each member state of the EC. It can be a combination of competent professional or university organizations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organized regionally within the country with national coordination.

## CHARTER on TRAINING of MEDICAL SPECIALISTS in the EC

### 1. CHAPTER 1, NATIONAL AUTHORITY

#### 1.1. Article 1

##### **NATIONAL AUTHORITY**

At national level, the training of medical specialists is regulated by a National Authority, which can be a combination of competent professional or university organizations, a national Board or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organized regionally within the country with national coordination.

#### 1.2 . Article 2

##### **RECOGNITION of TEACHERS and TRAINING INSTITUTIONS**

The National Authority is responsible for selecting and approving training institutions and teachers at national level in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

#### 1.3. Article 3

##### **QUALITY ASSURANCE**

The National Authority is responsible for setting up at national level a programme for quality assurance of training and of teachers and training institutions in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.4. Article 4

**QUALIFICATION of MEDICAL SPECIALISTS**

The National Authority is responsible for implementing at national level a system of qualification of medical specialists in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

1.5. Article 5

**MANPOWER PLANNING**

The National Authority in cooperation with national professional and/or scientific organizations in the specialty concerned is responsible for developing a manpower planning policy at national level which aims at balancing demand and training for medical specialists in the EC member state concerned. The National Authority should be involved in the implementation of this policy.

1.6. Article 6

**REGISTER of MEDICAL SPECIALISTS**

The National Authority or its delegate is responsible for keeping a register at national level of medical specialists with data about their specialty, competences and other relevant matters. Medical specialists should practise one recognized specialty or group of related specialties only except in specifically permitted instances. The standard requirements for qualification in each specialty may not be lessened when a specialist is recognized in more than one specialty.

**2 CHAPTER 2, GENERAL ASPECTS of TRAINING of MEDICAL SPECIALISTS**

2.1. Article 1

**SELECTION for and ACCESS to the TRAINING of MEDICAL SPECIALISTS**

Teachers and training institutions or other responsible bodies select and appoint trainees who are suitable for the specialty concerned in accordance with an established selection procedure. This selection procedure should be transparent, and application should be open to all persons who have completed basic medical training.

2.2. Article 2

**DURATION of TRAINING**

The duration of training of medical specialists should be sufficient for training in the full range of the specialty and for independent practice of the specialty after completion of training. Training should by preference take place in a full-time appointment. For part-time training an individually tailored programme should be approved by the National Authority.

2.3. Article 3

**COMMON TRUNK**

For internal medicine and related specialties, for surgical specialties and for paediatric specialties general training in fundamental knowledge and skills will take place in common trunk training for the respective specialty. All trainees should have training in administration, management and economics of specialized medicine.

2.4. Article 4

**TRAINING PROGRAMME, TRAINING LOGBOOK**

Training should take place following an established programme with specified contents approved by the National Authority in accordance with national rules and EC legislation as well as considering UEMS/ European Board recommendations. The different stages of training and the activities of the trainee should be recorded in a training log-book.

2.5. Article 5

**QUALITY ASSURANCE**

The National Authority together with the teachers and training institutions should implement a policy of quality assurance of the training. This may include visits to training institutions, assessments of the training, monitoring of the logbook or other means. Visitation of training institutions by the National Authority should be conducted in a structured manner.

2.6. Article 6

**NUMERUS CLAUSUS**

The National Authority should implement regulation of access to training in any specialty in accordance with national manpower planning projections in the EC member state.

2.7. Article 7

**TRAINING ABROAD in the EC**

Trainees should have the opportunity to be trained in recognized training institutions in other EC member states during their training with approval of their training programme by the National Authority of the country of origin. National Authorities can recognize training in non-EC countries if they so wish.

**3. CHAPTER 3, REQUIREMENTS for TRAINING INSTITUTIONS**

3.1. Article 1

**RECOGNITION of the TRAINING INSTITUTIONS**

Training institutions shall be recognized by the National Authority.

3.2. Article 2

**SIZE of the TRAINING INSTITUTION**

Training should take place in an institution or group of institutions which together offer the trainee practice in the full range of the specialty with consultations and practical procedures that are sufficiently varied and quantitatively and qualitatively sufficient, including inpatient care, day care and outpatient (ambulatory) training. Allied specialties should be present to a sufficient extent to provide the trainee with the opportunity of developing his/her skills in a team approach to patient care. Sub specialized institutions may be recognized by the National Authority for periods of the training.

3.3. Article 3

**QUALITY ASSURANCE of the TRAINING INSTITUTION**

The training institution should have an internal system of medical audit or quality assurance including features such as mortality conferences, reporting of accidents in accordance with a structured procedure. Furthermore, various hospital activities in the field of quality control such as infection control and drugs and therapeutics committees should exist. Visitation of training institutions by the National Authority should be conducted in a structured manner.

3.4. Article 4

**TEACHING INFRASTRUCTURE of the INSTITUTION**

In the institution, the trainee should have space and opportunities for practical and theoretical study. Access to adequate national and international professional literature should be provided as well as space and equipment for practical training of techniques in a laboratory setting.

## **4. CHAPTER 4, REQUIREMENTS for the post of CHIEF of TRAINING**

### 4.1. Article 1

#### **QUALIFICATION of the TEACHER**

The chief of training should have been practising the specialty for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff. The chief of training and the staff should be practising the specialty in its full extent. Sub specialized teachers may be recognized by the National Authority for periods during the training.

### 4.2. Article 2

#### **TRAINING PROGRAMME**

The training programme for each trainee should be structured in accordance with national rules and EC legislation as well as considering UEMS/European Board recommendations.

### 4.3. Article 3

#### **TEACHER/TRAINEE RATIO**

The ratio between the number of qualified specialists on the teaching staff and the number of trainees should provide close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

## **5. CHAPTER 5, REQUIREMENTS for TRAINEES**

### 5.1. Article 1

#### **EXPERIENCE**

To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of outpatients (ambulatory) and inpatients and perform an adequate number of procedures of sufficient diversity.

### 5.2. Article 2

#### **LANGUAGE**

The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

### 5.3. Article 3

#### **LOGBOOK**

The trainee should keep his/her personal log-book or equivalent up to date according to national rules and EC Directives as well as considering UEMS/European Board recommendations.

## **6. CHAPTER 6, REQUIREMENTS for the particular SPECIALTY: to be filled in by the appropriate UEMS Specialist Section**

### 6.1. Article 1

#### **CENTRAL MONITORING AUTHORITY for Individual Specialties at EC level:**

- 1.1. There should be a monitoring authority for each individual specialty in the EC. This may be the UEMS/Specialized Section itself, the European Board or a body with close links with these institutions.
- 1.2. General standards for recognition of institutions and teachers in the specialty should be laid down.
- 1.3. A programme for quality assurance of training in the specialty should be laid down.
- 1.4. The system for recognition of quality in the specialty should be monitored.
- 1.5. The system for manpower planning in the specialty should be monitored.

6.2. Article 2

**GENERAL ASPECTS of TRAINING in the SPECIALTY:**

Specific rules should be laid down for the following aspects:

- 2.1. Selection for and access to the specialty.
- 2.2. Determination of the adequate duration of the training in the specialty.
- 2.3. Definition of the common trunk in training in the specialty.
- 2.4. Implementation of a training programme with specified contents and a training log-book in the specialty.
- 2.5. Implementation of a system of quality control and assessment of training in the specialty.
- 2.6. Implementation of numerus clausus, if necessary, within the framework of man- power planning policy in the specialty.
- 2.7. Facilitation of training periods abroad in the EC during the training for the specialty.

6.3. Article 3

**REQUIREMENTS for TRAINING INSTITUTIONS**

Specific rules should be laid down concerning:

- 3.1. Recognition of training institutions for the specialty.
- 3.2. The size and diversity of the training institution or group of institutions, the number of admissions to the institution(s) including day care, outpatient (ambulatory) activity and inpatient care, the number and diversity of practical procedures as well as appropriate access to other relevant specialties.
- 3.3. Quality assurance in the institution. Visitation of training institutions by the National Authority should be conducted in a structured manner.

6.4. Article 4

**REQUIREMENTS for TEACHERS within the specialty:**

- 4.1. The chief of training should have been practising the specialty for at least 5 years after specialist accreditation or should have completed a specific training programme before recognition as such. There should be additional teaching staff.  
The teacher and the staff should be practising the specialty in its full extent. Sub specialized teachers may be recognized by the National Authority for periods during the training.
- 4.2. The teacher should work out a training programme for the trainee in accordance with the trainee's own qualities and the possibilities of the institution, which also complies with national rules and EC Directives and considers UEMS/European Board recommendations.
- 4.3. The ratio between the number of qualified specialists in the teaching staff and the number of trainees should provide a close personal monitoring of the trainee during his/her training and provide adequate exposure of the trainee to the training.

6.5 - Article 5

**REQUIREMENTS for TRAINEES**

- 5.1. Experience: To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of inpatients, day care patients, and outpatients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity.
- 5.2. The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

- 5.2. The trainee should keep his/her personal logbook or equivalent up to date according to national rules and EC Directives as well considering UEMS/European Board recommendations.

Training requirements for each specialty separately: see [Chapter 6](#)





**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

**Section de Dermato-Vénérologie  
Section of Dermato-Venerology**

President: Prof. Dr. H. Gollnick (D)  
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**European Training Charter for Medical Specialists, UEMS 2001**

**DERMATO-VENEREOLOGY, DERMATOLOGY AND VENEREOLOGY**

**Chapter 6, CHARTER on TRAINING of MEDICAL SPECIALISTS in the EU**

**REQUIREMENTS for the SPECIALTIES DERMATO-VENEREOLOGY (Continental Europe), DERMATOLOGY and VENEREOLOGY (UK and Ireland)**

Approved by the UEMS Specialist Section and the European Board of Dermatology and Venereology in its meeting in Munich, 13 October 2001

**DEFINITIONS**

Dermatology is an organ specialty that involves the diagnosis, treatment (both medical and surgical) and prevention of diseases of the skin and subcutis, mucosae, cutaneous appendages as well as skin manifestations of systemic disease and systemic manifestations of skin diseases. It also encompasses the promotion of good skin health.

Venereology includes the diagnosis, treatment and prevention of sexually transmitted infections (STIs) and other medical conditions of the genito-anal tract. It also concerns promotion of good sexual health.

**INSTITUTIONS**

The institution or combination of institutions responsible for training should meet the following criteria:

- Adequate facilities for the diagnosis and management for a range of dermatology and/or venereology conditions, including a minimum requirement of dedicated in-patients beds, provision and support for research and postgraduate degrees.
- The trainee should be exposed to a full range of dermatology and/or venereology conditions.
- It is recommended that there should be at least the equivalent of 2 full time specialists in the department. Every institution should designate one person responsible for training.



- The European Board of Dermatology and Venereology (EBDV) recognizes the importance of 'Quality Assurance' in training. This should be the responsibility of the appropriate national body in association with the EBDV.
- 'Manpower' planning should exist in European countries. These should inform, consult and be subject to the EBDV.

## QUALITY ASSURANCE

- For the quality assurance of training of dermato-venereologists all the topics listed in the Programme for Dermatology and the Programme for Venereology should be considered; whilst for the separate specialties of Dermatology and Venereology only those topics listed under each specialty need to be considered.

## PROGRAMME OF DERMATOLOGY

According to the definition of the specialties Dermato-venereology and Dermatology the trainee should gain knowledge of and gain experience in the diagnosis and treatment of:

- \* General dermatology in 'out-patients clinics' and 'in-patients' clinics
- \* Dermatopathology, incl. biopsy and technical aspects
- \* Immunology, with particular reference to immune-mediated skin diseases
- \* Allergy
- \* Occupational and environmental dermatology
- \* Paediatric dermatology and genetics
- \* Geriatric dermatology
- \* Dermatologic oncology, diagnostic and treatment procedures
- \* Photodermatology and phototherapy
- \* Burns, reactions to physical agents and wound healing
- \* Bacterial, mycological, viral and parasitic infections and infestations affecting the skin
- \* Diagnosis and treatment of diseases of skin-adjacent mucous membranes, including proctology
- \* Vascular pathology of the skin, diagnostic and treatment procedures
- \* Non-invasive diagnostic procedures, dermoscopy, ultrasound and other measurements of skin function
- \* Molecular biology in diagnosis and treatment
- \* Topical and systemic treatments, dermatological formulations and prescribing
- \* Pharmacology and skin-related toxicology
- \* Dermatological surgery, electrosurgery, cryosurgery, lasers, radiotherapy and other physico-chemical treatments (including photodynamic therapy)
- \* Aesthetic and cosmetic dermatology, including correcting procedures
- \* Skin care, preventive dermatology and rehabilitation
- \* Psychodermatology and social aspects

## PROGRAMME OF VENEREOLOGY

According to the definition of the specialties Dermato-venereology and Venereology the trainee should gain knowledge of and gain experience in the diagnosis and treatment of:



- \* Epidemiology of sexually transmitted infections (STIs) including HIV-infection
- \* Prevention and control of STIs, including partner notification
- \* Organization of STI services
- \* Sexual history-taking and genito-anal examination
- \* Clinical diagnosis and management of STIs, including systemic manifestations, genito-anal dermatoses and the local and systemic complications
- \* HIV infection and its complications, management and treatment
- \* HPV-related lower genital tract malignancies, including diagnosis and management of cellular abnormalities of the uterine cervix
- \* Common gynecological, proctal and andrological disorders
- \* STIs in pregnancy and neonates
- \* Multidisciplinary management of children with genital infections
- \* Laboratory diagnosis including serological tests for STIs
- \* Familiarity with at least one set of management guidelines for STIs (national, European, CDC)
- \* Methods of contraception
- \* Sexual health and education, and psychosexual problems

IN ADDITION TO THIS THE TRAINING PROGRAMME OF ALL THREE SPECIALTIES SHOULD CONTAIN:

- \* Epidemiology, data management and evidence based medicine
- \* Good clinical practice guidelines and medical ethics
- \* Basic principles of health economics
- \* Practice organisation and time management
- \* Research, clinical and laboratory
- \* Active participation in clinic sessions, dermatopathology sessions, journal sessions and telematics
- \* Teaching and communication skills

### **GENERAL ASPECTS of TRAINING in DERMATO-VENEREOLOGY, DERMATOLOGY and VENEREOLOGY**

- Selection and access to the specialty is the responsibility of the appropriate national authority.
- A period in general common trunk training is recommended, before, during or after the minimum 4 years of specialty training.
- A training log-book in the specialty is necessary
- The national authorities can recognize for training purposes up to one year spent in a recognized centre abroad in an EU or non-EU country.
- The size of the training institution or group of institutions should be such that it has an adequate number and variety of disorders of out-patients and easy access to a sufficient number of beds.



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- The institution should be such as to allow the trainee to carry out his/her training as outlined in the programme of dermatology and in the programme of venereology, as well as to allow appropriate access to other relevant specialties. Inspection of training institutions by the national authorities should be conducted at least once every 5 years. The national authority must report the results of their inspection to the EBDV (with due regards to privacy protection).
- Each institution should identify a chief of training who should have been practicing the specialty for at least 5 years after specialist certification. There must be additional training staff.
- The chief of training should be responsible for the training programme of the trainee in accordance with the experience of the trainee and the available facilities in the institution or group of institutions. When some facilities are not locally available it is the responsibility of the chief of training to make appropriate arrangements. There should be sufficient teaching staff to allow adequate monitoring of each trainee.
- To build up his/her experience the trainee should be involved in the treatment of a sufficient number of in-patients, day care patients and out-patients and should perform a sufficient number of practical procedures of sufficient diversity to fully cover dermatology and/or venereology.
- The trainee should have sufficient linguistic ability to communicate with patients.
- The trainee should have his/her personal logbook according to the recommendations of the EBDV.
- The trainees should be encouraged to involve themselves in original studies which may lead to a presentation or publication.