

Guidelines for Charter on Visitation of Training Centres in Dermatology and Venereology: Report for the European Board of Dermatology and Venereology, European Union of Medical Specialists

Working Committee: Professor Inger Rosdahl, Sweden (Chair); Professor Andrew Finlay,* United Kingdom (Chair); Professor Harald Gollnick, Germany; Professor Michele Lomuto, Italy; Dr Elisabeth Soyland, Norway

*Corresponding author, University of Wales College of Medicine, Department of Dermatology, Heath Park, Cardiff CF14 4XN, Wales, tel. +4429 20742615; fax +4429 20762314; E-mail: finlayay@cardiff.ac.uk

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Introduction

The European Union of Medical Specialists (UEMS) has been active in the field of quality improvement of specialist training for years. It has formulated guidelines and criteria for this purpose that are accepted by the representative organizations of medical specialists in the European Union. This work is summarized in the European Training Charter for Medical Specialists (1995), which brings together the recommendations on the content of postgraduate and continuing medical education in all areas of specialist medicine.¹

Quality of training is one of the most important factors in the domain of quality of medical care. In the member states of the European Union (EU) national professional authorities assess, improve and control specialist training in their countries. For this purpose feedback is necessary and several feedback instruments should be employed. For this purpose the Charter of Visitation of Training Centres was formulated and adopted by the Management Council of the UEMS in 1997.²

Visitation

An important feedback instrument in quality improvement is the visitation of training centres, often coupled with national certification or re-certification of trainers and training centres. In the UEMS the need is felt for harmonization and encouragement in

the field of visitation of training centres, as there is wide variation in national approaches throughout the EU. This charter presents the general outlines of a national programme for visitation of training centres. More detailed guidelines are given in the annexes. These are meant as examples and can be adapted to each case.

Statutory visitation

The responsible national authority is recommended to establish programmes for statutory visits if they have not been developed already. The number of national authorities requiring these programmes is increasing; they tend to become obligatory, as is already the case in several member states of the EU.

Voluntary visitation

Training centres are encouraged to participate in voluntary visitation programmes that award additional quality titles. The UEMS European Boards are active in this field (see Annex E).³

Annexes

- A Questionnaire for the chief of training (see Table 1)
- B Questionnaire for the trainees (see Table 1)
- C Checklist for visitors (see Table 2)

¹European Training Charter for Medical Specialists, Publication UEMS 1995.

²Charter adopted by the Management Council of the UEMS in its meeting Killarney, Ireland, 24 October 1997.

³On an international level the UEMS European Boards are active in the field of quality control and improvement of specialist medicine. Some European Boards have European programmes for visits to training centres. These are voluntary programmes. As a result of these visitations European quality titles are conferred.

Table 1 The questionnaire topics that should be sent in under confidential cover (see summary questionnaire)

Annex A (chief of training):

Records
 Basic data
 Medical audit
 Medical Personnel
 Registration of training
 Clinical experience available
 Evaluation of training
 Clinical facilities
 Research activities
 Structure of the centre
 Comments

Annex B (trainees):

Working hours
 Personnel, time in training
 Extent of tutor structured training
 Clinical experience
 Relation between formal and opportunistic training
 Facilities for trainees
 Division of tasks
 Comments

Table 2 The checklist for visitors (Annex C) that should be used by the visitors in the collection of data (applies to all specialties)

General
 Postgraduate facilities
 Laboratory services
 Research
 Radiology/imaging
 Library and computer facilities
 Rehabilitation
 Records
 Intensive care
 Interviews with trainees

Table 3 Annex D (model visitation report)

Part 1	Basic data: chief of training, teaching staff, trainees. Is the teaching staff sufficiently large and qualified for adequate supervision of the training and is this training actually carried out?
Part 2	Basic data: training institution. Does the training institution offer adequate facilities for training?
Part 3	Clinical activities. Is the volume and variety of the clinical work sufficient for a complete specialist training programme? Is the clinical work well organized and systematic? Does the department offer a favourable educational environment? Is the number of trainees appropriate for the structure and facilities of the training institution? Does the department offer satisfactory theoretical education?
Part 4	Research activities. Does the department offer trainees research opportunities?
Part 5	Information from trainees.
Parts 6–8	Report of the visiting committee including recommendations and conclusions.

D Model visitation report (see Table 3)

E International visitation

National visitation of training centres

National Professional Authority, responsible authority

The National Professional Authority is the body responsible for the qualification of medical specialists in each member state of the EU. It can be a combination of competent professional and/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 EU legislation as well as considering UEMS/European Board recommendations. In some cases, the National Professional Authority is organized regionally within the country with national co-ordination. The National Professional Authority is usually responsible for the implementation of the national visitation programme.

Training programme, training logbook

Training should take place following an established programme with specified contents approved by the National Professional Authority in accordance with national rules and EU 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 logbook. Every trainee should have a structured training programme.

Article 1: Purpose of the visitation

The purpose of the visits is improvement, assurance and assessment of the quality of training in the training centre. To achieve this the level of training is compared with criteria that are adopted by the National Professional Authority who have responsibility for the assurance of quality of training in the particular EU member state. The outcome of the visitation can be used in a new or already existing national certification and re-certification programme of training centre validation.

Article 2: Application

The initiative for the visitation can be taken by the training centre itself or by the National Professional Authority. In the case of a new certification, or reapplication after loss of certification, the trainer or the training centre will usually take the initiative. If a national re-certification programme exists, there will be a statutory period for renewed visitation and the initiative will usually be taken by the National Professional Authority.

Article 3: Visiting committee

The visiting committee is appointed by the National Professional Authority and should consist of at least two qualified

medical specialists in the specialty of the training centre. It is recommended that a trainee in the specialty meets with the visiting committee. Preferably the trainees whose programme is being inspected should appoint this trainee. One visitor will act as Chair, another as Secretary. The committee can be enlarged if necessary or desirable. A specialist in another specialty or an international representative for dermatovenereology, dermatology or venereology (D-V, D or V) may be attached to the visitation committee.

The National Professional Authority provides the visiting committee with reports of previous visitations, the current requirements for certification and other relevant correspondence. These documents must be in the hands of the visitors at least 2 weeks before the date of the actual visit.

Article 4: Organization of the visits

The Chair of the visiting committee consults with the head of the training centre to select a date for the visitation suitable for the visitation committee and the training centre. The training centre provides the visiting committee with suitable refreshments and meals dependent upon the duration of the visit. Hotel accommodation should be arranged if necessary.

Prior to the visit the head of the department or an authorized deputy must complete a questionnaire. A representative of the trainees must also complete a questionnaire (see Table 1 and summary questionnaire). The chief of training should ensure that the questionnaires are in the hands of the visitors at least 2 weeks before the date of the actual visit together with a detailed programme for the visit. A copy of the current training programme and the last annual report of the training centre should be added to the questionnaires.

The questionnaire filled in by the trainees should be sent in under confidential cover.

Article 5: Actual visit

Usually it is desirable to hold a preliminary meeting with the specialists concerned. The visitors should see the main hospital(s) and unit(s) involved in the training programme and the specialists with whom the trainee will work. All specialists of the senior and junior staff and trainees should be interviewed privately. Team discussions with senior and junior staff and trainees might be a preferable alternative in larger departments.

Information from the trainees should remain confidential.

At the end of the visit a discussion with the teaching staff should take place.

It is recommended that the visiting committee should have an interview with a representative of the management of the hospital(s) in which the training takes place.

Visits should preferably be completed within 1 day. In the case of a repeat visit half a day may be sufficient.

The timetable for the visit should allow for a concluding private session of up to 1 hour so that the visiting team may

formulate its conclusions, conditions and recommendations. Details can be added later by the compiler of the report, but if practical decisions are left for correspondence, this leads to delay.

Article 6: Criteria and assessment

The visiting committee in the assessment of the training should use nationally accepted criteria. The National Professional Authorities are encouraged to incorporate the UEMS criteria into the national regulations. The checklist for visitors (see Table 2, Annex C and summary questionnaire) should be used by the visitors in the collection of data.

The visiting committee will make an assessment of all data and all observations that become available to the committee. These will be compared with existing criteria according to the rules of the National Professional Authority.

Article 7: Report of the visiting committee (see Table 3)

The visiting committee should formulate its conclusions, conditions and recommendations in a fully agreed and dated report clearly stating the identity and address of the chief of training and the training centre that was visited. The training centre that has been visited should be allowed to see the draft of the report to correct any factual errors. Before submission of the report the visiting committee should discuss any adverse conclusions with representatives of the National Professional Authority that is responsible for the certification of trainers and training centres.

The report should be submitted to the National Professional Authority at the earliest opportunity and definitely within 1 month. The report should be accompanied by the training programme of the training centre and the data from the questionnaire completed by the chief of training prior to the visitation. The Chair of the visiting committee should sign the report. The identity and address of the members of the visiting committee should be stated in the report.

Article 8: Final decision by the National Professional Authority

In its report the visiting committee gives its advice to the National Professional Authority. This body has the final responsibility and makes its decisions according to national rules concerning certification and possible re-certification. At this stage implementation of national rules (where these exist) concerning sanctions should take place.

Article 9: Confidentiality

The visitors must preserve the confidentiality of the contents of the draft of the visitation report. However, visitors should be aware that their report might not remain confidential. This requires prudence in the writing of the report. It is essential that information obtained during interviews with trainees remains absolutely confidential. Any sensitive matter should be put in a separate letter to the National Professional Authority under confidential cover.

Addressees of the report

The draft of the visitation report should be sent to the chief of training for the correction of factual errors. The final report is to be sent to the National Professional Authority responsible for the national visitation programme. The chief of training is recommended to send a final report to the administrators of the hospital. Further circulation of the report to the medical staff is advisable, but this is up to the chief of training to decide.

Article 10: Appeal body

An appeal body should be set up by the National Professional Authority consisting of independent individuals. A second visitation may be an option.

Article 11: Annual report by the National Professional Authority

An evaluation of the visits with statistical data should be reported annually by the National Professional Authority. This report must contain a list of training institutions with a valid certification and the dates of issue and expiration. It is up to each

National Professional Authority to decide if data from visitations are to be identified with individual training centres.

Article 12: Financing of visitation

The expenses of the visitations are to be met by the individual clinic/hospital being inspected or by the National Professional Authority. The Authority must raise funds for this purpose. Possible sources are the national professional organization, but also participating institutions, governments, social security or health care insurance companies, or private sources. The National Professional Authority must ensure that it remains independent and is not influenced by funding sources.

Levels of financing

- 1 The expense of the actual visits has to be met.
- 2 The expense of the National Professional Authority with its superstructure for the visitation programme has to be met. This authority has to run the programme, organize the visits and evaluate the results.

**QUESTIONNAIRE SUMMARIZING MAIN POINTS
FROM ANNEXES A–E***

Report Regarding Dermatology Specialist Training At Hospital Units

-Basic data-

Completed by Date

Chief of training (Points 1–8)

Trainees (Points 1–8)

Visitor (Complete questionnaire)

1. ORGANIZATION

(a) Regional administration authority

(b) Hospital Regional Subregional Local

(c) Department/unit University hospital unit

(d) Head of department is:

Dermatologist

Other:

2. MEDICAL STAFF

Number

(a) Specialists (in specialty under review)

(b) Trainees in specialty under review

 ◆ in training posts

 ◆ with temporary employment, waiting for training post

 ◆ *locum tenens*

(c) Trainees from other specialties receiving training

(d) Non-licensed trainees (general training programme)

3. FACILITIES FOR TRAINEES

Do trainees have access to:

Yes

No

(a) Working space with own desk

(b) Medical library with trained librarians at hospital

- | | Yes | No |
|--|--------------------------|--------------------------|
| (c) Medical library at department/unit | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) International scientific journals at department/unit | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Personal computer | <input type="checkbox"/> | <input type="checkbox"/> |

4. STRUCTURE OF TRAINING

- | | | |
|--|--------------------------|--------------------------|
| (a) Can the unit hospital offer complete training in the chosen specialty? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If not, what is missing?

If the answer to question (a) is negative, complete question (b):

- | | | |
|--|--------------------------|--------------------------|
| (b) Are missing aspects of training available in the area? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

5. PROFESSIONAL GUIDANCE/TUTORING

- | | | |
|---|--------------------------|--------------------------|
| (a) Does a specialist act as co-ordinator for all trainees? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If the answer is YES, specify at what level (e.g. department, hospital, area administration):

.....

- | | | |
|---|--------------------------|--------------------------|
| (b) Do tutors at the department/unit have a written curriculum? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | often | sometimes | rarely | never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (c) Have tutors received formal tutor training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Are tutoring/assessment talks scheduled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Do trainees in training posts have their own tutor for regular assessment talks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Do junior doctors employed as <i>locum tenens</i> have their own tutor for regular assessment talks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Do trainees in training posts have individual training programmes (enclose example)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Do junior doctors employed as <i>locum tenens</i> have individual training programmes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Do trainees complete a logbook? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. THEORETICAL EDUCATION

- | | often | sometimes | rarely | never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Do trainees participate in internal education (enclose example)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Do trainees participate in external courses (enclose example)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) How many working days per annum may trainees devote to external education (on average)? | | | | |
| | | | days/year | |
| (d) How many working hours per week may trainees devote to self-study (on average)? | | | | |
| | | | hours/week | |
| (e) Do trainees receive any formal training in leadership (enclose example)?
..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Do trainees participate in daily administrative tasks (enclose example)?
..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Do junior doctors in <i>locum tenens</i> have the same opportunities as trainees in training posts to participate in internal and external education (courses, seminars, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. RESEARCH AND DEVELOPMENT

- | (a) How many doctors with a PhD are employed at the department/unit? | | | | Number
..... |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (b) How many doctors writing their thesis are employed at the department/unit? | | | | Number
..... |
| | often | sometimes | rarely | never |
| (c) Do non-specialist doctors participate in R&D? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Number |
| (d) How many non-specialist doctors at the department have published scientific articles (author or co-author) during the last 2 years? | | | | |

8. ADDITIONAL INFORMATION

.....
.....
.....
.....

Reviewer

EVALUATION

Date of visit

Administration area

Hospital

Department

.....

Marks/points (0–3)

- STRUCTURE
Volume and variation of clinical work
- Medical staff—size and qualifications
- Premises, library, equipment
- PROCESS
Organization of clinical work
- Educational environment
- Theoretical education
- RESEARCH
Research opportunities

CONCLUDING REMARKS

*NB: Annexes A, B, C, D and E are not reproduced here but are available from the UEMS Section of Dermatology and Venereology.