



*ACCREDITATION FOR
SPECIALIST TRAINING IN
GERIATRIC MEDICINE
IN THE
EUROPEAN UNION*

**Geriatric Medicine Section
of the
European Union of Medical Specialists (GMS-UEMS)**

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The brochure '*Accreditation for Specialist Training in Geriatric Medicine in the European Union*' has been developed by the GMS-UEMS and has been accepted by the national geriatric medicine societies in the member countries of the European Union, Iceland, Norway and Switzerland.

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Introduction

The requirements for the speciality of geriatric medicine are laid down in chapter 6 of the Charter on Training of Medical Specialists in the European Union (<http://www.uems.be/>). The Geriatric Medicine Section of the European Union of Medical Specialists will be the monitoring authority in the European Union. National authorities are responsible for the selection and approval of training institutions and teachers in accordance with the national rules, European Union legislation and the recommendations from the Geriatric Medicine Section of the European Union of Medical Specialists. Quality assurance of training programmes, training institutions and teachers are also the responsibility of the national authorities in accordance with the same proviso.

Prague, September, 2003

Accreditation for Specialist Training in Geriatric Medicine

At the meeting of the Geriatric Medicine Section of the European Union of Medical Specialists in Copenhagen in October, 1999, it was agreed that the current practices of the participating member states of the European Union with regard to hospital accreditation for specialist training in geriatric medicine should be investigated and that a report be prepared with recommendations for harmonisation of future practice for accreditation. Visitation, as an instrument of quality control, was included. After discussion the results were agreed in September 2003.

As a result of our investigations and discussions at subsequent meetings of the Section, we make the following recommendations are made:

1. It is desirable that there should be effective and consistent training of physicians in geriatric medicine throughout the member states of the European Union.
2. In order to achieve this we recommend that there should be a higher medical training authority and also a specialty committee for geriatric medicine in each member state, composed of appropriately trained geriatricians.
3. To achieve appropriate training of future physicians in geriatric medicine the hospitals/posts in which they receive their training should be subjected to a structured assessment by at least two competent personnel, who have experience in all aspects of care, including acute geriatric medicine, and reviewed at least every 5 years.
One of these visitors should be, where possible, a member of the Geriatric Medicine Section of the UEMS and the other a suitable physician in geriatric medicine preferably locally based, but not from the applicant institution.
4. At least 15 acute assessment beds in an acute general or academic hospital, supported by rehabilitation beds, long stay beds, a day hospital, and out patient facilities (day clinics) are essential, the specific requirements depending on the number of elderly persons in the catchment area of the service. Adequate junior doctor, nursing and paramedical staffing is essential and at least one specialist physician in geriatric medicine available to supervise the training of the trainee. Adequate library facilities and accommodation are also considered to be essential.
5. Application for UEMS accreditation to provide specialist training in geriatric medicine should be made to the Secretary of the Geriatric Medicine Section of the UEMS. This should include details of the current mechanism for obtaining local accreditation together with the report of any visit recently obtained with a view to this. A guarantee to cover any essential costs inherent in any further assessment for the purpose of accreditation will be required from the applicant.
6. We would encourage the health authorities of the various member states of the European Union to ensure that such proposals be considered appropriate for the specialty of geriatric medicine and the health care of their older people.

How to Apply for Accreditation

To apply for accreditation for specialist training in geriatric medicine in the European Union contact the secretariat of the Geriatric Medicine Section of the European Union of Medical Specialists. The secretariat will send the visit application forms to the applicant. This should be returned to the secretariat.

The Committee for Visitations of the GM-UEMS will discuss the available information and will contact the applicant as to whether the visit is to go ahead or other proposals are suggested.

When a visit is planned to obtain accreditation, prior agreement has to be reached as to the membership of the visiting team and for the payment of their costs.

Visitation of Training Centres, adapted from the 'Charter on Visitations of Training Centres', UEMS, October 24,1997; UEMS secretariat: e-mail: uems@skynet.be

visitation

An important feedback instrument in quality improvement is the visitation of training centres, often coupled with national certification or recertification of trainers and training centres. Training centres are encouraged to participate in voluntary visitation programmes that award additional quality titles.

The National Professional Authority is the body responsible for qualification of medical specialists in each member state of the European Union. It can be a combination of competent professional and/or university organisations, a national Board or a national governmental authority advised by a professional authority. In some cases, the National Authority is organised regionally within the country with national co-ordination. The National Professional Authority is responsible for the implementation of the national visitation programme.

Training should take place following an established programme with specified contents approved by the National Authority in accordance with national rules and European Union legislation and in accordance with the recommendations of the Geriatric Medicine Section of the UEMS.

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 charged with the assurance of quality of training in the particular European Union member state and the recommendations of the GMS-UEMS . The outcome of the visitation can be used in a national certification and recertification programme of training centres dependent on existing rules.

article 2, application

The initiative for the visitation can be taken:

- On receipt of an initial application for approval of a post
- To ensure the recommendations of previous visits
- As part of a rolling programme of review visits organised by UEMS
- Following a series of valid adverse trainee reports
- Following knowledge of significant changes to the training institution
- On request from the 'National Specialty Director'

In the case of a new certification or reapplication after loss of certification the initiative will usually be taken by the trainer or the training centre. When a national recertification 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 UEMS GMS Board and consists of at least two qualified medical specialists in the specialty of the training centre. It is recommended that a trainee in the specialty is attached to the visiting committee. Preferably this trainee should be appointed by the representative junior doctor organisation. One of the specialist visitors should be locally based but not from the applicant institution and one of the visitors should be a member of the GMS-UEMS. One member will act as president, another as secretary. The committee can be enlarged if necessary or desirable. A specialist in another specialty may be added 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 two weeks before the date of the actual visit.

article 4, organisation of the visits

The president 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. Prior to the visit a questionnaire (Annex A) must be completed by the head of the department or an authorised deputy. A second questionnaire (Annex B) must be completed by a representative of the trainees where a trainee is already present. The chief of training should take care that the questionnaires are in the hands of the visitors at least two 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, the 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. A team discussion with the trainees may be particularly helpful as well. Information from the trainees should remain confidential.

Concluding the visit a debate with the teaching staff should take place.

The visiting committee should have an interview with a representative of the board of directors of the hospital(s) in which the training takes place.

Visits should preferably be concluded within one day.

The timetable for the visit should allow for a concluding private section of 30-60 minutes, so that if at all possible 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

Nationally accepted criteria should normally be used by the visitation committee in the assessment of the training. The national professional authorities are encouraged to implement the UEMS criteria into the national regulation. The checklist for visitors (Annex C) 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 and also the GMS-UEMS.

article 7, the report of the visiting committee

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 granted inspection of the draft of the report to correct any factual errors. Prior to the submission of the report visiting teams should discuss any adverse conclusion 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 one month of acceptance by the GMS-UEMS European Board. The report should be accompanied by the training programme of the training centre and the data from the questionnaire filled in by the chief of training prior to the visitation. The report should be signed by the president of the visiting committee. The identity and address of the members of the visiting committee should be stated in the report.

article 8, the final judgement 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 decision according to national rules in the field of certification and possible recertification. On this level implementation of national rules concerning sanctions has to take place when these rules exist.

article 9, confidentiality

Visitors and the national professional authority are obliged to preserve the confidentiality of the contents of the draft of the visitation report. However, visitors should be aware that their report might be circulated nevertheless. This requires prudence in the framing of the report. At the same time it is important that personally attributable information obtained during interviews with trainees remains confidential. Any matter visitors do not wish to be made common knowledge 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 correction of factual errors. The final report is to be sent to the National Professional Authority, responsible for the national visitation programme and to the chief of training. Further dissemination of the report to the medical staff and the board of directors of the hospital is advisable, but is to be left open to the chief of training.

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 not desirable that data from visitations is able to be linked to individual training centres.

article 12, financing of visitations

In the visitation programmes the expenses are to be met by the national professional authority

that is charged with the running of the programme. This authority/training centre must raise funds for this purpose. Sources are the professional organisations, but also participating institutions, governments, social security or health care insurances or private sources. The national professional authority has to preserve its independency, especially in the case of external financing.

Levels of financing:

- a) The expense of the actual visits has to be met.
- b) 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, organise the visits and evaluate the results.

annex A, questionnaire for the chief of training

Questions to be answered by the chief of training prior to the visitation.

1. basic data

- 1.1. Hospital: name, address, type (university, regional etc.).
- 1.2. Department: name, address. Chief of training: name, title, address and date of registration in the particular specialty, location of specialist training.
- 1.3. Comments on the structure, organisation, composition and location of the training centre.
- 1.4. Other hospitals in which training takes place under the responsibility of the parent training centre. Give name(s), address, number of beds and specialties, specify type of the training centre.
- 1.5. Other hospitals in which training takes place under separate responsibility. Give name(s), number of beds and specialties. Specify the type of the training centre and the trainer(s) who are responsible at this location.
- 1.6. Special commitments: specify representation in societies and exchange with other training centres.
- 1.7. Training programme, written 'aims, goals and objectives' for the general activity of the department, written 'aims, goals and objectives' for the educational activity, the annual report.
- 1.8. Autopsies: absolute number, percentage of mortality.

2. medical, nursing and paramedical personnel in the department

- 2.1. Name of head(s) of training centre, staff members, other qualified specialists, trainees (with time in training), status of personnel (permanent/transitory, non-nationals, full-time/part-time).
- 2.2. Other personnel: number of nurses and paramedical staff, assistants, technicians, secretaries, clerks, library, computer and other staff (specify). Relate part-time positions to full-time positions. Are they dedicated to the unit or shared?
- 2.3. Allocation of medical personnel: During office hours: qualified specialists, trainees. Outside office hours (on call): qualified specialists, trainees.

3. clinical experience available

- 3.1. Number of outpatients. Case mix?
- 3.2. Any specialist clinic e.g. falls or memory?
- 3.3. Number of admissions, in-patient and day-care. Case mix?
- 3.4. Diagnostic procedures, number and type.
- 3.5. Therapeutic procedures, number and type.
- 3.6. In what measure are the trainees supervised by specialists in their daily practice?

4. clinical facilities

- 4.1. Number of clinical beds (including short-stay beds).
- 4.2. Number of day-care places.
- 4.3. Number of units in the outpatient department.
- 4.4. Number of units for function tests, both clinical and for outpatients.
- 4.5. Number of intensive care beds.
- 4.6. Emergency service facilities.
- 4.7. Number and character of operating theatres (if applicable).

5. structure of the training centre

- 5.1. Physical connections between the different locations in the training centre.
- 5.2. Accommodation of teaching staff and trainees.
- 5.3. Laboratory facilities, especially for training purposes.
- 5.4. Research facilities, measure of participation of trainees in research.
- 5.5. Library: full-time librarian, adequate room for reading and studying, sufficient current

textbooks, audio-visual and interactive learning tools and journals. Supply a list of books acquired in the last 5 years.

- 5.6. Availability of secretarial facilities for clinical, teaching and scientific purposes.
- 5.7. Facilities for data processing (and related facilities like access to Internet).
- 5.8. Relations with other training centres in the specialty.
- 5.9. Relations with trainers in other specialties in the hospital.
- 5.10. What other specialties are represented in the hospital?
- 5.11. What other specialties in the hospital are recognised as training centres?
- 5.12. Are the trainees insured against medical liability while working in the training centre?
- 5.13. Annual budget of the training institution.

6. records

Structure of the case records, combined for the whole hospital? Separate for in-patients and out-patients? Are letters of advice written to referring physicians?

7. quality assurance / medical audit

- 7.1. Systematic reporting of incidents.
- 7.2. Systematic registration of complications and incidents.
- 7.3. Staff meetings.
- 7.4. Critical incident conferences. Do trainees attend these meetings?
- 7.5. Systematic reporting of complaints from patients and relatives.
- 7.6. Departmental meetings in the field of quality assurance (other than above).
- 7.7. Autopsies: absolute number, percentage of mortality.

8. registration of training

- 8.1. Training programme.
- 8.2. Written personalised teaching programmes.
- 8.3. Trainee logbooks.
- 8.4. Registration of the progress of training by the chief of training.
- 8.5. Other educational activities. Please list.

9. evaluation of training

How are the trainees evaluated as to the progress of their knowledge and skill in the specialty?

10. research activities:

Please list the research activities of the department. Supply a list of publications and attendance of major medical meetings of staff members in the last 5 years. Is there an university affiliation with an undergraduate teaching function in the hospital?

11. comments

Please list.

annex B, questionnaire for trainees

For the representative of the trainees prior to the visitation.

1. personnel

Names and addresses of trainees, time in training.

2. clinical experience

Description of the clinical experience of each of the trainees. When a log-book is available this can be reported in a general way.

3. description of the training

Comments on the process of the training the trainees receive.

4. facilities for trainees

Accommodation, secretarial support, equipment for personal use, access to library, access to IT/internet, room for study, research facilities.

5. division of tasks

Description of the division of tasks among the trainees themselves and between the trainees and the specialist staff of the institution.

6. working hours

Description of the working hours, the relation between time spent in supervised and non-supervised training and clinical work. Extent of tutor structured training. Relation between formal and opportunistic training. Description of the time spent in research and study. The report should be specified according to the period of the training.

7. comments

Please list.

annex C, check list for visitors

In the course of the visit a number of points should be given special attention:

1. general

- 1.1. Check through the information given by the chief of training on the questionnaire.
- 1.2. Check details of information on the training institution, building(s), training units, beds, day-care, out-patient department, budget for clinical and scientific activities.
Clinical department: distribution of beds, intensive care, day-care, availability of separate rooms for examination and treatment, technical facilities within the wards for the specialty concerned.
Availability of access to appropriate special departments such as operating theatres, recovery, endoscopy rooms and other functional facilities where access is necessary for the specialty of geriatric medicine.
- 1.3. Structure of the out-patient department: size and organisation, localisation, equipment, appointment system, number of units and sessions, supervision by qualified specialists, structure of records, duration of stages of trainees in the out-patient department, number of patients during these stages, number of emergency cases.
- 1.4. Check number of trainees, junior and senior staff members and their working time within the training institution.
- 1.5. Check the number of specialist diplomas obtained in the training institution in the last 3 years.
- 1.6. Number of beds for which each trainee is responsible, degree of supervision.
- 1.7. Organisation of clinics, ward rounds, teaching rounds. Who organises these events?
- 1.8. Admission arrangements.
- 1.9. Emergency arrangements.
- 1.10. Interaction with paramedical staff.
- 1.11. Interaction with other medical disciplines.
- 1.12. The process of quality improvement and control in the training institution.

2 staffing

2.1 Medical, nursing physiotherapy, occupational therapy, speech therapy, dietetics, and medical social workers with a request that it be established whether these staff are appointed to the department or shared with other disciplines.

3. laboratory services

- 3.1. Arrangements for consultation between clinical laboratory staff and clinical staff.
- 3.2. General quality and availability of clinical laboratory services including details about special arrangements for the specialty concerned.
- 3.3. Available training in laboratory sciences.
- 3.4. Clinical Pathological Conference attendance. How many specialists could reasonably be expected to attend? Who organises these events?

4. radiology / imaging

Arrangements for consultation between radiologists and clinical staff, arrangements for training of staff and trainees, both inside and outside the department.

5. rehabilitation

Extent of services provided, liaison with community health services, regular conferences with paramedical and nursing disciplines.

6. intensive care

Who is in charge of the department? Do duty doctors have an opportunity to gain experience in the use of intensive care facilities?

7. *postgraduate facilities*

Journal clubs, access to other hospital postgraduate facilities, special teaching ward rounds, availability of meetings which general practitioners can attend, ease of access by general practitioners to specialists.

8. *research*

Facilities available for trainees including time and access to research funds. Number of publications in the last five years in which junior staff members or trainees were author or co-author.

9. *library*

Structure of library services in the department and in the hospital, availability of books of general reference, number of books and journal subscriptions available. Availability of Internet and other computerised search facilities.

10. *records*

10.1. Structure of case records.

10.2. Mentioning of differential diagnoses, programme for examination and treatment, argumentation for treatment, decursus, conclusions. Special sheets for laboratory, röntgen and pathology results?

10.3. Who writes the summaries, who writes the discharge notes to general practitioners, how is this supervised?

10.4. What is the length of delay of sending of the definitive discharge note after discharge, is there an immediate discharge note to general practitioners?

11. *interviews with trainees*

11.1. Confirm that trainees are interviewed by the visiting teams in private.

11.2 Invite anyone who would like to amplify their comments to write to the committee under confidential cover.

11.3. Are the trainees familiar with the training programme and the national requirements?

11.4. Do they feel that their jobs fulfil these requirements?

11.5. Is study leave available and sufficient?

11.6. What do they think of the teaching? Who does most of it? To what extent is clinical training supervised?

11.7. Is there enough time for research?

11.8. Check of the logbooks.

annex D, model visitation report

1. basic data, chief of training, teaching staff, trainees

Chief of training, members of the (teaching) staff, trainees, president board of governors:

As far as applicable: name, address, date and university of graduation, date and place of certification as specialist, date of certification as teacher, membership national and international professional societies, attendance of professional meetings in the last 5 years, scientific publications in the last 5 years, training assignment, contact with other teachers in the hospital, type of practice in teaching hospital and elsewhere, special interests in branches of the specialty. Certification for training in the same training institution in other specialties and in basic medical training.

Is the teaching staff sufficiently large and qualified for adequate supervision of the training and is this actually effected?

2. basic data, training institution

Description of the training institution, building(s), training units, beds, day-care, outpatient department, budget for clinical and scientific activities.

Clinical department: distribution of beds, intensive care, day-care, availability of separate rooms for examination and treatment, technical facilities within the wards for the specialty concerned. Special departments such as operation theatres, recovery, endoscopy rooms and other functional facilities dependent on the specialty.

Structure of the out-patient department: size and organisation, localisation, equipment, appointment system, supervision by qualified specialists, structure of records, duration of stages of trainees in the out-patient department, number of patients during these stages.

Does the training institution offer adequate facilities for the training?

3. clinical activities

3.1. Number of clinical and day care beds, number of admissions, average hospitalisation time.

Number of outpatient units and patients.

Yearly number and type of diagnostic and therapeutic procedures (see annual report of the training institution).

Is the volume and variation of the clinical work sufficient for a complete specialist training programme?

Is the clinical work well organised and systematic?

3.2. Records: central medical registration, availability for statistical purposes of diagnoses, type of codes, interventions, complications, incidents, availability of records in the follow-up period.

Structure of patient records: organisation, clinical-ambulatory, availability of laboratory reports, mentioning of primary problem, differential diagnosis, programme of investigation and/or treatment, reports of diagnostic and therapeutic interventions, decursus, summary and conclusions at the time of discharge, report to referring physician. Is this report discussed with the trainee and authorised by the teacher?

3.3. Contact with other specialties: consultations, combined clinical conferences, combined therapy, organisation of intensive care, autopsies.

Contact with ambulatory paramedical staff.

3.4. Training: number of trainees presently and in the last 5 years, full-time/part-time, number of beds/trainee, measure of supervision by qualified specialists in clinical activities.

Frequency of general teaching ward rounds and clinical conferences, scientific meetings.

Training in literature research, research methods, writing of scientific papers.

Cursory training in special aspects of the specialty, stages?

Assessment of training: regular assessment, examinations?

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?

3.5. Structure of Quality Assurance in the department (see Annex A, point 7).

4. *research activities*

These are listed in annex A, point 10. Additional information may be obtained by the visiting committee during the visit.

Does the department offer trainees research opportunities?

5. *information from trainees*

Report of the interviews with the trainees regarding the training in the teaching institution.

6. *conclusions*

General impression, shortcomings, necessary improvements with time scale.

Advice for the certifying authority.

7. *recommendations*

Recommendations for the training institution by the visiting committee.

8. *visiting committee*

Names and addresses of the members of the visiting committee, signature of the president.

annex E, international visitation

The GMS-UEMS European Board is a body set up by the UEMS Geriatric Medicine Section with the purpose of guaranteeing the highest standards of care in the specialty concerned within the European Union 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 EU member states,
- Facilitation of exchange of trainees between the EU member states,
- Facilitation of free movement of specialists in the EU.

1. purpose of the visitation

European Boards have their own programmes for international visitation. In these visitations the level of training is compared with criteria for trainers and training centres adopted by the European Boards and stated in the UEMS European Training Charter. The European Boards will develop these criteria further.

The visitation leads to a quality mark issued by the European Board. This serves the harmonisation of the level of training in the EU.

2. application for visitation

Training centres are encouraged to apply for visitation by the European Board in their specialty on a voluntary basis.

3. visiting committee

When the GMS-UEMS European Board is invited to visit a training centre, it appoints a visiting committee of at least 2 qualified medical specialists in the specialty of the training centre. One member will act as president, another as secretary. It is recommended that a trainee in the specialty is attached to the visitation committee. Preferably this trainee should be appointed by the representative junior doctor organisation. The committee can be enlarged if necessary or desirable. A specialist in another specialty may be added to the visiting committee. In this committee, one (not more) geriatric specialist in the committee may come from the state of the training centre to be visited, but not from the training centre, and at least one should come from outside the visited state one of which should be from the GMS-UEMS European Board. In the formation of the visiting teams the European Boards should take care to avoid language problems.

In the case of visitation by a committee of the European Board the visiting committee should have an understanding of the current national requirements for certification of training institutions in the specialty concerned.

4. organisation of the visits

The European Board establishes contact between the chief of training and the president of the visiting committee. They select a suitable date for the visitation and make an agreement concerning the languages to be used during the visitation.

The chief of training sees to it that the members of the visiting committee receive the relevant documents at least 2 weeks prior to the actual visit. These include the current national certification requirements and training programme and the questionnaires (Annex A and B) filled in by the chief of training and by the trainees. A detailed programme for the visitation should be submitted by the chief of training.

5. *the actual visit (see checklist, annex C)*

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. A delegate or delegation of the trainees and the specialists of the senior and junior staff should be interviewed personally. The international visit will preferably last one full day.

6. *criteria and conclusions*

In the case of an international visitation the available data and observations will be compared with the criteria formulated by the European Board. This will lead to a judgement according to the rules of the European Board. The training centre that has been visited should be granted inspection of the draft of the report to correct any factual errors. The president of the visiting team should discuss an adverse conclusion with a representative of the European Board prior to the submission of the report.

7. *the report of the visiting committee (see model, annex D)*

In the case of an international visitation the language of the report should be English or French. The choice should be determined by local circumstances. The European Board should agree on the use of a language or languages with the president of the visiting committee and the chief of training prior to the actual visitation.

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 granted inspection of the draft of the report to correct any factual errors. The report should be submitted to the European Board at the earliest opportunity and definitely within two months. The report should be accompanied by the training programme of the training centre and the data from the questionnaire filled in by the chief of training prior to the visitation. The report should be signed by the president of the visiting committee and should mention name and address of the members of the visiting committee.

8. *final judgement by the European Board*

In the case of an international visitation the visiting committee gives its advice to the European Board in the specialty concerned. This body has the final responsibility. The European Board awards an European Quality Mark according to its rules.

9. *confidentiality*

The visitation report and other data collected during the visitation should remain confidential between the training centre, the visiting committee and the European Board. The training centre that has been visited is entitled to make the visitation report public.

10. *appeal body*

For international visitations the European Boards must set up an independent appeal body.

11. *annual report*

The European Boards should submit an annual report of their activities in the field of visitation of training centres with statistical data to the Management Council of the UEMS. This report can be included in the general annual report of the UEMS Specialist Sections/European Boards. In this report it should not be possible to link data to individual training centres unless the training centre has given its approval for publication of the visitation report.

12. financing of visitations

In the case of European visitations travelling and accommodation expenses of the visiting committee should be met by the training centre. The expense of the organisation and assessment of the visits by the European Boards should be met by the Boards.

Geriatric Medicine Section of the European Union of Medical Specialists

The Geriatric Medicine Section of the European Union of Medical Specialists was founded in 1997, after the recognition of geriatric medicine as a specialty in eight European Union member countries.

The main goals of the Geriatric Medicine Section are:

- * harmonisation of education, training and services for geriatric medicine between the member states of the European Union
- * promotion of the quality of the services in geriatric medicine in the European Union
- * development of guidelines for education and specialist training in geriatric medicine in the European Union
- * visitation of training facilities for the specialty of geriatric medicine in the European Union
- * accreditation for continuing medical education and continuing professional development for geriatric medicine in the European Union.

Geriatric Medicine Section of the European Union of Medical Specialists

President	IR Hastie <i>United Kingdom</i>
Secretary	D Lüttje <i>Germany</i>
Treasurer	A Rundgren <i>Sweden</i>
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members (present and past)

<i>Austria</i>	F Böhmer, E Weber, T Fruhwald
<i>Belgium</i>	JP Baeyens, G Verdonk
<i>Denmark</i>	J Linde, N Horwitz, K Pedersen
<i>Finland</i>	A Lehtonen, J Laurila, S Hartikenen, S Ginstrom
<i>France</i>	B Rougier, PY Rub
<i>Germany</i>	C Lucke, H Werner
<i>Greece</i>	AS Dontas, M Violake-Paraskeva
<i>Iceland</i>	S Björnsson, P Jonsson
<i>Ireland</i>	J Lavan, D O'Neill
<i>Italy</i>	A Capurso, G Masotti
<i>the Netherlands</i>	TJM van der Cammen, L Boelaarts
<i>Portugal</i>	H Saldanha, T Verissimo
<i>Spain</i>	SA Blasco, AJ Cruz-Jentoft, JM Nunez
<i>United Kingdom</i>	R Smith, R Barber
<i>Sweden</i>	G Wachtmeister

observers

<i>Czech Republic</i>	E Topinková, J Přehnal	(member from May 2004)
<i>Hungary</i>	L Iván, L Vértes, G Bako	(member from May 2004)
<i>Norway</i>	K Laake, O Sletvold	
<i>Slovakia</i>	S Krajcik	(member from May 2004)
<i>Switzerland</i>	HP Fisch, P Schwed	