Introducing the EAPC Steering Group on Medical Education and Training

Frank Elsner, Stephen Mason, Heidi Blumhuber, Carlos Centeno, Gianluigi Cetto, Franco De Conno, John E Ellershaw, Steffen Eychmüller, Marilène Filbet and Philip Larkin present the activities of the European Association for Palliative Care (EAPC) in the area of medical education and training, including a number of task forces and projects.

Task forces
Undergraduate curricula update
Marilène Filbet had overseen the development of the original recommendations for undergraduate curricula, which had been presented at the 10th EAPC Congress in Budapest in 2007.

In 2011, as part of a new task force, Frank Elsner started to revise these original recommendations. A survey was distributed both to the SG-MET and to an EAPC advisory group, who were asked to provide comments, revisions and additions. The data obtained were discussed and reviewed over a number of draft versions, eventually leading to the production of an updated document, which has recently been approved by the EAPC Board and uploaded to the EAPC website.

These updated recommendations were also formally presented at the 8th EAPC Research Conference.

Key points
- The European Association for Palliative Care (EAPC) considers education and training in palliative medicine to be of utmost importance. Its Steering Group on Medical Education and Training (SG-MET) oversees a number of task forces and projects.
- The EAPC recommendations on palliative care curricula in undergraduate and postgraduate medical studies will be regularly updated.
- The Task Force on International Medical Education in Palliative Care – Research on Undergraduates has conducted research aimed at assessing the palliative care skills and attitudes of future doctors.
- Two new projects are being considered: an international summer school for medical education in palliative care, and a qualitative study assessing preparation for practice, in which medical students would participate directly.
Congress in Lleida in June 2014. They provide a framework for curriculum development and offer guidance on the minimum knowledge and skills medical students should obtain during undergraduate training.

Postgraduate curricula update
Now that the undergraduate curricula recommendations have been revised, the same process will begin in order to update the recommendations for the development of postgraduate curricula leading to certification in palliative medicine, originally issued in 2009. It is expected that revised recommendations will be produced by the end of 2015 and formally presented at the 9th EAPC Research Congress in 2016.

In future, both sets of recommendations will continue to require periodical updating, and hence a split four-year cycle of revision will be put in place for each document. A new revision of the undergraduate recommendations will begin towards the end of 2015, with a view to completing them in 2017; then the process will start again for postgraduate recommendations, and so on.

Mapping medical education
To develop palliative medicine practice, it is important to understand what future doctors will (and will not) have been taught. In conjunction with the EAPC Task Force on the Development of Palliative Care in Europe, an EAPC Task Force on the Mapping of Medical Training and Physician Certification in Palliative Medicine in Europe, co-chaired by Carlos Centeno and Frank Elsner, has researched the presence (or absence) of undergraduate training in palliative medicine, as well as current trends regarding specialist certification of doctors working in palliative medicine, across 30 European countries.

The results of their work are now available and are presented in the cartographic edition of the EAPC Atlas of Palliative Care in Europe 2013. The data collected show that palliative medicine is taught as a subject (mandatory or optional) in medical schools in 25 (83.3%) of the 30 countries surveyed. They also show that there are, in total, 34 full professors of palliative medicine in medical faculties; however, these professorships are concentrated in only 14 of the 30 countries.

Box 1. EAPC Steering Group on Medical Education and Training: meet the team

- **Chair:** Professor Frank Elsner (Germany)
- **Members:** Professor Carlos Centeno (Spain), Dr Franco De Conno (Italy), Professor Marilène Filbet (France), Professor John E Ellershaw (UK), Dr Stephen Mason (UK), Dr Steffen Eychmüller (Switzerland), Professor Philip Larkin (Ireland)
- **Advisory Board:** Snezana Bosnjak (Serbia), Benoît Burucoa (France), Ilora Finlay (UK), Karen Forbes (UK), Kaija Holli (Finland), Danièle Leboul (France), Maria Nabal (Spain), Kyriaki Mystakidou (Greece), Antonio Pascual (Spain), Lukas Radbruch (Germany), Athina Vadalouka (Greece), Bee Wee (UK), Zbigniew Zylicz (Poland)

**Physicians’s specialisation**
The work of the Task Force on Specialisation for Physicians, chaired by Carlos Centeno, took place in parallel with the work undertaken for producing the 2013 Atlas. It seeks to explore and compare the specialisation of physicians between countries, and identify the pathways leading to, and the requirements for, their accreditation. By understanding the mechanisms of specialisation (where it exists) and the differences between countries, it is hoped that appropriate recommendations can be drafted to help professional organisations and policy-makers develop palliative medicine as a specialty. Some data regarding specialisation across Europe are presented in the 2013 Atlas, which identifies that palliative medicine is a specialty in only five European countries (Ireland, Latvia, Norway, Poland and the UK) and a subspeciality in eight (the Czech Republic, Finland, France, Georgia, Germany, Italy, Israel and Romania). Wider results from this Task Force are expected to be presented at the Research Congress in Lleida.

**International Medical Education in Palliative Care – Research on Undergraduates**
As has already been identified in the Atlas, the care of dying patients is an area that often receives little or no attention within existing medical training curricula. Led by John Ellershaw and Stephen Mason, the Task Force on International Medical Education in Palliative Care – Research on Undergraduates (IMEP-RU) aims to assess the skills and attitudes of tomorrow’s doctors across Europe.

To do so, the IMEP-RU Task Force has produced French, German, Italian and Spanish versions of two validated assessment scales, the Self-Efficacy in Palliative Care (SEPC) scale and the Thanatophobia Scale.
supported by a strong educational agenda, driving the evidence base in palliative medicine education. This will allow us to establish a European network of palliative care services capable of meeting the needs of every patient and their family.

Declaration of interest
The authors declare that there is no conflict of interest.

Acknowledgement
The work of the EAPC Steering Group on Medical Education and Training is supported by Grünenthal; this invaluable support enables it to meet annually in order to review the progress of current task forces.

Read more about the activities of the EAPC
• In our September 2014 issue (European Journal of Palliative Care Vol 21 No 5), a summary of the EAPC White Paper on core competencies for education in paediatric palliative care.
• In our November 2014 issue (European Journal of Palliative Care Vol 21 No 6), an EAPC White Paper on care competencies for palliative care social work in Europe.

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Future projects

Summer School for Medical Education in Palliative Care
A proposal for an interprofessional summer school that would examine how palliative care is taught and how students are assessed is under development. The rationale behind this project is the need to train the clinical educators who will teach palliative medicine to future doctors and assess their progress. The proposal will be presented to the EAPC Board as a task force project.

Assessing preparation for practice: a qualitative study

Following doctoral work currently being pursued in Spain and Germany, a proposal for a study assessing preparation for practice is under development. The idea would be to create a process through which medical students themselves would participate in an annual qualitative assessment of the effects of the palliative care teaching they have received.

A methodology for this assessment is being developed, before being explored for potential replication and reviewed for complementarities with the work of the IMEP-RU Task Force described above. It will be presented to the SG-MET in September 2014.

Conclusion

As palliative care continues to grow in scope and influence, so does the work of the Steering Group. The SG-MET seeks to ensure that the continued development of palliative care is driven by the evidence base in palliative medicine education. This will allow us to establish a European network of palliative care services capable of meeting the needs of every patient and their family.