

Specialisation in Palliative Medicine for Physicians in Europe – presenting a new EAPC publication

The European Association for Palliative Care (EAPC) recently published a booklet entitled *Specialisation in Palliative Medicine for Physicians in Europe 2014*. **Carlos Centeno**, **Deborah Bolognesi**, **Eduardo Garralda** and **Guido Biasco** explain how it was put together and what purposes it serves

In which European countries is palliative medicine a specialty? What does the process of specialisation entail? Palliative medicine professionals are often asked such questions but, until now, their answers were necessarily vague, as no one had a clear idea of where and how doctors working in palliative medicine could obtain advanced training qualifications.

With these questions as a starting point, the European Association for Palliative Care (EAPC) Task Force on the Process of Specialisation in Palliative Medicine (see Box 1) set out to help standardise palliative medicine so that it achieves the same level of specialisation as other fields of medicine. A team of researchers from the University of Navarra in Spain and the University of Bologna in Italy was brought together to design an in-depth study looking at the

Key points

- The European Association for Palliative Care (EAPC) has published data about the specialisation of physicians in palliative medicine in Europe, in the form of a 50-page report which was presented at the EAPC Congress in June 2014 in Lleida.
- One of the main outcomes of the research undertaken to produce the report is that doctors who work in palliative medicine can obtain advanced training qualifications in 14 countries out of the 53 that comprise the WHO European region.
- It is hoped that the publication of this report, which allows comparative analysis between countries, will encourage those that lag behind to progress towards the specialisation of palliative medicine, and generally foster reflection among healthcare practitioners and decision-makers.

The members of the EAPC Task Force on the Process of Specialisation in Palliative Medicine are:

David Currow (Australia), Tara Tucker (Canada), Ondrej Slama (Czech Republic), Tove B Vejlgard (Denmark), Tiina Saarto (Finland), Marilène Filbet (France), Dimitri Kordzaia (Georgia), Frank Elsner (Germany), Katalin Hegedus (Hungary), Margaret Clifford (Ireland), Michaela Berkovitz (Israel), Deborah Bolognesi and Guido Biasco (Italy), Vilnis Sosars (Latvia), John Tabone (Malta), Morten Thronæs (Norway), Aleksandra Kotlinska-Lemieszek (Poland), Isabel Galriça Neto (Portugal), Oana Donea (Romania), Kristina Križanová (Slovakia), Carlos Centeno (Spain), Chris Farnham (UK), Marieberta Vidal (USA)

Box 1. Members of the EAPC Task Force on the Process of Specialisation in Palliative Medicine

processes of specialisation in different countries included in the *EAPC Atlas of Palliative Care in Europe 2013*.¹

How was the report put together?

The idea was to work in English and communicate mostly by email; however, we also organised a meeting that all participants would attend in person. In 2012, the EAPC Board of Directors approved the project. The Isabella Seragnoli Foundation, which is an Italian independent, not-for-profit organisation active in various sectors of health- and social care, agreed to provide part of the funding (see Box 2).

First, we developed an extensive questionnaire to help us answer basic



■ Eduardo Garralda presenting the report at the 8th EAPC Research Congress in Lleida

questions about palliative medicine specialisation. Then we identified one palliative medicine professional, often a palliative medicine physician, in each country where specialisation had been found to exist, whose task would be to find the relevant official documents concerning the specialisation process.

Once all the data had been collected and processed, all the members of the Task Force met in Prague in June 2013 during the 13th EAPC Congress. An open discussion was held during which participants clarified, point by point, any ambiguities that had occurred as the inevitable result of translation from the original languages into English. The next step was a long process of revision and drafting of

- The booklet *Specialisation in Palliative Medicine for Physicians in Europe 2014* was produced in collaboration by the University of Navarra (ATLANTES Research Programme, Institute for Culture and Society) in Spain and the University Alma Mater Studiorum (Giorgio Prodi Centre for Cancer Research) and Accademia delle Scienze di Medicina Palliativa in Italy
- The booklet was developed by the European Association for Palliative Care (EAPC) Task Force on the Process of Specialisation in Palliative Medicine, under the co-ordination of the EAPC Steering Group on Medical Education and Training
- The project benefited from an unrestricted educational grant from the Isabella Seragnoli Foundation, Bologna, Italy

Box 2. Institutional support for the project

reports for each country involved. Time and time again, information was checked against the original sources from each country.

The outcomes of our research have been put together in a report entitled *Specialisation in Palliative Medicine for Physicians in Europe 2014*,² which is a supplement to the *EAPC Atlas of Palliative Care in Europe 2013*. It is a 50-page monograph that has been carefully edited by the same publishing company that worked on the EAPC Atlas.

The publication includes an introduction in which the methodology is described, a section with country reports detailing the specialisation process in each country, and a section with graphs, maps and tables that enable readers to make a comparative analysis.

Information about the specialisation processes in Australia, Canada and the USA is included in an appendix. The report was presented at the 8th World Research Congress of the EAPC in June 2014 in Lleida, Spain.

Main findings

At the time of study closure (January 2014), doctors who worked in palliative medicine could obtain advanced training qualifications in 18 countries out of the 53 that comprise the WHO European region. We have collated data about the specialisation process in each of these 18 countries. We found it interesting to see that, in most of them, there was a long process and many hurdles before the formal recognition of palliative medicine as a specialty could be achieved.

Advanced training in palliative medicine is formally recognised by awarding professionals

There are still 35 countries where no specialisation process has been put in place

the qualification of 'specialist', 'sub-specialist' or other equivalents. There is a definite trend to avoid creating new specialties. On the actual certificates, the term 'palliative medicine' is preferred. Terms such as 'specific area of qualification' were considered, for practical purposes, to be equivalent to that of 'sub-specialty'. All these terms indicate the highest possible qualification for a physician in the country concerned, requiring previous specialisation or a specific number of years of clinical practice in the area of specialisation.

Training is strictly regulated, and in many cases it includes a theoretical programme as well as participation in research projects. On average, it takes one to two years of training to obtain formal recognition of the specialisation.

There is a tendency to request from professionals that they have obtained specialist status in order for them to access certain positions in healthcare services, although in many countries we see a transitory situation in which specialisation is not yet required.

A desirable shift towards greater uniformity would improve the specialisation processes. Ideally, the same level of training, with a maximal degree of specialisation, should be undertaken by palliative medicine professionals in all countries.

Conclusions

To achieve specialty status represents a huge step forward for palliative care as a discipline,

for its formal introduction in medical studies, for the defence of professionals and for the safety of patients, who have a right to know that they will be cared for by a qualified specialist when they need one.

Although 18 countries is a fair number, there are still 35 countries where no specialisation process has been put in place, some of which paradoxically show significant development in terms of palliative care services; this is the case, for example, of Spain. The publication of this report will hopefully encourage countries that lag behind to progress towards specialisation. Countries that have already set up specialisation processes can continue to advance by introducing optional quality evaluations of clinical practice. There is also the possibility to create European qualifications, which could be promoted by international professional associations. We also hope that the publication of this report will generally foster reflection among healthcare practitioners and decision-makers.

To produce this report, we have worked with over 20 palliative care professionals who have generously given their time to provide data from their respective countries, acting as experts in their country's specialisation processes. Together, we have generated a small but useful tool that is available to the international community and will hopefully contribute to palliative care development.

Declaration of interest

The authors declare that they have no conflict of interest.

The report is available online on the academic digital depository of the University of Navarra (<http://hdl.handle.net/10171/35972>) as well as via the free app 'ICS-ATLANTES'.

References

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