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POINT OF VIEW

Validation of Intensive Medicine Degree in the United Kingdom

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Abstract
The specialty of Intensive Care Medicine was established over twenty years ago in Spain as part of the MIR (Resident training) system. The European Union allows for free circulation of its workers and the multilateral recognition of their university degrees as well as their postgraduate training. Unfortunately, our specialty is excluded from such a privilege. This limits our European rights and hinders the mobility of the intensivists trained in our country. The main objective of this article is to provide a practical guide on how to obtain recognition of the Spanish Certificate of Training (MIR system) in Intensive Care Medicine in the United Kingdom (UK). This review has been done by several Spanish intensivists with vast professional experience in the UK.
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PALABRAS CLAVE
Convalidación;
Título de Especialista;
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Convalidación del título de Medicina Intensiva en el Reino Unido

Resumen
La especialidad de Medicina Intensiva vía MIR se estableció en España hace más de 20 años. La Unión Europea permite la libre circulación de trabajadores y el reconocimiento multilateral de sus estudios universitarios de posgrado. Desgraciadamente, eso no ocurre en nuestra especialidad, hecho que dificulta el ejercicio de este derecho europeo y la movilidad de los intensivistas formados en nuestro país. El objetivo de este artículo es ofrecer una guía práctica de cómo convalidar el título de especialista en Medicina Intensiva en el Reino Unido. Esta revisión ha sido realizada por varios intensivistas españoles con amplia experiencia laboral en Reino Unido.
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Introduction

The European Union (EU) allows the free circulation of workers and the automatic homologation of university and postgraduate studies. Applied to Medicine, this means that a training program in a specialty included in Annex 5 of European Directive 2005/36/EC is automatically recognized in all the EU member states. Unfortunately, Intensive Care Medicine (ICM) is not contemplated by the mentioned Directive.[1]

In the United Kingdom (UK), all the specialties included in the Directive are automatically validated through the General Medical Council (GMC) upon presentation of the title of specialist issued in the country of origin.

In the case of ICM, however, it is necessary to request homologation through the route used prior to creation of the European Union. In this process, the candidate must demonstrate that his or her training is equivalent to that of an intensivist trained in the UK. Historically, it has not been possible to demonstrate such equivalence, since in the UK an essential prior requirement is to be in possession of the Certificate of Completion of Training (CCT) in a primary specialty (Medicine, Anesthesia or Surgery) in order to obtain the corresponding CCT in ICM - and Spanish intensivists do not have that primary specialty.

Homologation process

In the UK it is only possible to opt for a proprietary post as specialized physician (Substantive Consultant) when included in the Specialist Register. In order to be included in the Specialist Register, it is necessary to hold a title of specialist obtained in the UK (Certificate of Completion of Training or CCT), a title of specialist included in Annex 5 of European Directive 2005/36/EC, or a Certificate of Eligibility for Specialist Registration (CESR). The CESR is the document accrediting homologation of a title of specialist obtained outside the British or European training programs (Annex 5 of European Directive 2005/36/EC).

The process begins by requesting a CESR from the GMC, allowing inclusion in the Specialist Register.

The candidates that request a CESR in ICM are those individuals whose training, qualifications and experience have been obtained partly or in full outside the UK, as is the case of Spanish intensivists.

It is necessary to present proof that such training and experience meet the requirements of the British training system for ICM.

Application process

Step 1. Filling in the application and presenting documentation

1. Application CN2, which can be obtained from the GMC website (Table 1).
2. Documentation certifying that the training and experience of the applicant are equivalent to those established by the GMC for ICM.
3. Updated *curriculum vitae*.

Table 1 Websites of interest

Websites	Contents
General Medical Council: http://www.gmc-uk.org/	General information on college registry procedures in the UK
Intensive Care Society: http://www.ics.ac.uk/	British organism of ICM: guides, courses and conferences at national level
Royal College of Anaesthetists: www.rcoa.ac.uk	British organism of the specialty
General Medical Council General Guidelines to apply for a CESR: http://www.gmc-k.org/doctors/cesr_evidence.asp	General guides on the documentation needed for homologation

4. Names and contact information on 6 staff physicians warranting the applicant, including the current Head of Department.
5. Payment of the corresponding fees.

How to fill in the application

The different sections are to be as complete as possible.

- Section 1: personal information.
- Section 2: specialty to be homologated.
- Section 3: details of applicant college registry as a physician: country, date, etc.
- Section 4: titles relating to the Medical Degree and specialty.
- Section 5: details on work places and rotation (duration, hospital, Department, etc.).
- Section 6: periods in professional life in which the applicant has not worked after completion of the university studies, and including preparation for the MIR (Spanish resident in training program) examination.
- Section 7: attached documentation. This is crucial to homologation, and the success of the application is largely dependent upon this point. It is important to read the general guides and the specific guide for ICM. It is necessary to submit a sworn translation (with the data and stamp of the sworn translator) of each document in Spanish, with certified copies of each original document. This section in turn is divided into four domains:

Domain 1: knowledge and skills (75% of the documentation):

- Titles relating to the Medical Degree and specialty.
- Evaluations during residency training: yearly evaluation of the tutors.
- Medical practice log (resident booklet), including case and other statistics, number and type of techniques mastered, etc.

- Working positions and responsibilities: contracts, letters from the Head of Department or tutors explaining the details and functions of each rotation or work place, number of duty services, etc.
- Publications, presentations at congresses, and research projects.
- Ongoing professional training: certificates of participation in congresses and courses.
- Teaching activity: courses imparted, and lecturer training received.

Domain 2: safety, quality and management (20% of the documentation): Evidence of participation in audits (quality control processes comparing a given practice versus its gold standard), management, development and improvement of the Department.

Domain 3: communication and teamwork. Evidence of participation in multidisciplinary teams, teamwork, letters from colleagues, patients or relatives, project leadership, etc.

Domain 4: confidence keeping (5% of the documentation):

- Honesty and integrity: certificate of good medical practice, courses related to human rights, equality and data protection.
- Relationship with patients and relatives: letters of gratefulness and replies to claims.

Once the GMC has received the application, the documentation, fees and reports from the applicant references, it is all submitted to the Royal College of Anaesthetists (RCoA) for evaluation.

Step 2. Evaluation of the RCoA

The RCoA will evaluate the application and issue a recommendation as to whether it should be accepted or not. This is done by comparing the training and experience with the established requirements of the RCoA for granting the CCT in ICM in the UK.

Step 3. After the report of the RCoA

Once the GMC has received the recommendation of the RCoA, it may submit it together with the application to a certification panel, which will extend an independent recommendation. This occurs in three types of situation:

- The recommendation is not clear.
- The GMC does not agree with the recommendation (we believe that this has been our case).
- The recommendations must be checked.

Step 4. Final decision

The GMC takes a final decision based on the application, attached proof, recommendations of the RCoA and the opinion of the certification panel.

It is important to note that the final decision is taken only by the GMC, not by the RCoA or the certification panel.

The entire process, from compilation of the documentation to the final decision, usually takes 6-18 months.

How the application is evaluated

Both the GMC and the RCoA will evaluate the application comparing it with the requirements for granting the CCT in ICM in the UK.

These requirements are grouped into several categories that define the characteristics of a specialist in ICM:

1. Good clinical practice:
   - Having the knowledge and skills necessary to practice the specialty independently and in a safe and effective manner.
   - Recognition of the limits of personal competences and consulting of more experienced professionals where need be.
   - Participation in risk management and auditing activities with a view to improving healthcare quality.
2. Relationship with patients and relatives:
   - Having the capacity to establish confidence with the patients and relatives and respect their privacy, dignity and cultural and religious beliefs.
   - Comply with the legal requirements relating to informed consent and confidentiality.
   - Having the capacity to deal with difficult situations with patients and relatives, advising them and attending their claims effectively.
3. Maintenance of good medical practice:
   - Staying updated in the specialty, assuming responsibility for personal professional development and facilitating that of other colleagues.
   - Recognition of the fact that the balance of personal knowledge and experience will change in the course of the career, with a tendency to specialize in concrete areas.
4. Teaching and training:
   - Capacity to teach and evaluate residents and medical students.
   - Capacity for constructive criticism of colleagues and residents.
   - Capacity to evaluate professional attributes and competences in others.
5. Teamwork:
   - Effort to continue improving personal professional practice and that of the rest of colleagues.
   - Having efficient and effective interpersonal skills, making it possible to draw the best from the other colleagues, resolve conflicts, and work as a team in a productive manner.
6. Professionalism:
   - Act always in personal and professional life in such a way as to maintain public confidence in the profession.
   - Act effectively and without hesitation if there are reasons to believe that some behavior, action or health (personal or of other colleagues) places patients at risk.
   - Assume responsibility for preparing precise reports, supply evidence and sign documents in an honest manner.

Discussion

In recent years, in both Spain and in the rest of Europe, there has been an ongoing debate over the competences,

limits and training programs in Intensive Care Medicine (ICM).[2-4]

In 2003, the European Society of Intensive Care Medicine established a work group known as the CoBaTrice, with the purpose of developing an internationally accepted training program in ICM. This program unifies the competences that are common to all European intensivists, with the aim of securing the highest levels in the multidisciplinary care of critical patients and their families. This is achieved through continuing training that harmonizes these international standards of the specialty and facilitates the free circulation of intensivists.[5]

The above mentioned approach is a necessary and crucial step that will lead to the definition of a single training program in Europe, allowing intensivists to work freely in all countries of the European Union. Some Spanish intensivists who have decided to develop their professional career in the United Kingdom have requested homologation of their specialist titles, and at the end of the process it has been seen that their knowledge, qualifications and experience meet the ICM training standards applied in the UK. Historically, this has been impossible to demonstrate, since in Europe ICM represents super-specialization of a primary specialty in Medicine, Surgery or, more traditionally, Anesthesia. The GMC recently has decided to homologate the title of specialist in ICM of one of our colleagues, who has become the first and only intensivist in the UK without a primary specialty.

This has opened a door for other Spanish intensivists who wish to request homologation. At the time of publication of this article, several other colleagues are waiting for the reply of the GMC.

It is interesting to note that in the mentioned first homologation of the title of specialist in ICM in the UK, the RCoA recommended not homologating the title. Even so, the GMC decided against the recommendation, in the following terms:

> "Although we received the RCoA recommendation some time ago, the GMC decided to seek further clarifications, and we are pleased to confirm that the GMC is satisfied that the application has satisfied all the standards for inclusion in the Specialist Register in ICM".

We do not know the reasons why the GMC decided against the recommendation of the RCoA, though a clear change in tendency can be visualized in the training of specialists in ICM in the UK. This is corroborated by the following facts:

- Within the RCoA, a branch has been created called the Intercollegiate Board for Training in Intensive Care Medicine, in charge of the training of intensivists. This Board will soon become a College, which is a necessary step for creating a primary specialty in ICM.
- Recently, the GMC has approved the homologation of a title of specialist in ICM from the United States, without homologation of the title in its primary specialty (Internal Medicine). This shows that the GMC does not consider a primary specialty to be essential as a prior step in homologating ICM.
- In the next two years the GMC may produce an independent program for the training of specialists in ICM without a primary specialty, similar to the model currently in effect in Spain. This would be an almost definitive step towards the automatic homologation of the Spanish ICM title in the UK, and probably also in other countries.

Conclusions

- A door has been opened for homologation of the Spanish title of specialist in ICM in the United Kingdom, which may represent the step prior to automatic homologation.
- A change in tendency is visualized in the United Kingdom with the adoption of a specific training program in ICM, more in line with the model currently in effect in Spain.

Conflict of interest

The authors declare no conflict of interest.

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