



EDITORIAL

The European Respiratory Society: future directions in medical education

P. Palange*, J.-L.C. Noel[#] and A.K. Simonds[†]

Today's fast-moving societal, economic and technological changes are reshaping the medical profession. The movement of both patients and doctors within the European Union (EU) has focused even greater attention on the competence of doctors and their fitness to practice. HORSLEY *et al.* [1] have described the variation between continuing professional development systems across EU countries, arguing for harmonisation of accreditation systems to simplify this process.

At the same time, technological changes have introduced new concepts and challenges in how we conduct medical education, both by instruction and assessment, such as e-learning, simulators and simulation scenarios.

These trends will particularly impact on the practice of respiratory medicine and it is therefore crucial that the profession keeps pace. This requires particular effort in education and training. Medical education reforms have become relevant and call for: 1) standardisation of learning outcomes and individualisation of the learning process; 2) promotion of multiple forms of integration; 3) methods of self-reflection and self-improvement; and 4) focus on the progressive formation of the physician's professional identity [2]. These reforms will need to be supported appropriately by the EU and its member states. Therefore, the European Respiratory Society (ERS) is in a unique position to propose EU-wide principles, values and measures. For this reason, the ERS has engaged in a critical self-reflection of the current state of educational policies within the Society, as well as determining future directions.

THE ERS SCHOOL EDUCATIONAL RESEARCH SEMINAR

To develop these new approaches, the ERS School organised an Educational Research Seminar on June 3 and 4, 2011, in Dublin, Ireland. International experts in medical education and respiratory medicine attended, including colleagues from the American College of Chest Physicians (ACCP) and the American Thoracic Society (ATS). They came together to discuss the future trends and challenges of medical education in respiratory medicine. The format was a 2-day seminar

comprising eight sessions and covering topics such as the evolution of medical education, challenges in educating respiratory healthcare professionals, harmonisation of medical education in Europe, knowledge transfer, instructional methods including simulation and skills training, e-world and continuing medical education (CME), and e-portfolios. Discussants for each session facilitated the consideration of these topics, and their relation to the practice of respiratory medicine and training. Parallel breakout sessions featured relevant topics that reflected the current ERS educational activities: instructional methods, CME and e-learning.

The instructional methods breakout session considered the needs of trainees, content experts and educators. While it is relatively straightforward for the ERS to provide content, the challenge is to adapt delivery methods, especially when developing workplace training and learning opportunities in the ever-pressurised clinical environment.

With regard to CME, the discussion focused on the requirement for CME credits and their documentation. Here, there is widespread variation across Europe. Opinion on the effect of CME on improved patient care is divided. Programmes that enable users to measure the impact of any change in practice on their patient group seem most relevant.

Discussion about e-learning centred on its usefulness. Without a generic answer, the clear benefits mentioned included its being economical, and its usability and positioning as an adjunct to traditional knowledge resources, such as textbooks. Changing learning attitudes were also mentioned, such as trainees learning in a group process and the wider availability of educational material on open-access resources, such as YouTube™ (www.youtube.com).

ERS EDUCATIONAL ACTIVITIES

As a result of the discussions and reflections in the Educational Research Seminar, ERS educational activities will be enhanced. Appropriate instructional methods will be applied to the Postgraduate Courses, external courses and the Pan-European Network for Study and Clinical Management of Drug-Resistant Tuberculosis (TB PAN-NET). The "train the trainer" approach will be emphasised and offered to many respiratory medicine specialists. CME will be developed and will not only be based on legal requirements but also on opportunities for self-regulation through self-assessments and recertification. E-learning will be developed and changing learning attitudes kept in mind when developing e-learning course offerings.

*Dipartimento Medicina Clinica "La Sapienza" University, Rome, Italy. [#]European Respiratory Society, Lausanne, Switzerland. [†]Academic Unit of Sleep and Breathing, Royal Brompton and Harefield NHS Foundation Trust, London, UK.

CORRESPONDENCE: J.-L.C. Noel, European Respiratory Society, Avenue Ste-Luce 4, Lausanne, CH-1003, Switzerland. E-mail: julie-lyn.noel@ersnet.org

HARMONISED EDUCATION IN RESPIRATORY MEDICINE FOR EUROPEAN SPECIALISTS

The Harmonised Education in Respiratory Medicine for European Specialists (HERMES) initiative of the ERS is a pillar of the ERS educational activities. Since 2006, HERMES projects have used consensus methods and worked with experts in producing educational standards: syllabi, curricula, European examinations and centres of excellence. It is in continuous development and improvement, adhering to current medical education theory and principles.

With syllabus and curriculum developments, the aim is a balance between knowledge-based, skills-based, and attitudes and behaviour competencies. This has already begun with the Adult HERMES and Paediatric HERMES projects, which have produced syllabi, curricula and diploma examinations [3–6]. The *ERS Handbook of Respiratory Medicine* concisely covers the Adult HERMES programme content [7]. Equally, HERMES Respiratory Sleep Disorders have published their syllabus and have begun groundwork on their curriculum [8]. All these training standards have a focus on trainees and their training. The ERS will focus on and invest in subspecialties. Emphasis will be on the specific levels of competence. This is already seen with the example of the tertiary skill levels of the paediatric respiratory medicine specialists in Paediatric HERMES and will be further developed with other subspecialties.

Adult HERMES has recently published criteria for accreditation of ERS European training centres, for which the other HERMES projects will follow suit [9].

Recertification will be another priority. There will be active negotiations with EU countries to adopt the HERMES examination as a basis for recertification.

The ERS will also invest in allied professionals, addressing training for their specific care pathways in their respiratory specialty. This has already begun with the European Spirometry Driving Licence [10]. The ERS supports its growing number of allied professional members and their general respiratory education.

Interspecialty activities, marked by joint activities for assessment competencies, will also be embraced. This process has

already begun with the HERMES Respiratory Critical Care project.

CONCLUSION

The ERS will respond to the current challenges and forces of change facing the profession with a renewal of its activities and educational initiatives. We hope that this will support our members and the wider respiratory medicine community, be consistent with current medical education theories and principles, and, ultimately, support the ERS mission of alleviating suffering from respiratory disease and promoting lung health.

STATEMENT OF INTEREST

A statement of interest for A.K. Simonds can be found at www.erj.ersjournals.com/site/misc/statements.xhtml

REFERENCES

- 1 Horsley T, Grimshaw J, Campbell C. Maintaining the competence of Europe's workforce. *BMJ* 2010; 341: c4687.
- 2 Irby D, Cooke M, O'Brien B. Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010. *Acad Med* 2010; 85: 220–227.
- 3 Loddenkemper R, Séverin T, Eiselé J-L, et al. HERMES: a European core syllabus in respiratory medicine. *Breathe* 2006; 3: 59–70.
- 4 Gappa M, Paton J, Baraldi E, et al. Paediatric HERMES: update of the European Training Syllabus for Paediatric Respiratory Medicine. *Eur Respir J* 2009; 33: 464–465.
- 5 Loddenkemper R, Haslam PL, Séverin T, et al. European curriculum recommendations for training in adult respiratory medicine: 2nd report of the HERMES Task Force. *Breathe* 2008; 5: 80–93.
- 6 Gappa M, Noel J-L, Séverin T, et al. Paediatric HERMES: European curriculum recommendations for training in Paediatric Respiratory Medicine. *Breathe* 2010; 7: 72–79.
- 7 Palange P, Simonds A, eds. *ERS Handbook of Respiratory Medicine*. Sheffield, European Respiratory Society, 2010.
- 8 De Backer W, Simonds A, Horn V, et al. Sleep HERMES: A European Core Syllabus in Respiratory Disorders during sleep. *Breathe* 2011; In press.
- 9 Loddenkemper R, Séverin T, Mitchell S, et al. Adult HERMES: criteria for accreditation of ERS European training centres in adult respiratory medicine. *Breathe* 2010; 2: 171–188.
- 10 Cooper BG, Steenbruggen I, Mitchell S, et al. HERMES Spirometry: the European Spirometry Driving Licence. *Breathe* 2011; 7: 258–264.