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Editorial

The Spanish National Commission of Specialty in the Context of Troncality[☆]



La comisión nacional de la especialidad en España en el contexto de la troncalidad

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In Spain, the Spanish National Commissions of Specialities are advisory bodies of the Ministry of Education, Culture and Sports and the Ministry of Health, Consumer Affairs and Social Wellbeing, in the corresponding area of medical specialities.

The foundations of the constitution and the functions of the National Commission of Rheumatology are governed by article 28 of Act 44/2003 on the Organisation of Health Professions, published in the Official State Bulletin of 22nd November 2003. The Commission is formed by members of scientific societies, professional associations, universities and healthcare institutions. Among other functions, this commission is responsible for designing the specialist training programme, establishing assessment criteria of the specialists in training, proposing the creation of areas of special skill training, accrediting specialist teaching units and assessing the validations of professionals who have trained in other countries and by means other than the medical interns and residents (MIR) system in Spain.

The regulatory bases of the core curriculum, core respecialisation and specific specialisation areas were established in 2014, by Royal Decree RD639/2014, of 25th July. This Royal Decree also stipulated the regulations to be applied in the annual examinations for trainee places and other aspects of the specialised healthcare training system. The rheumatology speciality was thus included in core medical training. As part of the core curriculum subject group, training included acquiring all common transversal skills of the core specialities for a minimum duration of two years. This was to be subsequently followed by a period of specific training in accordance with the programme designed, in our case, by the National Commission of Rheumatology.

Since publication of the decree, the National Commission of Rheumatology has been working towards designing the speciality programme in accordance with current regulations. These

regulations establish that the programmes must be defined by competencies, must include instruments of assessment, specify training procedures and activities, describe the contexts of learning and embody specific recommendations whenever necessary. The Third chamber of the Supreme Court, at the behest of the Spanish Society of Immunology, repealed the Royal Decree regulating the core curriculum. The reason for this was that the Memorandum on the Regulatory Impact Analysis regarding the financial and budgetary impact presented by the regulation was “glaringly insufficient”.

In any event, at the request of the Ministry, the National Commission of Rheumatology has continued working towards the design of the new training programme. Competences have been defined as the combination of the necessary knowledge, skills, attitudes, and values required to perform a function in a specific context, and to respond to the demands of patients and the healthcare system. Furthermore, the best assessment tools for each competence have been specified, and these include the written exam, observation, the audit, feedback 360° and the portfolio. The current design of the programme defines rheumatology as the medical speciality with competence for the prevention, diagnosis, prognosis and treatment of joint diseases, connective tissues diseases, problems of the spine, soft tissue rheumatism, metabolic bone diseases and non neoplastic pain of the locomotor system. The programme includes a total of 71 competences distributed into 8 domains which include comprehensive medical care of the musculoskeletal system.

Bearing in mind the concept of the core curriculum and the need for a common two-year training period for all specialties of the same core subject, the current training programme has been designed for a five-year period of specialised healthcare training in rheumatology, as has occurred in other specialties of similar characteristics such as medical oncology, pneumology or haematology. However, its viability is certainly not yet secured. In our opinion, this development of the programme may serve at least as a conceptual base, for the services where residents are trained.

The training programme was amended in keeping with contemporary requirements so as to guarantee training streamlined with the demands from other European countries. Specific competences have therefore been included which are related to joint ultrasound, inflammatory eye conditions, approach to comorbidities derived

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from the actual rheumatic diseases and the treatments used for its control, the management of pregnancy in patients with chronic inflammatory and autoimmune diseases or specific competences in rheumatologic care in childhood.¹

Another particularly relevant problem is the updating of accreditation criteria for teaching units. Although the previous National Commission of Rheumatology laboured on the design of several criteria, their application was never implemented by the Ministry of Health, Consumer Affairs and Social Wellbeing. These 2008 criteria have also become partly obsolete. As a result, the current National Commission of Rheumatology has updated these criteria, which are again pending assessment by the Ministry of Health, Consumer Affairs and Social Wellbeing. The Commission believes that the current criterion regarding the need for a certain number of hospital admittances is of particular interest. We believe that care for a minimum number of patients would be a more appropriate criterion and this is reflected in the medical care quality criteria that reflect hospital admittance as a negative criterion of quality in medical care.²

Rheumatology has, in our opinion, a great future as a medical speciality of the musculoskeletal system. The burden of disease

of musculoskeletal disorders is by far the largest of all medical specialities.³ This highly prevalent and disability-generating pathology is, without a doubt, a challenge for this medical care speciality, but as we understand it, also its greatest competitive advantage.

Conflict of interests

The authors have no conflict of interest to declare.

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