

Minutes – International Workshop on: “Mastery in Interventional Pulmonology, the road map towards the competence”, Venice 2019

- There is an urgent need to build up a common curriculum for training in IP
- Start a Master’s degree was discussed
- Very comprehensive texts, which would describe all the elements of the current IP situation and knowledge and skills to be required
- Suggestion for certification for individual procedures (common to EBUS-TBNA ERS training model), rather than creating a full protocol for IP. In this way, evaluation of competence could be easier if it is performed for each procedure, rather than creating an IP fellowship like in the US, since medical system in Europe is not uniform in terms of legal issues, language, culture etc.
- A clear and specific training route for students should be designed, so they know where & when they can apply and which are the necessary qualifications and restrictions
- Suggestion to create an electronic database including all the above information
- Activity and infrastructure of each IP center should be acknowledged
- Different language issues is an important matter to discuss. we need more definitions of words like ‘competency’, ‘guidelines’, ‘learning outcomes’, so that we’re all speak in order to speak the same language.
- A Central Committee guiding the IP training center activity, should be organized
- Experience of IP training in Spain was shared:
 - 6 months endoscopy Unit
 - Then individual search from each doctor (SEPA)
 - No longer a Master’s degree available
 - No certification provided or asked as a qualification when applying for a job position
- Experience of IP training in Argentina was shared:

- 2 year fellowship - 1st year for basic bronchoscopy (diagnostic and therapeutic), 2nd year for new generation procedures
 - No official certification is provided at the end of the 2nd year training
- Experience of IP training in Greece was shared:
 - No specific training program protocol
 - No official certification provided
 - IP not included in residency training
- Experience of IP training in Germany was shared:
 - Domestic and foreign trainees are applying
 - Serious language issues
 - Specific criteria for trainees are important too
- Experience of IP training in UK was shared:
 - Fellowships are provided only to those who meet the criteria of general pulmonology society
- Experience of IP training in Italy was shared:
 - 2 Master Degree annual program are organized by the Universities of Florence and Ancona
 - Domestic are applying, foreigners from 2020 in Florence
 - Serious language issues
 - No certification provided or asked as a qualification when applying for a job position
- At the end of a training period in an acknowledged training center, it is important to differentiate a Certification of training, between a Certification of Attendance
- Recommendation of quality standards rather than being a mandatory certification would be a more diplomatic way and a starting point
- Train the trainers is very important, so foreign trainers can train efficiently at home in their own language with qualified trainers
- Following the EBUS training protocol from ERS, similar protocols regarding specific IP techniques should be structured (ex. Rigid bronchoscopy, thoracoscopy etc.)

- It was suggested to include an IP cognitive evaluation section in HERMES examination
- Linkage of EABIP website with local societies websites, in order to help create a common mentality in terms of training
- Quality control for all training centers is necessary, as well as a common format for all. This can be available on the internet
- Dr. Toma presented a project regarding simulation centers:
 - A fellow could book online and practice hands-on training, guided by an expert
 - The training center will be located via an application, similar to the one used for booking.com or Airbnb.com
 - A team should be created to help detect centers across Europe and further structure the project
 - Similarly, it is important to locate all medical centers that would be interested to host part of this project
 - Several issues should be further discussed, such as personnel cost and availability, total cost and reimbursement of the project
 - During the next International Workshop like the present one, simulation training experts could be present during this discussion
- New assessment tools should be created and cooperative research recommended (EUS-STAT was mentioned as an idea for the assessment of the competence in EUS-B)
- The Halsteadian model of 'see one, do one, teach one' in its known form for procedural education is now dead and should not be used as subjects for training
- At the next meeting we should have a little more simulation experts and medical education experts to set the requirements for those techniques.
- Panminerva Medica will be available on line with open access from September 2019. Translation of Panminerva Medica in different languages was suggested

- At the end of the meeting, it was a common conclusion that God-like personalities of IP trainers should not be any more acceptable. Train the trainers and structured training is of high importance
- An article about the meeting should be published, as well as an Expert Statement regarding quality standards in the training of IP procedures