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Summary of the regulations of the Medical Specialties Council of the Royal Dutch Medical Association

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Introduction

In the Netherlands the Medical Specialties Council (CGS; College Geneeskundige Specialismen) of the Royal Dutch Medical Association (RDMA) is responsible for the regulations on the training and registration of medical specialists. This task is based on the Dutch Individual Health Care Professions Act (Wet BIG). The CGS is an independent council, that has 15 members, with a background as trainee specialist, trainer, medical specialist or board member of a healthcare organisation. The Medical Registration Council (RGS, Registratiecommissie Geneeskundig Specialisten), also installed by the RDMA, is responsible for monitoring compliance with the regulations of the CGS and for the registration (renewal) of medical specialists.

In the Netherlands the CGS has acknowledged 34 medical areas as medical specialties. A further 13 medical areas have been designated as a medical sub-area, not being a medical specialty, called a 'profiel' in Dutch. The CGS has issued general regulations on training and registration (renewal) for all medical specialists and doctors certified in a medical sub-area in the General Directive CGS. Furthermore, the CGS has issued specialty-specific directives on each medical specialty and most medical sub-areas.

This summary is an abridged version of the General Directive CGS. References to 'specialty' or 'specialist' also include 'medical sub-area, not being a specialty' ('profiel')' or 'doctor certified in a medical sub-area, not being a specialty' ('profielarts'). References to 'he' or 'him' also include 'she' or 'her'.

Rights can only be derived from the original version of the General Directive CGS. Consult the original directive on www.knmg.nl/cgs or contact the CGS at cgs@fed.knmg.nl of +31 88 4404 350 for more information.

Summary

Chapter A

General provisions

This chapter presents general provisions for all specialties and medical sub-areas, including a glossary and a list of specialties. The medical sub-areas are listed in a separate directive: the General Directive for Medical sub-areas.

The glossary provides definitions of all terms used in the General Directive CGS. (A.1)
This chapter contains a list of specialties, that also mentions the specialist's title and the duration of the training programme for that particular specialty. All specialties are considered medical specialties. For the most part these are hospital-based specialties, too. Each specialty has its own register. (A.3)
The registers for allergology, internal medicine allergology and clinical chemistry have been closed. No new specialists will be entered onto those registers. (A.4)

The General Directive CGS applies to all medical specialties. Additional or different provisions may be found in the directives governing the individual specialties. Such directives are called specialty-specific directives. (A.2)
The Medical Registration Council makes case-by-case decisions on the basis of the General Directive CGS. The decision must always specify the deadline for appeals. Furthermore, the decision must specify what type of appeal is to be lodged with which type of organisation. (A.5)

Chapter B

Specialist training

This chapter outlines the requirements the training programmes attended by trainee specialists must meet, as well as trainee specialists' rights and obligations.

At the very least, training programmes must involve hands-on training and theoretical training modules. Each specialty has its own nation-wide training plan. (B.1) The nation-wide training plan is drawn up by the relevant scientific society (or umbrella organisation of scientific societies) or by the head of a training institute. Nation-wide training plans, or amendments thereto, must be authorised by the CGS. There are certain fixed components that must be included in all nation-wide training plans, but it is up to scientific societies and training institutes themselves to decide how to give effect to these mandatory components. The key aspects of the nation-wide training plans are determined by the CGS in specialty-specific directives. (B.3)

Individual training programme
The nation-wide training plan forms the basis for individual training plans of training institutions and training institutes, which themselves form the basis for individual trainee specialists' training programmes. (B.1)
Individual trainee specialists' training programmes must contain information on the structure of the training programme, its commencement and end dates, the order in which components are to be included and the location where the trainee specialist will receive training in each component. (B.6) While completing the hands-on components of their training programmes, trainee specialists will always be supervised. (B.1)

By the end of the training programme, trainee specialists will have acquired competencies in the following seven competency areas:
Medical practice
Communication
Collaboration
Scholarship
Health advocacy
Leadership

Professional conduct.
Each specialty comes with its own competencies, as outlined in the nation-wide training plan concerned. (B.2)

Evaluation and assessment
The times at which trainee specialists are evaluated and assessed are also specified in the relevant nation-wide training plan. (B.4) If a trainee specialist has already acquired certain competencies, this can be taken into account at the start of and during the trainee specialist's training programme. (B.4) The duration of the training programme as specified in the General Directive CGS is not prescriptive. The duration of a trainee specialist's training programme depends on how long it actually takes him to acquire the various competencies. We call this 'individualization'. The absolute minimum duration of a trainee specialist's training programme is specified in the European Directive 2005/36/EC. If a particular specialty is not mentioned in that directive, the training programme must last at least one year. (B.6)

Location and duration
In principle, trainee specialists should follow a full-time training programme. The programme can be followed on a part-time basis, as well (with the trainee specialist engaging in training activities for at least 50% of his working hours), if a trainee specialist applies for this at least eight weeks before the start of his training programme. The duration of the training programme will then be extended proportionally. If a trainee specialist wishes to follow the programme on a part-time basis, he will adjust his individual training plan and the associated training timeline accordingly. (B.7) If the specialty involves evening, night and weekendshifts, they will be part of the training programme, as well. (B.8)

In principle, trainee specialists receive their training in the Netherlands. However, they may receive some of their training abroad, with the RGS's consent. The RGS's decision will stipulate where and when they will receive that training. (B.9)

Apart from holidays, any period during which a trainee specialist does not receive any training will be considered an interruption to the programme. If a trainee specialist interrupts his training for more than ten days, he will have to make up for the days in excess of the ten days. Trainee specialists must adjust their training timelines accordingly. If such a situation should arise, the trainer in charge of the trainees training may decide that the trainee must repeat a component of the training programme he has already taken. (B.10)

Role played by the RGS
If a trainee specialist's training programme timeline is adjusted, the adjustments must be authorised by the trainer or supervisor in charge. If any such adjustments are made, the trainee specialist must report them to the RGS within four weeks. If a dispute should arise regarding the adjustment(s), the trainer/supervisor in charge will remind the trainee of the RGS's dispute resolution procedure. (B.11)

Trainee specialists are entered onto a trainee specialists register by the RGS for the duration of their training programmes. Trainee specialists must apply to the RGS for registration before the start of their training programme. The RGS will not process a trainee specialist's registration application until he has paid a fixed fee. The RGS can strike the trainee specialist off the trainee specialists register. For instance, if the trainee specialist is no longer on the professional register for doctors, or if he is subject to a measure restricting his license to practise basis medical care. (B.12)

Trainee specialists must meet several requirements. For instance, they must be on the trainee specialists register and on the professional register for doctors for the duration of their training programmes, draw up their individual training plans, follow instructions with regard to their training and build a portfolio. It is the trainee specialists' own responsibility to ensure that they do not perform any medical procedures they have not yet mastered. (B.13)

If a trainee specialist is adversely affected by the RGS's suspending a training organization or a training professional, the RGS may grant the trainee an exemption from one or more of the aforementioned requirements for a period of up to six months. (B.1)

If a trainee specialist wishes to dispute the premature termination of his training programme, he can lodge a complaint with the RGS's Dispute Resolution Committee. In such cases, his training programme will end as soon as the Dispute Resolution Committee finds against him, or as soon as the trainee specialist accepts the termination. (B.6)

At the end of the training programme, the training professional in charge of the training will issue the RGS with a declaration confirming that the trainee specialist meets all the requirements associated with the training programme and is competent and capable of practising the specialty autonomously and to the required standard. (B.14)

Chapter C

Certification and monitoring

This chapter outlines the conditions on which training organizations and trainers may be certified to train trainee specialists. The certification procedure is outlined, as well.

Certification
The RGS certifies training organizations and training professionals that will provide prospective specialists with proper training. In return, well-trained specialists will provide proper patient care, including preventive care. (C.1)
The RGS certifies institutions where specialists can receive hands-on training and do work placements, institution trainers and their replacements, institutes where specialist trainees can follow theoretical courses, institute trainers and their replacements and heads of institutes and their replacements.
Once they have been certified, they are allowed to train trainee specialists in particular specialties. (C.2)

Requirements to be met by institutions
The RGS can certify institutions if they meet certain requirements. Among other things, they must have a trainer as well as a replacement trainer. In addition, they must have an ongoing focus on monitoring and improving the quality of the training they provide.
This is called a quality assurance cycle. (C.3) The quality assurance cycle must meet certain requirements. For instance, the cycle must be repeated at least every two years. The cycle must be in line with the General Directive CGS and with the high-quality training descriptions in the so-called Quality Framework. Certain groups of specialties have their own quality frameworks, which must be authorised by the CGS. (C.9) Small training institutions whose capacity is 3 full-time specialists or institutions that organise only part of the trainingprogram up to one year do not require a replacement trainer. (C.3)
If an institution has more than one location, there must be one trainer for each individual location. (C.4)
If an institution collaborates with another institution that has not been certified, they must meet all the requirements for certification together, and a collaborative partnership agreement must be in place. This is called an administrative training unit. In such situations, one institution will be certified, but all institutions that are signatories to the collaborative partnership agreement will be allowed to train trainee specialists in a particular specialty. (C.5)
If an institution collaborates with multiple institutions that have each been certified for a particular component of the training programme, this is called a collaborative partnership. Such collaborative partnerships, too, must have a partnership agreement in place. One of the institutions will serve as the central point of contact for the entire training programme. (C.6)

Requirements to be met by trainers
The RGS will certify specialists as trainers or replacement trainers if they meet certain requirements. Among other things, specialists must have been a specialist for at least three years, must have good teaching skills and must take part in the training institution's quality assurance cycle. Trainers must draw up training plans that specifically apply to the training institutions concerned, based on the nationwide training plan. (C.7)
If neither a trainer nor a replacement trainer is available for more than one week, the training institution must find a non-certified supervisor, for three months at most. (C.8)

Institutions that provide hands-on training and institutes trat provide training courses must apply to the RGS for certification. The RGS will have an external review panel assess the training organizations before issuing a certificate. In certain situations, no assessment by an external review panel will be necessary. For instance, if an institution is small, or if it will only provide training for a very brief period.
The institution concerned must apply to the RGS for certification of its trainer. Changes to existing certificates are processed through the RGS, as well. Neither procedure requires a review by an external review panel. (C.10)
The RGS will only certify training institutions or trainers if they meet all the requirements for certification. Certificates are open-ended. Their effective date is determined by the RGS. (C.11)

Monitoring
In order to continue to be certified, training organizations and trainers must continue to meet the requirements on whose basis they have been certified.
In addition, training organizations must submit a report on the quality of their training programmes to the RGS at least every three years. These reports must include the opinions expressed by trainee specialists and the relevant scientific society. (C.12)
Once a training programme has been certified by the RGS, the RGS will continue its standard quality monitoring.
This monitoring starts with a review visit to the training organization, within one year of the first trainee specialist embarking on his training programme. The RGS will then continue to monitor the programme by means of periodically reports, and by having a review visit to the training organization at least once every five years. The review visit involves a peer review of a monitoring and recommending nature. (C.13)

Intensive monitoring
If the RGS finds during the course of its regular quality monitoring that the training programme or training environment may not meet the quality standards or may be unsafe, the RGS may scale up its monitoring efforts and commence intensive quality monitoring. The RGS may also do so if a traning organization fails to submit the required reports or if it seems to fail to meet one or more requirements for certification. (C.14)
The RGS's intensive quality monitoring involves frequent reports and self-evaluations on the training organization's part, which must be partly based on the relevant Quality Framework. (C.15)
Furthermore, the RGS may have an external review panel assess the training organization. (C.16) If necessary, the RGS may suspend the training organization's qualification with immediate effect. (C.15)

If a training organization's is found during the intensive quality monitoring not to meet one or more of the requirements for certification, the RGS may revise the training organization or trainer's accreditation status, providing conditional certification instead, valid for two years at most. The RGS may also suspend the organization or trainer, for one year at most, or withdraw the certificates it issued earlier.
Certificates will also be withdrawn if the organization or trainer has not trained any trainee specialists for two years. When the RGS withdraws certificates, it may set a period during which the organization or trainer will not be able to apply for new certification.
If an organization or trainer is suspended or has its certificate withdrawn, no new trainee specialists will be admitted to its training programme, with immediate effect.
In the event of a suspension, trainee specialists who are already following a training programme at the organization will be allowed to continue training at the organization for up to six months. If the certificate is withdrawn, the trainee specialists will be asked to continue their training elsewhere. (C.17)

The RGS draws up guidelines providing more detailed information on the external review procedure and both regular and intensive quality monitoring. The RGS is advised by the CGS on the subject of these guidelines. (C.18)

Chapter D

Registration and registration renewal

This chapter explains how doctors can enter the specialist register for the first time and how they can then renew their registration. Doctors can renew their registration immediately following registration (registration renewal) or after not having been on the register for a period of time (re-entry). In order to be able to re-enter the register, doctors generally have to follow a personalised training programme.

Purpose
This first-time registration, registration renewal and re-entry system is designed to ensure that medical specialists are competent medical practitioners in their fields, and thus qualified to call themselves specialists. And good specialists deliver proper care. (D.1)
Doctors can register as a medical specialist if they have completed a Dutch specialty training programme or a personalised training programme. (D.2) Doctors who have trained as specialists abroad are subject to the CGS's Foreign Qualifications Directive.

Registration after completion of the training programme
It is up to the doctor to apply to the RGS for entry onto the specialist register. In order to be able to apply, the doctor must:
- be registered as a doctor on the Dutch register for doctors, as stated in the Individual Health Care Professions Act (Wet BIG)
- complete the RGS's registration form
- submit evidence of the specialist training programme
- pay the registration fee.

If a doctor applies for entry onto the specialist register within a month of completing the specialist training, the RGS will enter him onto the specialist register for the next five years.
The five-year period will commence on the day after he completed the specialist training.
The RGS will also enter doctors onto the register who apply for entry between one month and five years after completing their specialty training. In such cases, they will be entered onto the register for less than five years. The RGS will decide how long they will remain on the register. The registration period will commence on a date of the RGS's choosing. This shorter registration period is known as 'registration with a limited duration'. (D.3)

Registration after personalised training programme
If a doctor applies to the RGS for entry onto the specialist register more than five years after completing his specialty training, he must follow an individual personalised training programme. (D.3) The RGS decides what is needed for entry onto the register on a case-by-case basis. At the very least, the doctor will require a declaration by the supervisor with whom the doctor completed the personalised training programme. The declaration must state whether the doctor is a competent medical practitioner in his specialty. (D.4)

In addition, there are three other situations in which a doctor may be eligible for a personalised training programme:
- the doctor does not meet the requirements for registration renewal
- the doctor was off the specialist register for a while (re-entry).
- the doctor has not served as a medical practitioner for a while, but rather served on a board of directors or similar positions, and wishes to resume his work as a medical specialist (equivalent activities).

In such cases, the doctor must follow the personalised training programme with a trainer certified by the RGS, or with a fellow specialist who has been authorised for the personalised training programme by the RGS. A trainer must monitor the way in which the personalised training programme is being performed. While monitoring the training programme, the trainer may decide that the doctor actually must be supervised by himself, as the personalised training programme does not meet the quality standards.

The trainer will draw up the personalised training programme and determine what medical procedures the doctor can still perform independently. The personalised training programme can consist of hands-on

training and theoretical training modules, and comes with evaluations and assessments for monitoring progress. Personalised training programmes must be authorised by the RGS. (D.6) Doctors must embark on their personalised training programmes within a year of the programmes being authorised. (D.5)

The trainer must submit three-monthly reports to the RGS on the doctor's progress in the personalised training programme. The doctor following the personalised training programme must sign these reports to indicate that he has seen them or agrees with them. Once the personalised training programme is completed, the trainer will issue a statement on whether or not the doctor is capable of practising as a medical specialist independently. The trainer will record his final conclusion on an RGS-issued form, which will be sent to both the RGS and the doctor himself. This statement will then allow the RGS to enter the doctor onto the specialist register again. (D.7) (D.2)

Registration renewal
The RGS will renew a registration of a medical specialist onto the specialist register if, in the last five years,
- he has spent enough hours working in a specialist capacity
- he has spent enough hours on continuing medical education (CME) and continuing professional development (CPD)
- he has regularly reflected on his own performance and on the performance of the team in which he is active. The latter requirement does not apply to specialists who are unable to meet it because they have been abroad. (D.8)

Specialists must provide the RGS with evidence proving that they meet the requirements. (D.13)
If a specialist meets the requirements, the RGS will renew his registration for five years.
If a specialist has not spent enough hours working in a specialist capacity, the RGS may renew the specialist's registration, but not for the full five years.
If a specialist has not spent enough hours on CME/CPD or does not meet the self-reflection requirement, the RGS may keep him on the register for a brief one-off period, during which the specialist must seek to repair the shortcoming.
The RGS's policy guidelines provide more information on the exact duration of the periods that do not span the full five years.
There is an alternative method for specialists who do not meet the requirements for registration renewal, which is following a personalised training programme.

The new registration term will commence on the day the previous registration term ended. However, this is not the case if the specialist no longer works as a specialist. In that case the registration period will commence on the day after the specialist stopped working. (D.15)
If a specialist fails to apply for a renewal of his registration with the specialist register by the end of his registration period, he will be struck off the register. He will only be re-entered afterwards if he can demonstrate that his failure to apply for an extension was due to force majeure. (D.16)

Sufficient hours for registration renewal
Specialists have spent sufficient hours in their capacity as specialists if, in the last five years,

- they have worked in their own specialty, on average, a minimum of 16 hours per week, or
- they have worked in their own specialty, on average, a minimum of 8 hours per week, and have also spent, on average, a minimum of 8 hours per week engaging in so-called equivalent activities. (D.9)

Sufficient continuing medical education for registration renewal
Specialists must have received at least 200 accredited hours' or points' worth of CME/CPD in the last five years, with a special focus on the competencies they are expected to acquire in their own specialty. For insurance medicine, occupational medicine and public health specialists, at least 40 of the 200 hours must consist of peer reviews, and the specialist must have taken part in such peer reviews in at least three of the last five years. (D.10)

Self-reflection for registration renewal
In regularly scheduled self-reflection sessions, specialists or their teams will request feedback on either the specialist's performance or his team's performance from a varied group of people who are directly involved. Both types of self-reflection sessions must:
- be performed every five years;
- involve one interview every five years with a person trained to conduct such interviews; and
- involve the drawing-up and implementation of a plan for improvement for the team and a personal development plan for the specialist himself. The team must notify its superiors of the nature of the team plan. Individual specialists need only report that they have had the five-yearly interview. They do not have to report back on the nature of the interview.

In addition, medical specialists must perform annual self-reflection analyses and incorporate their findings into a personal development plan. Group evaluations may result in individual group members having to revise their personal development plans. (D.11 and D.12)

Re-entry
Doctors who used to be on the specialist register may apply to the RGS to be re-entered onto the specialist register. In such cases of re-entry, the RGS will assess whether, on the basis of the past five years, the doctor meets the requirements for registration renewal. If so, the RGS will re-enter the doctor onto the specialist register for five years, starting from the date of the RGS's decision. If the doctor does not meet the requirements, he can follow a personalised training programme and have his registration following its completion. (D.17)

Equivalent activities
Professors or lecturers who do not spend enough hours working in a specialist capacity may stay on the specialist register on the grounds that they are engaging in so-called equivalent activities.
The same applies for the following positions, if a specialist is required to be a registered medical specialist to be able to perform his duties:
- scientific researcher in a relevant medical discipline
- academic staff member at a university's department or at an institute dedicated to the specialty
- managing director, policy officer or member of staff of an organisation involved in the specialty
- member of a specialist medicine management team
- employee of the Dutch Inspectorate for Healthcare and Youth
- member of a governing body involved in the specialty concerned.

Registration renewal on the grounds of equivalent activities is conditional on the specialist being able to demonstrate that he has performed the activities concerned for, on average, a minimum of 16 hours per week in the last five years, and that he has received an overall 200 hours' worth of CME/CPD. As soon as the specialist stops engaging in the equivalent activities, he will be struck off the specialist register, unless the specialist meets the requirements for registration renewal at that time or has embarked on a personalised training programme. (D.18)

Registration renewal in closed registers
Allergology and clinical chemistry medicine registers do still exist, but have been closed to newcomers. This means that allergists and clinical chemistry doctors can still renew their registration if they have spent 16 hours per week working in their own discipline and meet all the other requirements for registration renewal. (D.19)
In exceptional cases, the RGS may deviate from the registration renewal requirements. (D.8)

Chapter E

Specific provisions Group 1

This chapter outlines supplementary provisions that apply specifically to the specialties and sub-areas belonging to Group 1. The provisions relate to training and to certification and monitoring. Group 1 includes three medical specialties (general medical practice/family medicine, elderly care and Intellectual disability medicine) as well as three subareas (addiction medicine, global health and tropical medicine, and cosmetic medicine).

Training

Supplementary to Chapter B, nation-wide training plans will include a protocol, including:
- trainee specialists must undergo evaluation and monitoring
- the head of the institute must perform an informal assessment at least twice per year
- the head of the institute must perform a formal assessment annually, and also at the end of the trainee specialist's training programme.

The formal assessment will result in the head of the institute deciding whether the trainee specialist:
- can continue following the training programme (possibly subject to conditions)
- can complete the training programme
- must stop the training programme
- must keep following the training programme longer than originally intended. (E.1) Trainee specialists can be given an extension of no more than six months. (E.2)

The hands-on training component of the training programme must be spread across at least three days per week. (E.3)

In addition, supplementary to Chapter B, trainee specialists must:
- take a certain minimum number of evening, night and weekend-shifts, in accordance with the nation-wide training plan
- follow the theoretical training modules provided in each year of the training programme
- sign an agreement with the institute stipulating that he will comply with the institute's rules and regulations. (E.4) This agreement expires as soon as the trainee specialist completes the training programme or as soon as either the trainee specialist or the institute cancels the agreement, subject to at least one month's notice. (E.5)

Certification of institutions that provide hands-on training

Supplementary to Chapter C, the RGS may certify a training institution that provides hands-on training if:
- the institute providing training courses applies to the RGS for certification of the institution
- the institute's head authorises the institution's training plan
- the institutions where the trainee specialist will receive his hands-on training has signed an agreement with the institute
- the institution where the trainee specialist will receive his hands-on training has protocols that are in line with the institute's quality assurance cycle.

The institution providing the hands-on training may instigate a group of trainers and supervisors. (E.6) In such cases, the supervising trainer will record the duties and obligations of the various group members, the way in which the group will operate, and the nature of its relationship with the trainee specialist. (E.7)

The trainer group will consist of the supervising trainer, his replacement and the other specialists involved in the training programme.

The members of the trainer group must meet several requirements. For instance, one of the members must always be present at the training institution, or must be able to come to the training institute within thirty minutes. Furthermore, they must meet the quality standards specified by their respective scientific societies. (E.13)

Certification of institutions that provide work placements

In order to be certified as a place where trainee specialists can do their work placements, institutions must meet the same requirements that apply to institutions that provide hands-on training, although the RGS may give special dispensation for one or more requirements. (E.8)

The RGS can certify trainers for work placements if they:

- are on a register for doctors subject to Article 3 of the Dutch Individual Healthcare Professions Act (Wet BIG)
- have worked at the institution providing the work placement
- work at the institution providing the work placement for at least 16 hours per week
- draw up a training plan for the trainee specialist doing the work placement. (E.9)

Certification of training institutes and their heads
The RGS will certify training institutes if they meet certain requirements. For instance, institutes must:
- have the head and acting head certified by the RGS
- collaborate with training institutions that provide work placements and hands-on training
- have a training programme quality assurance cycle in place
- ensure that they have a safe training environment (E.10)

The head of an institute and the acting head must also meet several requirements in order to be certified by the RGS for the provision of training programmes.
For instance, they must:
- have been specialists for at least three years
- have good teaching skills
- take part in the institute's quality assurance cycle.

An institute's training plan must be drawn up by the institute's head.
Among other things, the institute's head has the following duties and powers:
- deciding on whether trainee specialists will be accepted
- deciding on whether trainee specialists' training programmes will be extended or terminated
- deciding on which work placement trainers and supervisors will be appointed and which institutions providing hands-on training and work placements will be involved. (E.11)

Chapter F
Specific provisions Group 2

This chapter outlines supplementary provisions that apply specifically to the specialties and subareas belonging to Group 2. The provisions relate to training, evaluations and assessments and to certification and monitoring. Group 2 comprises 28 medical (clinical) specialties as well as two subareas: emergency medicine and hospital medicine.

Extension of training programme and intensive supervision programme
Trainers may extend the duration of training programmes for training-related reasons in the event of an intensive supervision programme or if the trainee specialist temporarily stops following the programme. (F.1)
During the course of a training programme, a trainer may subject a trainee specialist to up to two intensive supervision programmes, each lasting three to six months. In such cases, the duration of the training programme will be extended by the duration of the intensive supervision programme. The trainer will discuss the intensive supervision programme with the trainee specialist during a progress review or performance appraisal interview. If a trainee specialist is to be subjected to an intensive supervision programme, the trainer will record this decision in writing and remind the trainee specialist of the existence of a dispute resolution procedure. Together they will adjust the trainee specialist's personalised training. Each intensive supervision programme will include at least one progress review and the final component of the programme will be a competence assessment. (F.9)

Training on a part-time basis
In the event that, during his training programme, a trainee specialist is conducting scientific research that is not related to the training programme, the RGS may allow him to follow the training programme on a part-time basis, spending less than 50 percent of his working hours on the programme. If a trainee specialist follows the programme on a part-time basis, the frequency of his shifts will be adjusted accordingly. (F.2)

The trainee specialist's obligations

During the training programme, trainee specialists must fulfil certain obligations, such as:
- the obligation to attend scientific meetings organised by the relevant scientific society
- the obligation to teach doctors, nursing students and paramedics upon request
- the obligation to follow theoretical training modules at least ten days in each year of the training programme
- the obligation to take part in patient case reviews. (F.3)

Evaluation and assessment
At the start of a training programme, the trainer will discuss the programme with the trainee specialist. (F.4)
During the course of their training programmes, trainee specialists are assessed during:
- progress reviews
- the annual competence assessment
- the final programme assessment. (F.5)

Progress reviews will be performed:
- once every three months during the first year of the training programme
- once every six months during the second and third year of the training programme
- afterwards: once in every year of the training programme.
The trainer will draw up a written report and discuss it with the trainee specialist. (F.6)

The trainer will perform annual competence assessments to determine whether the trainee specialist should be allowed to continue the training programme. Such competence assessments are performed at the end of each twelve-month period. The trainer will consult the relevant trainer group beforehand. The trainer will then draw up a written report and discuss it with the trainee specialist.

In cases where a trainee specialist's basic pre-training was in a different medical specialty, his trainer in his pre-training will inform his trainer in his current training programme on the competence assessment(s) the trainee specialist underwent while in his pre-training.

If the trainer has any concerns about the trainee specialist's ability to continue the programme, he may decide to subject the trainee specialist to an intensive supervision programme. If the trainer feels that the trainee specialist must not be allowed to continue the programme, he will terminate the programme.
If this is the case, he will notify the trainee specialist and the RGS in writing. In the event that a trainee specialist's training programme is extended or terminated, the trainer will remind the trainee specialist of the dispute resolution procedure. (F.7)

The trainer will issue a final assessment in the final three months of the training programme.
If the trainer deems the trainee specialist competent enough to practise as a specialist, he will issue a positive decision to the trainee specialist and to the RGS.
If the trainer has any concerns about the trainee specialist's competence, he may decide to subject the trainee specialist to an intensive supervision programme. If the trainer feels that the trainee specialist is not sufficiently competent, the trainer will terminate the programme. In such cases, the trainer will issue a negative decision in writing.
If the trainer chooses to extend or terminate a training programme, he will remind the trainee specialist of the existence of the dispute resolution procedure.

Trainee specialists must include written records of each evaluation or performance appraisal in their portfolios. (F.4)

Certification of institutions that provide hands-on training and theoretical training
The RGS will certify institutions that provide hands-on and theoretical training if, in addition to the requirements outlined in Chapter C, they meet other requirements, such as:
- the instituton must have a trainer group and a central programme committee (COC), both of which must take part in the external quality review procedure.
- the training programme must be part of a regional network of training programmes. (F.10)

The RGS will certify trainers, if they meet, in addition to the requirements outlined in Chapter C, other requirements, such as:
- the trainer must coordinate the duties performed by the trainer group
- the trainer must specify the duties and obligations of the various members of the trainer group in a written document
- the trainer must coordinate the local or regional training plan with the COC. (F.11)

The members of the central programme committee (COC) must include the following persons: the supervising trainer of each trainer group, a member of either the supervisory board or the board of directors, and two trainee specialists representing all the trainee specialists training at the institution. The COC has meetings at least four times a year and must have rules of procedure.
The COC has several duties, such as:
- promoting collaboration between representatives of the various specialties taught at the training institution
- discussing the interests of the trainee specialists and criticisms raised by both trainers and trainee specialists
- mediating in the event of disputes
- safeguarding and promoting a favourable and safe training environment, as well as the quality of the training programmes.
Regional COCs are subject to the same regulations. (F.12)

The members of the trainer group must meet several requirements, such as:
- they must discuss complications in, or the quality of, the training programme taught and the healthcare being provided
- they must be active scholars
- they must take part in the institution's quality assurance cycle
- they must have good teaching skills and keep these up to date
- they must guarantee that one member of the trainer group is available at all times when a trainee specialist is in attendance at the training institution
- they must have a quality improvement cycle of their own to improve the quality of the training programme (F.13)

Chapter G

Specific provisions Group 3

This chapter outlines supplementary provisions that apply specifically to the specialties and subareas belonging to Group 3. The provisions relate to training, to certification and monitoring and to lateral entry registration. Group 3 includes the subarea Forensic medicine and three medical specialties (occupational medicine, insurance medicine and public health medicine), as well as the associated subareas:

- Policy and advisory medicine
- Donor medicine
- Infectious disease control
- Youth health care
- Medical environmental science
- Social-medical assessment and advisory medicine
- Tuberculosis control

Training
In addition to chapter B of the General Directive CGS trainee specialists:
- who apply for entry onto a specialist training register must add one or more declarations from their employer(s) where they are under contract (G.3)
- must enter into an agreement with the institute, which agreement must stipulate that the trainee specialists will comply with the applicable regulations and training plans. (G.4)

The training programme may be extended by the institute's trainer if necessary. (G.1)
If an institute has no trainer for a period exceeding three months, the RGS will suspend the hands-on components of the training programme until it has certified a new trainer. In such cases, trainee specialists will adjust the timeline of their training programmes. (G.5)
The RGS may relax its requirements for the hands-on component of the training programme if it revises a training institute's accreditation status and if trainee specialists may be adversely affected by this. (G.2)

Certification for institutions that provide hands-on training
The RGS will certify institutions that provide hands-on training if, in addition to the requirements outlined in Chapter C, they meet other requirements, such as:
- they must have signed a collaborative partnership agreement with a training institute
- they must guarantee that each trainer will not supervise more than four trainee specialists.
The institute may appoint a trainer group. If it does, it must guarantee that one member of the training group will be available at all times when a trainee specialist is in attendance at the training institute. (G.6)

Certification of institutes providing training courses
The RGS will certify institutes if they meet certain requirements, such as:
- the institute has one or more certified institute trainers
- the institute has a programme committee and an examinations board
- the institute has a training programme quality monitoring cycle. (G.7)

Biennial reports
Both training institute and institutions must draw up a report on the quality of their training programmes once every two years, and send it to the scientific society concerned. (G.10)

Certification of institute trainers
The RGS will certify institute trainers if they meet certain requirements, such as:
- the institute trainer must have been on the specialist register for at least three years
- he must work at the institute at least 16 hours per week
- he must have good teaching skills
- he must draw up a training plan for the institute. (G.8)

Certification of institution trainers
The RGS will certify trainers if, in addition to the requirements outlined in Chapter C, they meet other requirements, such as:
- they must work at the institutions that provides hands-on training at least 16 hours per week
- they must take part in a trainer professional development course. (G.9)

Lateral entry registration
The RGS may enter specialists trained in the Netherlands onto the social medicine specialist register after they have completed a personalised training programme. This is called lateral entry registration. Specialists who wish to be entered onto the register must apply to the RGS. They must meet the following requirements:
- they must be on the professional register for doctors with unrestricted notification
- they must be on a specialist register
- they must have worked in a social medicine setting for at least one year.
If a specialist meets these requirements, the RGS will authorise him to follow a personalised training programme. In such cases, the personalised training programme will be focused on hands-on training or work placements in a social medicine setting, and there will be evaluations and assessments. (G.11)

If the specialist works full time, the personalised training programme will last between one and three years. It can also be done on a part-time basis. (G.13)
The personalised training programme will be drawn up by an institute trainer, in association with an institution trainer. (G.12)

The personalised training programme must be authorised by the RGS. (G.12)
When applying for such authorisation, specialists must submit the following documents:
- the programme of the personalised training programme
- a certified document listing their professional experience
- a certified document listing their educational qualifications and any CME/CPD courses they may have attended
- the names of the institute trainers and institutions trainers who will supervise them
- the names of the training institutions where they will follow the personalised training programmes
- any other information requested by the RGS. (G.14)

Once the RGS has authorised the personalised training programme, the specialist will have to embark on it within one year. (G.13)

After the specialist has completed the personalised training programme, the institute trainer will issue a declaration that will allow the RGS to enter him onto the register.
The specialist must apply to the RGS for entry onto the register.
He must append the declaration issued by the institute trainer and evidence that he was entered without restrictions onto the professional register for doctors.
If a specialist applies for registration more than one month but less than five years after the personalised training programme, the specialist will be entered onto the specialist register, but not for the full five years. The shorter registration period will commence on the date of the registration application. (G.15)

Chapter H

Final provisions

This chapter contains the final provisions of the General Directive CGS. They relate to transitional arrangements for training programmes, the certification of training organizations and training professionals, and for registration and registration renewal. This chapter also deals with the revocation of former decrees and the effective date and title of the General Directive CGS.

General information
This decision is called General Directive CGS. (H.9) It was approved by the Minister for Health, Welfare and Sport, and it was published in the Government Gazette (Staatscourant) and in the medical journal Medisch Contact. (H.7) It has been in force since 1 January 2020. (H.8) This directive supersedes the Specialist Registration Renewal Directive and former General Directives. (H.6)

Transitional arrangements for training programmes
The General Directive CGS applies to trainee specialists enrolled in training programmes on 1 January 2020 or later. Trainee specialists who were in the final or penultimate year of their training programmes on 31 December 2019 will continue to be subject to the superseded General Directives.
The same applies to trainee specialists who embarked on their training programmes before 31 December 2019 but had not yet been enrolled for that long. However, in order for them to be subject to the superseded General Directives, they must be able to demonstrate (in association with their training supervisors) that they will not be able to meet the requirements of the new General Directive CGS.
Doctors who embarked on a personalised training programme before 1 January 2020 are also subject to the superseded General Directives. (H.1)

Transitional arrangements with regard to certification
Training organisations or training professionals who are certified for one or more training programmes as of 1 January 2020 will continue to hold this accreditation until they are re-accredited. The 'old' accreditations are subject to the superseded General Directives.

Institutions that provide hands-on training that have been certified by the RGS before 1 January 2020 following a visit by an external review panel will be automatically certified for an indefinite period from 1 January 2020. These accreditations will only apply to the overarching institution.
If an institution wants its training programmes to be certified as well, it must first have the programmes assessed by an external review panel. (H.2)
The General Directive CGS applies to any training professional or training organisation that applies to the RGS for certification after 1 January 2020.
If the RGS cannot issue the training professional or training organisation with certification for an indefinite period, the RGS may issue conditional certification with a fixed term. This fixed term will not extend beyond 1 January 2025. (H.3)
Training professionals or training organisations that apply to the RGS for certification before 1 January 2020 are subject to the old General Directives. At the request of a training professional or training organisation that is subject to the superseded decisions, the RGS may certify them in accordance with the new General Directive CGS. (H.4)

Transitional arrangements for registration or registration renewal
Medical specialists who are on the specialist register on 1 January 2020 will stay on the specialist register until their registration is renewed. The part of their registration period that commences on 1 January 2020 will be subject to the General Directive CGS. The part of their registration period that commenced before 1 January 2020 will continue to be subject to the superseded decisions. (H.5)