

Original Article

Palliative Medicine Specialization in Latin America: A Comparative Analysis

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Abstract

Background. Formal recognition of palliative medicine as a specialty has been one of the main drivers in the development of palliative care.

Aim. To provide a comparative, comprehensive overview on the status of palliative medicine as medical specialty across Latin America.

Methods. We conducted a comparative study of 19 Latin American countries. Key informants and persons in charge of the specialization training programs were identified and interviewed. We collected data on general recognition as specialty (title, process of certification) and on training program characteristics (title, start year, requirements, training length, and type full time or part time).

Results. Eight of 19 countries (42%) Argentina, Brazil, Colombia, Costa Rica, Ecuador, Mexico, Paraguay and Venezuela reported palliative medicine as medical specialty. Thirty-five (sub)specialization training programs in palliative medicine were identified in the region (eight as a specialty and 27 as a subspecialty), the majority in Colombia (43.5%) and Brazil (33.7%). A total of 20% of the programs have yet to graduate their first cohort. Length of clinical training as specialty varied from two to four years, and from 520 hours to three years for a subspecialty.

Conclusion. Despite long-standing efforts to improve quality of care, and significant achievements to date, most Latin American countries have yet to develop palliative medicine as medical specialty. Specialty and sub-specialty training programs remain scarce in relation to regional needs, and the programs that do exist vary widely in duration, structure, and content. *J Pain Symptom Manage* 2021;000:1–8. © 2021 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Palliative care, palliative medicine, Latin America, postgraduate medical education, medical specialty

Introduction

Palliative medicine as a specialty has grown steadily in many countries and regions, including in Latin America. Palliative medicine refers to the medical component of “the care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families, and their caregivers”.¹

Each year in Latin America, more than three million people endure serious health-related suffering. Of those, approximately 1.5 million die.² The burden of serious health-related suffering is increasing due to the increasing proportion of older persons in society and the rising prevalence of chronic diseases that could benefit from palliative care.³ Studies suggest that patient care for those in advanced stages of illness is far from optimal.⁴ Currently, Latin America reports

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Accepted for publication: 21 April 2021.

2.6 services/million inhabitants, a rate that varies between 24.5 in Uruguay to 0.6 per million in Peru.⁵

A “specialty” is an area of medical specialization recognized as such by a national authority or agency, for which a structured postgraduate training program exists.⁶ Key issues in the development of any medical discipline, including palliative medicine, are specific educational training programs as well as the formal recognition of palliative medicine as an area of specialization,^{7,8} which strengthen its credibility as a scientific discipline.⁹⁻¹¹

Palliative medicine specialists are responsible for generating new and robust knowledge in their respective field as well as for its uptake. As practitioners, they are also charged with managing the most complex clinical cases. Palliative medicine specialists ensure the application of appropriate standards of care when they consult with general practitioners and other medical specialists.^{5,10}

A regional report published in 2013 noted that four (Brazil, Costa Rica, Colombia and Venezuela) of the 19 countries in the Latin American region, reported recognition of palliative medicine as a medical specialty or subspecialty.¹² A moderate correlation was reported between the existence of specialized palliative care educational programs and number of palliative care services per million inhabitants.⁸ Palliative care associations are responsible for advocating for recognition of palliative care as scientific specialty. All countries in Latin America, with exception of Nicaragua and Cuba with none reported, have at least one national Association. Although three national Associations were identified in Mexico, all three are currently inactive.⁵

The aim of this study is to provide a comparative comprehensive overview and analysis of the status of palliative medicine as medical specialty across Latin America. This analysis includes specialist and sub-specialist training in palliative medicine. We expect the findings will clarify the current situation in Latin America and thereby help to promote the discipline for health care professionals, academic institutions, and policymakers.

Method

We conducted this comparative study between September 2020 and January 2021 in 19 Latin American countries: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

For the purpose of the study, we considered only officially recognized training programs. Certifications such as diploma or masters courses were not included.

Type of training were defined as follows:

Specialty (also referred to as first specialty in some countries): Specialized training program in which doctors

train under supervision (residence), which may start after medical school, required for obtaining the maximum level of professional training in palliative medicine leading to official certification, which allows independent practice.^{10,13,14}

Subspecialty (also referred to as second specialty in some countries): Denotes an additional training under supervision (residence) in palliative medicine following a previous specialty, leading to the official certification of the highest level of professional training in palliative medicine towards independent practice.^{10,13,14}

Additionally, for the purpose of this article we also define:

Recognition: the official act of recognizing palliative medicine as a specialty or subspecialty by the competent authority/authorities.

Accreditation: the action or process whereby the supervising authority and/or authorities officially recognizes a training program in an institution as having a particular status or being qualified to train a medical doctor to become a palliative medicine specialist.

Certification: the provision of an official document (title) proving that the palliative medicine specialist is qualified to work independently after appropriate training in an accredited institution.

Collection of Data

Data collection involved the following four steps: 1) Using the information provided for the updated Latin American Atlas for Palliative Care, we identified which countries recognize palliative medicine as a specialty and/or sub specialty;⁵ 2) Using a snowball method and online research, we identified other training programs;³ Using steps 1 and 2, we contacted and informed 35 key persons about this study. For the purpose of this study, these were program directors or held a position that give them access to the information;⁴ We conducted a semi-structured interview via telephone or videoconference with each key person, asking them about general aspects of the accreditation and certification process and the characteristics of the training program. Information from these interviews was then supplemented with information from the website of each medical school, hospital, governmental institution, and any other relevant institution in order to verify and confirm the information provided. Contradictory or unclear information was clarified through further communication via telephone and/or videoconference with the key persons.

Set of Information for Comparative Analysis. We documented the information electronically in two sets:

1) Countries with palliative medicine specialization status: country name, year of introduction, title of certification awarded and the agency that provides the

certification to the graduating student as a specialist or subspecialist in their corresponding country.

2) Characteristics of palliative medicine training programs (residence): year of introduction, application requirements, length of the program (in years), total number of training hours, places of training and number of graduates.

We conducted a descriptive analysis of the number of hours for the training as specialty and subspecialty.

Results

Countries With Palliative Medicine Specialization Programs

Seven countries in Latin America (42% of the countries included in the study) recognize palliative care as medical specialty and Brazil as “field of expertise” (*área de atuação*). Colombia was the first Latin American country (1998) to recognize palliative medicine as medical specialty (Fig. 1). Training needed for the certification is classed as a specialty in three of the Latin America countries, in three as a subspecialty and in two as both (Table 1).

Accreditation for Institutions

The training programs are accredited by the Ministry of Education (MoE) or other agency, such as the Interagency Committee for the Training of Human Resources for Health (*Comisión Interinstitucional para la Formación de Recursos Humanos para la Salud - CIFRHS*) in Mexico, or the Private Higher Education Council (*Consejo Nacional de Enseñanza Superior Universitaria Privada - CONESUP*) in Costa Rica or the National Secretary of Higher Education, Science, Technology and Innovation (*Secretaría Educación Superior, Ciencia y Tecnología - SENESCYT*) and Higher Education Council (*Consejo de Educación Superior - CES*) in Ecuador. Argentina and Brazil excepted, the program must be anchored in an academic institution. The current training programs in Paraguay and Venezuela do not have an academic accreditation.

Certification for Individuals

The title of specialist in palliative medicine is conferred by different government agencies after the completion of the accredited training program. In some countries, it is the Ministry of Health (MoH) (Argentina, Paraguay, and Venezuela), in Colombia it

is the MoE, while in Brazil, Costa Rica, Ecuador and Mexico it is a special agency affiliated to the MoE (Table 1).

In Argentina and Venezuela, once the professional is awarded the title from the training institution the title also has to be endorsed by the MoH. The College of Physicians in Argentina, Brazil, Costa Rica, Paraguay, and Venezuela is also involved in the process of certification of professionals. In Santa Fe (Argentina), the candidate has to complete an examination administered by the College of Physicians in addition to the verification of the prerequisites. Although registration with the College of Physicians in the rest of Argentina is optional, some institutions require it in order to apply for a position. As it is a federation of States, the certification is valid only for the province that awarded it and may need to be validated in others. In Brazil, the completion of a training program is one of several ways to earn a certificate in palliative medicine awarded by the National Council of Medicine (*Conselho Nacional de Medicina*).

In Mexico, the subspecialty has three different titles, depending on the program: “High Specialty in Palliative Medicine,” Palliative and Pain Medicine Specialty” and “Specialty in Palliative Medicine.” The Mexican Council of Anesthesiology (*Consejo Mexicano de Anestesiología*) certifies only anesthesiologists who have completed the specialization program “*Curso de Alta Especialidad*” of the educational institution. Professionals with backgrounds other than anesthesiology who also complete the specialization program do not receive the professional license and are not certified. Anesthesiologists trained in the training program “*Especialidad de Medicina Paliativa y del Dolor*” receive a medical license issued by the MoH with the title “Specialist for Palliative and Pain Medicine.”

In Argentina, two titles coexist: “Specialist in Palliative Medicine” and “Specialist in Palliative Care.” This is similar in Paraguay where the following to titles are also used: “Specialist in Palliative Care” and “Specialist in Palliative Medicine and Oncological Support.”

The term “palliative care” is used in Colombia and Ecuador, while other countries (Costa Rica, Mexico, Venezuela) use “palliative medicine.” In Argentina and Paraguay both terms are used for the different titles, depending on the programs.

In Colombia, and in one of the three programs in Mexico, the specialty and subspecialty are combined with the terms “pain medicine.” In Paraguay, the name



Fig. 1. Emergence of Palliative Care as medical specialty in Latin American countries.

Table 1
Specialization in Palliative Medicine in Latin America (in Alphabetic Order by Country)

| Country | Year | Name | Type of Training ^a | Institution that Confers the Title |
|------------|------|---|-------------------------------|---|
| Argentina | 2006 | Especialista en Cuidados Paliativo (Santa Fe) ^b <i>Specialist in Palliative Care</i> | Subspecialty | College of Physicians, MoH |
| | 2015 | Especialista en Medicina Paliativa <i>Specialist in Palliative Medicine</i> | Subspecialty | College of Physicians MoH |
| | 2015 | Médico Pediatra Especialista en Medicina Paliativa <i>Pediatrician Specialist in Palliative Medicine</i> | Subspecialty | Argentinean Paediatrics Society MoH |
| Brasil | 2011 | Área de atuação em Medicina Paliativa <i>Field of expertise in Palliative Medicine</i> | Subspecialty | Brazilian Medical Association |
| Colombia | 1998 | Especialista en Medicina del Dolor y Cuidados Paliativos <i>Specialist in Pain Medicine and Palliative Care</i> | Subspecialty/Specialty | University recognized by MoE |
| Costa Rica | 2008 | Especialista en Medicina Paliativa <i>Specialist in Palliative Medicine</i> | Specialty | University recognized by CONESUP, MoE |
| Ecuador | 2018 | Especialista en Cuidados Paliativo <i>Specialist in Palliative Care</i> | Specialty | University MoE SENESCYT |
| México | 2012 | Alta Especialidad en Medicina Paliativa <i>High Specialty in Palliative Medicine</i> ^b | Subspecialty | University College of Physicians |
| | 2016 | Especialista de Medicina Paliativa y del Dolor <i>Palliative and Pain Medicine Specialist</i> | Subspecialty | University MoE |
| | 2019 | Especialista en Medicina Paliativa <i>Specialist in Palliative Medicine</i> | Subspecialty | University |
| Paraguay | 2016 | Especialista en Medicina Paliativa y Soporte Oncológico <i>Specialist in Palliative Medicine and Oncological Support</i> | Specialty | PC Association, Medical circles and MoH |
| | 2020 | Especialista en Cuidados Paliativos <i>Specialist in Palliative Care</i> | Subspecialty | Association Medical Circle MoH |
| Venezuela | 2009 | Especialista en Medicina Paliativa <i>Specialist in Palliative Medicine</i> | Specialty | University Colegio Médico MoH |

MoH = Ministry of Health; MoE = Ministry of Education; CONESUP = Private Higher Education Council; SENESCYT = National Secretary of Higher Education, Science, Technology and Innovation.

^aSpecialty (also referred to as first specialty in some countries) starts after medical school and Subspecialty (also referred to as second specialty in some countries) request a previous specialty. See Method for the whole definition.

^bOnly anesthesiologists are certified.

of the specialty includes the term “supportive oncology.” Argentina and Brazil excepted, all training programs are linked with universities.

Characteristics of Palliative Medicine Training Programs

The number of palliative medicine specialty programs in medical schools has increased steadily over the last 20 years (Fig. 2). We identified 35 programs: Brazil, Colombia, and Argentina had the most (15, 8, and 4 respectively). Of these, eight were specialty and 27 as subspecialty programs (supplementary material).

The training programs in Colombia, Ecuador, Mexico, and Uruguay began upon recognition of the specialty. In Argentina and Mexico (Course of High Specialization) the recognition of palliative medicine as medical specialty followed establishment of the program.

All programs provide a bursary to the trainees except for one of the programs in Argentina and the subspecialty program in Paraguay. The amounts of payment varies but are comparable to those for other medical disciplines in each country.

Application Requirements

Eight specialty training programs require palliative medicine applicants to have a medical degree (supplementary material). Some countries mandate a general exam while others conduct additional evaluation and/or interviews. In Venezuela, candidates need to have completed a one-year residence in internal medicine or pediatrics to apply for the training program in palliative medicine.

Of the 27 palliative medicine programs that require applicants to have a prior medical specialty, three (two in Colombia and one in Mexico) are open to candidates from any medical or surgical specialty, while three are restricted to anesthesiologists (two in Colombia and one in Mexico) and three are offered to pediatricians (two in Argentina and one in Brazil). Argentina, Brazil, Mexico, and Paraguay limit the number of prior medical or surgical specialties allowed for applicants (supplementary material).

Length of Training in Palliative Medicine

Length of training varies (Fig. 3). The average length of specialty programs is three years ranging from two in Venezuela to four in Colombia and

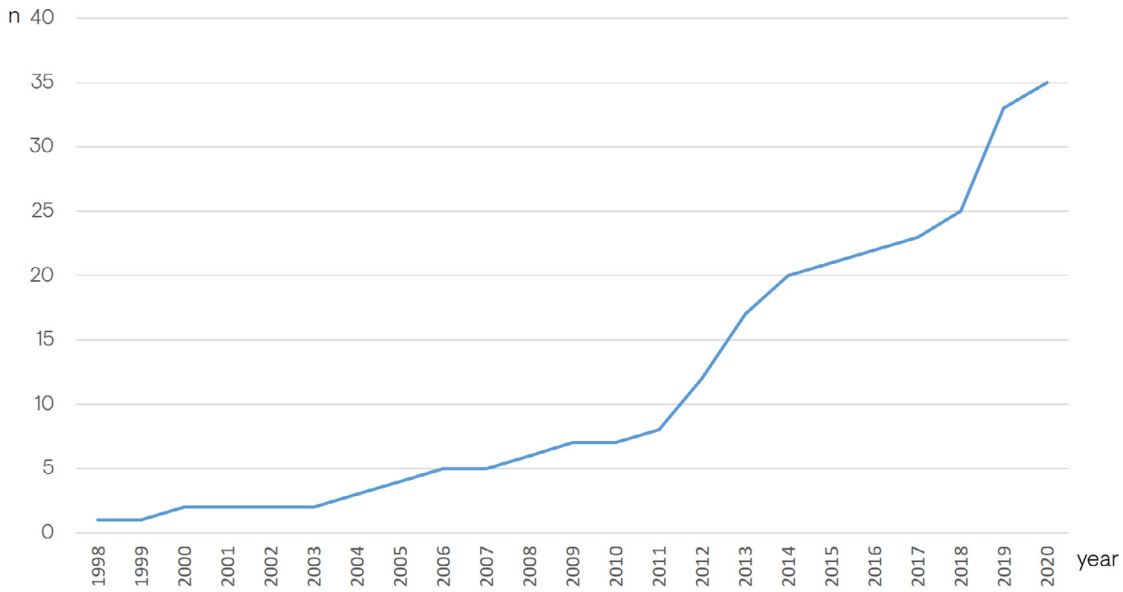


Fig. 2. Growth of palliative care specialization programs in Latin America.

Paraguay. Subspecialty training is shorter and ranges from one year in Colombia and Mexico to three years in Argentina. All training programs are full time except for one subspecialty in Argentina, with a lower hour-load distributed over three years, for a total of 5832 hours. Paraguay has both the longest specialization program (four years full time) and the shortest (part-time sub specialization program of only 520 hours) though both earn the title “specialist.”

Including medical school, it takes between 10.5 years in Paraguay and 13 years in Colombia and Mexico to earn a specialist degree in palliative medicine in Latin America (Fig. 4)

Workforce Capacity of Palliative Medicine Specialists

Representatives of 33 training institutions (94.3%) provided information about the number of graduates from the programs. A total of 417 professionals are

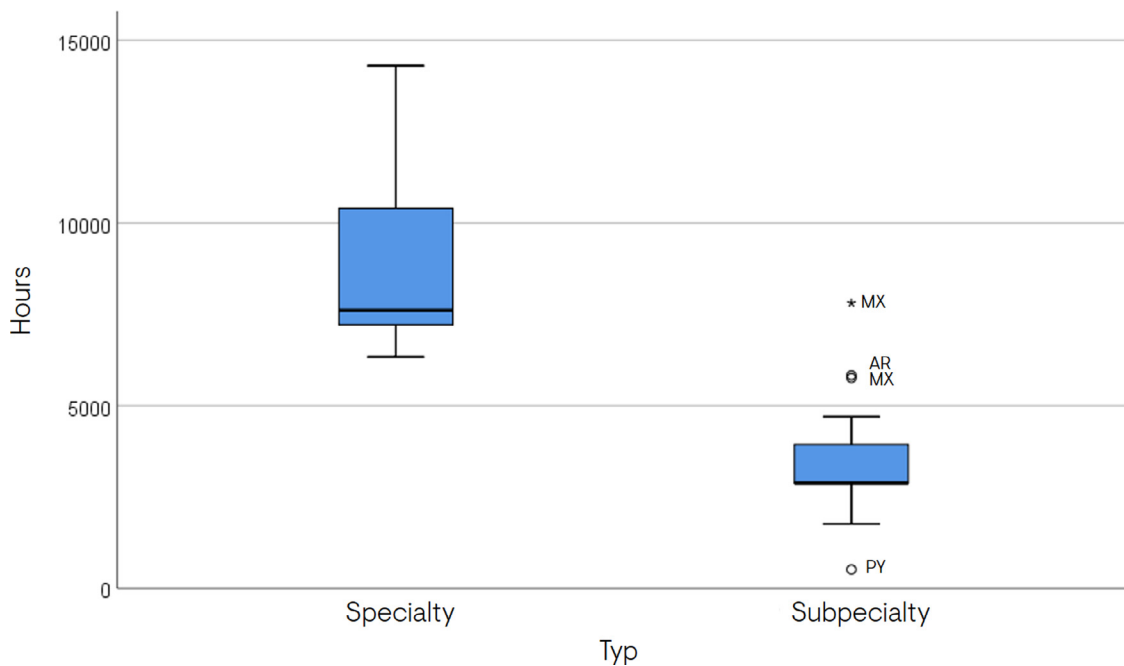


Fig. 3. Number of hours for palliative medicine training as specialty and subspecialty. Specialties have an average length of 9083 hours. (± 3244 hours).

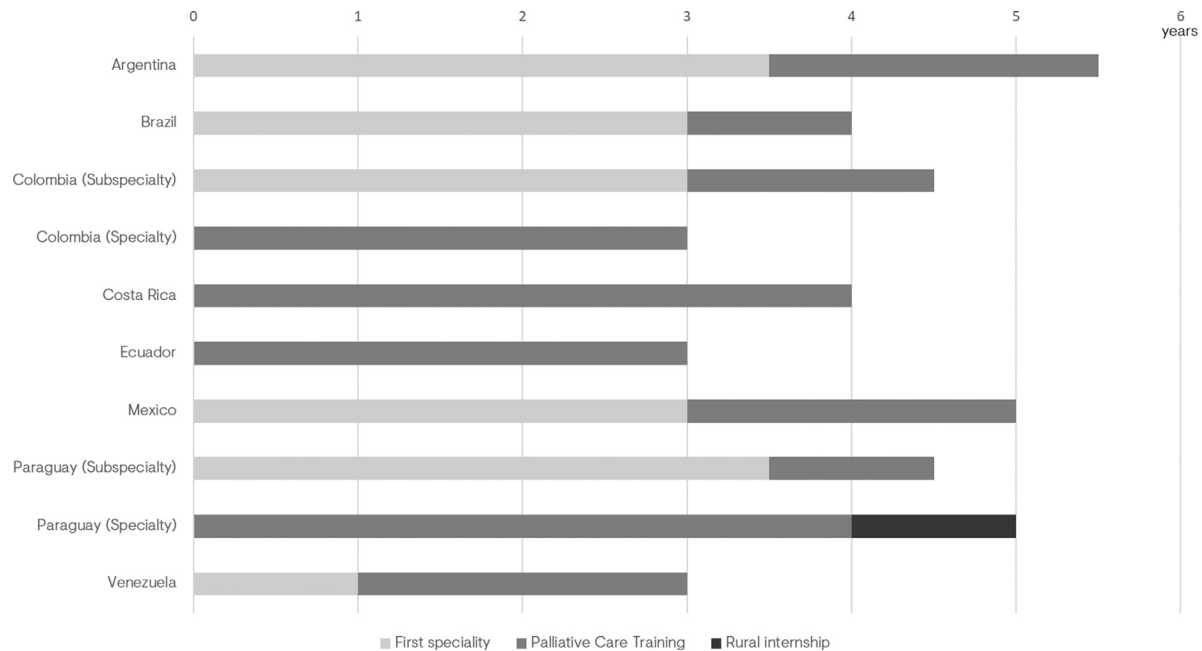


Fig. 4. Length of training for certification as a palliative care specialist for a fully registered physician. The first specialty takes 3–4 years to be able to begin a sub.

currently certified as specialists in Latin America (85 specialists and 332 subspecialists). Of the trained specialists, 42,7% were trained in Colombia, 35% in Brazil and 8.6% in Argentina. Seven of the programs have not yet graduated their first cohort.

Discussion

According to the first edition of the Atlas of Palliative Care in Latin America,¹² the number of countries that formally recognize palliative medicine as a medical specialty has increased from four in 2013 (Brazil, Colombia, Costa Rica, and Venezuela) to eight at the time of writing (the initial four plus Argentina, Ecuador, Mexico, and Paraguay) corresponding to 42% of the countries in the Region. In comparison, 34% of 53 European countries recognize palliative medicine as specialty or subspecialty.¹³

However, there remains a significant shortage of palliative medicine specialists in proportion to the potential need in the region. Considering the population of the countries included in this analysis, in Latin America there is currently only one qualified palliative medicine specialist for every 1.5 million inhabitants.

Some challenging issues we faced in this cross-national study were the lack of consistency in the names and terms used to describe a specialist title in palliative care. Seven countries call palliative care a specialty, regardless of the type of training. Similarly, in Australia, the term “specialty” is used to all areas of recognized medical practice as well specialty as

subspecialty.¹⁵ The Brazilian term “area de atuação” is unique to this country.

Subspecialty training is the most frequently used model. Length of training varies widely between and within countries. This lack of consistency in the pathways for postgraduate training in general has also been reported in other regions of the world.^{16,17} A comparative study and analysis of achieved competences and exploration of the most effective training (including length and structure) as well as the identification of standards of competency would be useful to improve the programs.

We recommend harmonizing terminology, contents and competencies in order to facilitate international mobility of professionals, decrease confusion in international contacts, and enable cross-specialty comparisons.¹⁷ Standardization would improve regional expertise and professional quality of specialist medical care in the region.

A critical examination of the utilization of specialized palliative care services and specialists should be undertaken in order to take advantage of the few trained personnel, for example articulating with primary care by improving and disseminating primary palliative care education and training in basic palliative care skills, while improving access to formal consultations for those in the greatest need. Further research is needed to identify if all trained specialist have paid positions in palliative care units or other placement opportunities as directors or coordinators of training programs. There are no “professorship” positions in palliative medicine, as in Europe and the USA. The

creation of such dedicated professorships and/or chairs ('cátedras') for palliative medicine would be an important next step in the academic development of the discipline in Latin America.

Limitations

Although this paper does not examine the content of the programs or the competencies achieved, the research serves as an important first step in identifying the similarities and differences of the various programs prior to undertaking more in-depth analysis.

We focused on programs that confer an official title upon successful completion of a residency program. We did not include alternative ways to earn a specialist title such as certification awarded in recognition of experience and expertise, or foreign training programs. We neither considered other postgraduate training, such as diplomas, and master's degrees, which are typically much shorter in duration than a specialty or subspecialty. Some may have an official recognition in the country, allowing independent practice, but with a different status than medical specialty.

This analysis is not based on official information provided directly by MOH, Ministries of Education or Academic Institutions, so some programs may have been missed. However, it is based on information provided by key informants with leading roles in all programs that publish information, and thus is highly likely to be comprehensive and complete.

In some cases, we received information regarding programs that were developing and/or were under review, as in Chile or in El Salvador, but where palliative medicine is not yet recognized as medical specialty. Also, some countries, like Mexico, are changing their recognition and certification regulations. By the time this paper is published, these changes may have taken effect.

Conclusions

Despite the long-standing efforts to improve the quality of care and the significant achievements made thus far, many countries still lack a formal specialty training program, and there are significant differences between the programs that do exist. It is imperative for the field to be recognized as a medical specialty with the appropriate implementation of programs in medical schools such as palliative medicine academic departments to ensure that physicians receive the appropriate training to acquire the skills and knowledge needed to alleviate suffering, to generate robust evidence for improved patient care and better health policies and to achieve palliative care integration in health systems. Limited political will or official knowledge regarding recognition of palliative medicine as a

core component of care allows institutions and organizations to develop their own qualifications. These can sometimes be inadequate to certify competent independent practice.

Although there has been some progress in the development of training programs in Latin American countries, there are still inconsistencies in the palliative care training provided to professionals across the Latin America region. This heterogeneity and lack of standardization affects the regional progress of palliative care.

Further research to identify and measure the impact of the existing programs would be helpful to develop evidence-based recommendations.

Disclosures and Acknowledgments

Dr. Katherine Pettus reviewed and edited the paper. The authors are grateful to the key informants for this study: Argentina: Daniela McGarrell, Gustavo de Simone, Karina Gómez, Stela Di Cola, Hugo Fornells, Veronica Dussel. Brazil: Daniela Charnizon, Ricardo Tavares de Carvalho, Adivanio Cardoso Américo, Carolina Affonseca, Luis Fernando Rodrigues, Maria Goretti Maciel, Simone Garruth, Douglas Crispin, Anelise Fonseca. Colombia: Carlos Rodriguez, Claudia Buitrago, Jairo Moyano, John Jairo Vargas, Maria Victoria Mera, Marta Leon, Patricia Gonzales. Costa Rica: Andrea Cartin. Ecuador: Mariana Vallejo. Mexico: Silvia Allende, José Villafaña Tello, Guillermo Arechiga Ornelas. Paraguay: Leticia Viana, Miriam Riveros. Venezuela: Mariela Hidalgo, Tulio Gonzáles.

Funding: The author(s) received no financial support for the research, authorship, and/or publication of this article.

Conflicts of Interest: The authors declare that they do not have any conflict of interest.

Supplementary materials

Supplementary material associated with this article can be found in the online version at <https://doi.org/10.1016/j.jpainsymman.2021.04.014>.

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