Training Issues for Pneumonologists in Europe

WARREN H PERKS

The UEMS advises the European Commissioners via the permanent committee of EU Doctors on training aspects within Europe. The mission statement of the UEMS 1994 is that the doctors in training should, at the end of his/her training, have gained broad theoretical and scientific knowledge of respiratory disease and all conditions affecting the lung, as well as having wider clinical experience. After training the doctor should be able to make independent decisions within all areas concerning respiratory disease and take care of both acute and non-acute patients. At the end of training the doctor should be able to audit and advise upon research projects relative to the speciality and to participate as a tutor and teacher in the field.

The UEMS advocate harmonisation of training within the EU. Firstly, by virtue of European law, secondly because of the free movement of both patients and doctors within the EU, thirdly to promote shorter training, and finally to ensure quality training throughout Europe.

The mean length of training within Europe is 12.6
years from the start of undergraduate training to completion of specialist training, ie gaining a CCST. The UEMS advocates an optimum training of 6 years at medical school (a mean of 6.5 years within Europe), one year of internship (mean 1.2 years), a period of general professional training in general internal medicine of 3 years (mean 1.9 years), and a minimum training in pneumonology of 3 years (mean 3.8 years). Eleven countries in Europe have an entry examination, with 12 countries having no entry examination. The UEMS recommends a training environment where there is wide experience, preferably with rotations. A training centre should have at least two specialist in pneumonology. There should be good facilities, wide contacts, research and teaching. Currently the trainees in 18 countries rotate and in 5 countries there is no rotation. Research is expected in only 6 countries. Assessment of training should be undertaken by a national authority, but it is hoped that there will be a European Diploma awarded to training centres, supervised by the UEMS, perhaps administered by the European School of Respiratory Medicine.

The UEMS recommends visits to training centres by outside assessors to assess the quality of training (UEMS 1997).

Trainees should be assessed against the national curriculum. Eleven countries have a national curriculum and 9 countries have no curriculum. The UEMS published a curriculum suitable for each country in 1994. Systems of assessment and appraisal should be put in place. These should be valid, reliable, practicable, fair to the trainees and useful to the trainers.

The best methods currently are as follows:

- humanistic - supervisor reports in conjunction with a log book
- factual knowledge - multiple choice questionnaires
- problem solving - case vignettes or extended matching MCQs
- communication - standardised patients
- practical skills - objective, structured clinical examinations (OSCE)

Appraisal of trainees is regarded as an important part of their training. Trainees who have undertaken structured appraisal with their log book are more motivated, clinically confident and have better empathy with their trainers than those who have not undertaken structured appraisal. The lowest ratings were obtained by trainees who had undertaken no appraisal at all. Most European countries have a log book, but assessment and appraisal accrues in 12 countries and not in 10. Some kind of exit examination is recommended in order to reassure the public that trainees have attained an acceptable level. Exit examinations are present in 17 countries and not in 6 countries.

In conclusion, quality training is a high priority for the UEMS and the European School of Respiratory Medicine, and harmonisation and perhaps European accreditation may well become a reality.