STANDARDS AND REQUIREMENTS FOR POSTGRADUATE MEDICAL EDUCATION IN EUROPE

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Introduction

At first sight, the organisation and delivery of postgraduate medical education should be straightforward.

There is general, international, recognition of what a medical doctor is, and what a medical doctor does. Therefore, it appears obvious that the medical degree – the basic medical qualification - awarded at the end of basic medical education will be broadly comparable, both within Europe and more widely.

The task of postgraduate medical education (abbreviated as PGME in this article) is then to take that doctor with a basic medical qualification, and further to train and educate him or her in medicine generally, and in a specialty, so that the doctor can practice, at a suitable level (whether as a generalist or as a specialist), in the health care system.

However, there are a number of factors that make PGME complicated rather than straightforward. These include:

- The system of PGME varies a great deal from one country to another
- Legal requirements within the European Union
- Who is responsible for PGME?
    - Universities
    - Health-care systems and national health authorities
    - Professional bodies such as medical chambers or medical academies
    - Ministries and politicians
- Who delivers PGME?
    - Universities
    - Health-care systems
    - Professional bodies such as medical chambers or medical academies
- What standards should be used?
    - How is quality of PGME assured?
    - How comparable are different countries?
- What other groups are interested in PGME?

The legal position

For social and historical reasons, PGME varies a great deal from country to country. Within the European Union (EU), as in almost all parts of the world, national governments retain responsibility for health care and for the regulation of medicine. Given the importance of medical care within every country, it is very unlikely that national governments will be willing to give up political control of medicine to any international body, such as the EU.

Within the countries of the EU, the only Europe-wide order with authority over medical education is Directive 2005/36/EC of the European Parliament and of the Council of the European Union, with later amendments. It can be read in English at:
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:EN:PDF

The Directive sets out rules for basic medical education, which are binding on member states of the EU. In particular, "Basic medical training shall comprise at least six years of study, or 5,500 hours of theoretical and practical training provided by, or under the supervision of, a university."

For postgraduate medical training, the Directive sets out some basic rules, which are worth quoting in part:

"Specialist medical training shall comprise theoretical and practical training at a university or medical teaching hospital or, where appropriate, a medical care establishment

approved for that purpose by the competent authorities or bodies...

Training shall be given on a full-time basis at specific establishments which are recognised by the competent authorities. It shall entail participation in the full range of medical activities of the department where the training is given, including duty on call, in such a way that the trainee specialist devotes all his professional activity to his practical and theoretical training throughout the entire working week and throughout the year, in accordance with the procedures laid down by the competent authorities. Accordingly, these posts shall be the subject of appropriate remuneration."

In other words, PGME must take place in a suitable place; should be full-time (although part-time PGME is possible, spreading the total time required over a longer period); and must be properly paid.

The Directive otherwise says very little about the detail of PGME. It does not specify who should be responsible for PGME, or how long it should take, beyond certain minimum times (3 – 5 years) that are laid down. It acknowledges that recognised medical specialties vary from country to country. As well as describing specialist training, the Directive sets out basic requirements for training in general medical practice.

In some countries, medical graduates can enter PGME immediately after leaving medical school, but in many countries a defined period of supervised practice is required before full licensing and registration as a qualified doctor; only when this has been completed may the doctor begin PGME.

Who controls and delivers postgraduate medical education?

Because PGME has developed in different ways in each country, it is not surprising that there are wide differences between countries in the organisations that are responsible for the control of PGME, and the organisations that deliver PGME.

Control As noted earlier, the importance of medical care within every country is high, and therefore there is almost always political control, in some way, of the structure and standards of PGME. Sometimes this is written in the laws of a country, but often it is devolved to an independent or semi-independent body. This may be (1) a regulatory or quality assurance agency (such as the General Medical Council in the UK) or (2) a professional body such as the national medical chamber or (3) the university system.

Delivery Control of PGME overlaps with the delivery of PGME: the organisation that actually manages the education, and delivers the teaching, of doctors after graduation has a great deal of influence over the content and quality of PGME. Political influences are also important – politicians want PGME to be short and directed to the health-care system of their country, but universities and the profession generally are concerned that PGME should be comprehensive, and should prepare the doctor for a lifetime of work. Medicine is developing all the time, and a doctor who learns only what is needed today will not be prepared for the new knowledge of next year, let alone of ten or twenty years in the future.

In some countries, such as Finland, it is recognised that PGME is a logical extension of the study of basic medical education in the university, and therefore PGME should also be managed and delivered by universities. In others, such as the UK, management and delivery of PGME is by the health-care system. This may be favoured by politicians who want doctors in the health-care workforce as soon as possible. In other countries, such as Portugal, PGME is the responsibility of the medical academy or medical chamber. This allows the profession to have power over what is learned and how it is taught, but there is the risk that the interests of the health-care system may be overlooked.

The Association of Medical Schools in Europe (AMSE), at its annual conference in 2009 (held in Zagreb) discussed these various models for PGME. The conference agreed a Declaration on this subject, available on the AMSE website (www.amse-med.eu). The main conclusion was that PGME must be managed as a collaboration between all concerned, as is already clearly the case in some countries, such as Denmark and Sweden. As the Declaration states,

"The postgraduate role of the medical school extends into clinical, specialist and research education. In all these, the medical school is a partner of the health-care system, and of the profession. This three-way partnership depends, for success, on mutual respect, communication and collaboration. This partnership also includes support from ministries both of health and of education, and society at large."

Practice in postgraduate examinations varies from country to country. In some countries, postgraduate examinations are mainly at the start of PGME, and in others are at the end, and are a requirement before leaving PGME and entering specialist practice.

Standards, quality assurance, and comparability between countries

PGME cannot be managed and delivered without knowing what is to be learned, and to what standard. Many national authorities have a clear statement of standards and quality assurance (QA) procedures for basic medical education, but clear statements on the requirements for PGME are less common.

The World Federation for Medical Education (WFME) has global standards for all phases of medical education (PGME and continuing professional development, as well as basic medical education). The development of these standards for Europe-wide use was undertaken by a joint WFME – AMSE Task Force as part of the European thematic network in medicine. These European Specifications of the WFME standards are helpful in planning PGME, and are available on the WFME and AMSE websites (www.wfme.org and www.amse-med.eu).

There is no system in Europe for credit in PGME to be transferred between countries, although such a system may develop. The European Commission has welcomed initiatives to develop a system like the system of Continuing Medical Education credits used in North America. A system of transferrable credits in PGME would allow a doctor to obtain his or her postgraduate training in two or more countries. This could promote mobility in Europe, and might help spread good practice and high standards.

One area in which there is not likely to be common practice between European countries is in the clinical specialties that are recognised. All countries recognise the major specialties that are known worldwide – general internal medicine, cardiology, surgery, and so on, about 20 in all – but minor specialties vary from country to country. The recognised specialties, found in at least two countries, are listed in the EU Directive 2005/36/EC.

Other interested groups

Groups representing the medical profession across Europe have an interest in requirements and standards for PGME.

The Standing Committee of European Doctors (CPME, www.cpme.be/policy.php) supports mobility during PGME, but is concerned that working conditions for doctors in all European counties should be good enough to make it unnecessary for doctors to move for financial reasons, often at the expense of vulnerable healthcare systems.

The European Union of Medical Specialists (UEMS, www.uems.net) also supports mobility in PGME, and plans to set up a European Accreditation Council for Postgraduate Training based on the existing work of UEMS on credit accumulation in PGME.

Postgraduate research training

A review of PGME must not omit consideration of research training during the postgraduate years. For doctors planning a career in research, or in academic medicine, a period of structured research training, often leading to a research degree will normally be needed. The research degree may be completed in parallel with PGME.

ORPHEUS (the Organisation for PhD Education in Biomedicine and Health Sciences in the European System) is an organisation concerned with standards and processes for doctoral research degrees in biomedicine, and its latest policy recommendations, particularly from the 2009 ORPHEUS conference, can be found on the ORPHEUS website (www.orpheus-med.org).

Conclusion

Postgraduate medical education continues to vary from country to country: but there is evidence of increasing harmonisation of requirements and practices in PGME. In time, this will lead to greater mobility of doctors within Europe, and to a general improvement of the standards of medical education and of medical practice.

PERSPECTIVE MANAGERIALE DE INTEGRARE ÎN SPAȚIUL ÎNVĂȚĂMÂNTULUI SUPERIOR EUROPEAN

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Summary

Managerial perspectives of integration in the space of higt european education

High establishment in the Republic of Moldova is connected to expectation and exigencies about integrity perspectives in the European university space.

Management quality system implementation represents a considerable and valuable change of the Medical High establishment. Due to this process the quality insurance has been improved; if those that will be achieved, that was planned and priority optimization direction of the university activities in the continue and consequent form.

Generalizing the documents and the experience of many high establishment and estimating the proposed Model by European Found for quality Management we generalized some priority management direction of the Medical high establishment.

Rezumat

Învățământul Superior în Republica Moldova a fost orientat spre expectanţele şi exigenţele privind perspectivele de integrare în spaţiul universitar european.

Implementarea sistemului de management al calităţii este o schimbare considerabilă şi valoroasă a Instituţiei de Învăţământ Superior Medical. Datorită acestui proces se va îmbunătăţi radical asigurarea calităţii, dacă se va realiza tot ce s-a planificat în acest context şi se vor dezvolta direcţiile prioritare de optimizare a activităţii universitare în mod deliberat, continuu şi consecvent

Analizând şi generalizând documentele şi experienţa mai multor instituţii de învăţământ superior şi evaluând *Modelul* propus de *Fondul European pentru Managementul Calităţii (EFQM)* am generalizat unele direcţii manageriale prioritare de eficientizare a spaţiului Învăţământului Superior Medical.

Actualitatea

Pe parcursul ultimelor decenii majoritatea ţărilor europene sunt interesate să răspundă la noile provocări şi exigenţe prin schimbările complexe şi reformele sistemului educaţional la toate nivelurile şi mai ales la nivel universitar.

Învăţământul Superior în Republica Moldova a fost orientat spre expectanţele şi exigenţele privind perspectivele de integrare în spaţiul universitar european. Din aceste considerente specialiştii diverselor domenii de management ce sunt interesaţi de reuşita şi calitatea învăţământului caută un echilibru între principiile de calitate, eficienţă, diversitate şi echitate. Finalitatea acestul proces integral de calificare universitară a fost discutată şi prezentată la o serie de forumuri şi seminarii interuniversitare în cele mai importante oraşe ale Republicii Moldova, ca de ex: Chişinău, Bălţi, Cahul, etc. În această ordine de idei, putem menţiona că asigurarea calităţii în Învăţământul Superior este o problemă majoră ce este privită în contextul priorităţilor şi obiectivelor europene, deaceea implementarea Sistemului de Management al