Training in Internal Medicine

Despite differences from one country to another, training programmes for an internal medicine specialist have several common denominators, starting with real hospital responsibilities, a feature which is a fundamental necessity. These responsibilities are guaranteed by institutions which are called, depending on the country, "internat des hôpitaux, assistantat, or clinicat." This training must be full time, supervised by a specialist in internal medicine, and last for at least five years. Active participation in the teaching, group discussions, and frequent clinical or clinicopathological conferences will help the student to acquire deeper and wider views on the whole of internal medicine and its techniques. Other important features of this training include studying a particular subject in depth, and clinical research. Not only will this broaden his views on other aspects of human and general biology, but it will inculcate the human qualities required for team work, so essential to all aspects of the practice of medicine.

The educational influences of internal medicine have a particularly important place in general-practitioner training. Together with the paediatrician the specialist in internal medicine should take an active part in keeping him up to date

with the new investigatory and therapeutic techniques. Also the specialist must ensure that the general practitioner does not become isolated and that he is given open access to the teaching centres.

Some sectors of opinion have recently accused the teaching institutions and their staffs of caring too much for science and research—with the consequent depersonalization of medicine and neglect of the practical training of students. All these accusations are difficult to understand, for the words of Claude Bernard still obtain today. "L'adjonction de sciences exactes n'enlève rien aux élans du coeur et de l'esprit qui doivent animer le praticien". Some people have suggested that the student should come into contact with the general practitioners and their patients at a very early stage, so that he can be initiated into a so-called "comprehensive" medicine. But these proposals would take us back to a prescientific and craftlike medicine. Surely the real danger of depersonalization lies in the fragmentation of medicine by an excessive multiplication of specialties and the ensuing scattering of responsibilities? The remedy lies in internal medicine solidly built on a constant preoccupation with a system which is at once scientific, humane, and social—and therefore comprehensive.

Training Programmes in Internal Medicine

Germany

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In Germany the prospective internal medicine specialist acquires the necessary knowledge at the bedside, and at no period in his career is there a stage consisting only of theory. After the ward rounds or clinics discussions are held among members of the medical team, whether in small or large groups, and these play an important part in training, as well as the regular demonstrations at the bedside given by the chief physician or the doctor in charge of the clinic.

For their part the trainees must, of course, read up the relevant literature in the library, as well as keep up to date with specialist journals; other necessities in the course are attendance at the daily demonstrations in the radiological clinic and the necropsy room. Usually also consultations and regular meetings are organized between the department of internal medicine and the different specialist clinics, to discuss patients actually under treatment at the time as well as to give the assistants the opportunity of raising points arising out of the formal lectures.

The German trainee specialist in internal medicine assumes full responsibility for the patients under his care and is answerable to the chief physician, who in his turn is responsible to the head of the clinic. During his training he is paid for his work.

Characteristic Features

Four features characterize the German specialist in internal medicine. Firstly, the long tradition of the specialty, which goes back about 200 years. In the nineteenth century Theodor

Fredreichs gave an enormous impetus to internal medicine in Germany when he created the German Association of Internal Medicine (Deutsche Gesellschaft für Innere Medizin) and organized the first specialist congress at Wiesbaden in 1882. This explains how the specialty of internal medicine advanced more quickly in Germany than in any other country. Up to the present, moreover, the specialty has been kept as a single entity. Nevertheless, there are now signs that the specialty is becoming split up—a regrettable tendency, as in several countries where this has occurred it has led to inefficiency.

Each internal medicine specialist in Germany is able to follow a special interest, and those qualified to do so may add to their title of specialist in internal medicine the qualification of gastroenterologist, cardiologist, or chest specialist. The length of training for the doctors obtaining these additional qualifications is the same as that for pure specialists in internal medicine, but in such cases two years is spent in training in the particular field.

The second characteristic feature is that the German specialist is entitled to carry out technical procedures once he has mastered them—for example, he is allowed to take electrocardiographs and interpret them. For the physician this makes a great difference since he can if necessary obtain the results of tests much more quickly than if he has to send specimens away to institutes or laboratories. Thirdly, in Germany the minimum training period for a specialist in internal medicine is six years, compared with only five years in most other countries of the European Economic Community. During this sixth year he becomes particularly expert at special investigative techniques.

Scale of Fees

Lastly, in German medicine the scale of fees is the same for all doctors, whether general practitioners or specialists. Thus when the general practitioner can carry out diagnosis or treatment of an equal standard to that of the specialist he is paid the same fees for this.

A recent disturbing trend is the new system of departments

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which has been created in some German universities. Rota systems have been established whereby a trainee specialist in internal medicine has to work in at least 17 different departments. This new introduction could well endanger the trainee's further training and we must question the necessity for it. Doctors working in a specialist department are usually unwilling to look beyond their narrow field of interest, and if this system is to stay who is to give the future specialist in internal medicine the broad viewpoint, which is and must remain an integral feature of internal medicine?

Switzerland

H. LUDWIG

In Switzerland doctors can specialize in internal medicine only after they have finished their undergraduate studies (that is, a 6½-year course) and have obtained the federal diploma of medicine. The title of doctor of medicine can be obtained only after passing through a series of stages as a regular assistant. Four years must be spent in a department or departments of internal medicine (clinics or polyclinics, or both) of a Swiss hospital, either university or non-university. These departments are recognized for the purpose of specialization by a Commission, formed of three members of the central committee of doctors and a representative of the Swiss Society for Internal Medicine. They are divided into several categories according to their size (that is, the total number of beds and admissions), the university appointment of the chief physician, the rota system for different subspecialties (such as haematology or cardiology), the importance of auxiliary services (radiological, laboratory, necropsies, library), and especially the type of postgraduate teaching that takes place.

Duration of Study

The average duration of the recognized studies is about four years but varies according to the category of the hospital. Thus successive years spent in departments recognized for only one year will not be considered as sufficient total experience, and a minimum period of one year in a first-class medical clinic is compulsory. Appointments in recognized hospital departments are valid for a maximum period of two years. Finally, one year must be spent in a specialty other than internal medicine. This

may be clinical (for example, surgery, gynaecology-obstetrics, paediatrics, psychiatry) or scientific (morbid anatomy, physiology, biochemistry, etc.) This stage may take place before, after, or in between the various appointments in internal medicine itself.

Candidates for specialist recognition do not take a final examination. On the basis of reports and detailed certificates submitted by the heads of the departments where the candidates have spent their time the Commission grants the candidate the diploma of "spécialiste F.M.H. Foederatio Medicorum Helveticorum) en médecine interne".

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Great Britain

SIR JOHN RICHARDSON

The term "internist" is not widely used in Great Britain, but has broadly the same significance as that of "general physician", whose training is predominantly in general medicine but includes some experience in a variety of specialties.

After young men or women qualify by passing their final university examination, or that of another licensing body, they are required by law to do one year as residents in hospital before their names can be included on the *Medical Register*; after this they are free to practise as they will.

The preregistration year is spent in most instances in two resident posts, one in general medicine and one in general surgery. After this the aspiring physician (or internist) will almost certainly do other resident appointments, either at a higher level of responsibility in general medicine, or in some special departments of hospitals where he can gain extra experience in, for instance, cardiology or respiratory disease, or neurology or mental disease. After these appointments, which could occupy a further year, the next appointment sought is usually one of a registrar, or the equivalent on the university scale, in general medicine.

During this time a start may be made on a research project, and if this proves to be of suitable quality, it may be supported

Qualifications in England and Wales

Qualifying Degrees	Qualifying Diplomas	
University M.B. = Bachelor of Medicine B.S. = Bachelor of Surgery or B.Chir.	Royal Colleges L.R.C.P. = Licentiate, Royal College of Physicians M.R.C.S. = Member, Royal College of Surgeons	Society of Apothecaries L.M.S.S.A. = Licentiate in Medicine and Surgery, Society of Apothecaries, London
Higher Degrees University M.D. = Doctor of Medicine or D.M. (by thesis and examination upon it) M.S. = Master of Surgery or M.Chir. (by thesis)	Royal Colleges M.R.C.P. = Member, Royal College of Physicians F.R.C.S. = Fellow, Royal College of Surgeons M.R.C.O.G. = Member, Royal College of Obstetricians and Gynaecologists M.R.C.Path. = Member, Royal College of Pathologists	Higher Diplomas Special Diplomas D.P.H. = Diploma in Public Health D.C.H. = Diploma in Child Health D.I.H. = Diploma in Industrial Health D.T.M. & H. = Diploma in Tropical Medicine and Hygiene D.P.M. = Diploma in Psychological Medicine D.Phys.M. = Diploma in Physical Medicine

The higher Royal College diplomas are those required for advanced training.

The higher university degrees are usually held by those appointed consultants, but not always.

The special diplomas are rarely sufficient in themselves to lead to consultant status.

Consultant status is achieved when a fully trained candidate is appointed to a consultant post within the National Health Service.

At present there is nothing to stop any man on the *Medical Register*—i.e., after a year's hospital experience after qualification—from calling himself a specialist and engaging

in private practice. There are only a few of these.

At present discussions are taking place about forming a register of specialists. If this is formed it will make things more difficult for a man not on a hospital staff to claim that

he is a specialist, but it will not prohibit him from doing so.