

The Netherlands

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In our country the present situation in postgraduate training is more or less stable for specialists in clinical medicine having been organized for over fifty years by the university and regional hospitals.

The main principles are that the trainee, who must be a registered doctor, studies for several years in an officially recognized training centre under the guidance of a recognized trainer. He participates fully in the work of the hospital, is responsible for several patients, works full time, and is salaried. For each specialty the details of the programme are fixed by a central board, under the auspices of the Royal Netherlands Medical Association, and on which the Ministry of Education and Sciences and the Ministry of Health and Environmental Hygiene are represented. The board's specialist registration committee carries out regular inspections of the training departments, and receives reports on each trainee. There is no final examination and after satisfactorily completing the training period the candidate is registered as a specialist by the committee.

There are no strict regulations for the continuing education of clinical specialists, for we think that the registered specialist should have acquired a basis on which he can work to continue his education and keep abreast of developments in his own field, using a wide variety of methods. There are no postgraduate institutions in the Netherlands though it is hoped that one will be established soon.

The postgraduate education of general practitioners is undergoing changes, which will result in practitioners better trained in primary care. The future potential family doctor will have to spend one year of postgraduate training, partly in a hospital, partly in a general practice recognized for this purpose, and will gradually assume increasing responsibility for the patients under his care. The trainees, who will be salaried, will return regularly to the medical school for additional theoretical and discussion courses, and at the end of training will be registered as general practitioners. Though there is increasing interest in the continuing education of family doctors—among the doctors themselves and in other interested bodies—this is not as yet compulsory.

Training in Preventive Medicine

Most of our community physicians or public health doctors are recruited from general practitioners, and recently the training schedule for this field has been laid down officially.

It consists of an academic year of theoretical and practical study in a department of social medicine of a medical faculty and in an institution comparable to schools of public health. This is followed by two years' practical work in the trainee's own particular field of interest, supervised by a recognized trainer, who has to report regularly to his trainee's institution. A central board lays down the training programme, as well as the requirements for training institutions and for trainers. The trainee works full time, is salaried, and after completing the training period he is registered as a specialist in social medicine, in occupational health, child health, general public health, or insurance medicine.

The sharp divisions between these three groups of medical practitioners are possibly too wide. This is probably a characteristic of the Low Countries, where we like everything to be neat and orderly. Nevertheless, we want to be able to adapt ourselves to the rapidly changing needs of doctors for an equally rapidly changing society. Preventive medicine and health education may be entrusted more and more to the family doctor, and systematic early detection of diseases may in the future be carried out by doctors in health centres, possibly assisted by hospital teams. Public health officers will then devote themselves to management and planning, epidemiology, and environmental problems.

But if our medical and health services are going to be more integrated, the various types of continuous medical education will have to co-operate more closely. Obsolete systems will have to be abandoned and new ways found to meet the requirements of medicine today.

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France

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Of the two types of postgraduate medical education in France the more attractive is specialist training. Obtaining a specialist qualification means real professional promotion: it opens the way to a type of medical practice different from that of the general practitioner and almost always attracts higher fees. About 40% of the young doctors study for this degree, and about 70% of these are successful. The other type of postgraduate education is now called continuing medical education. It aims to help the general practitioner keep abreast of recent knowledge, but is not so attractive, since it provides no special diploma or improvement in professional status. It is difficult to estimate how many doctors aim to obtain this type of education.

Until recently, postgraduate medical study was not compulsory before a doctor could practise in France. Nevertheless, the position has gradually changed and laws have recently been passed to hasten this change. Today a general practitioner is not allowed to practise surgery and neither the social security system nor insurance companies would cover the risks of such a practice. There is a similar position in Belgium, and, in fact, the fields of activities of general practitioners and specialists are more or less clearly defined.

Continuous medical education is a different problem. Most doctors have grown aware of its necessity and have organized it themselves, under the authority of medical schools. But it is still optional and has remained rather loosely organized. But in 1971 an Act was passed making this kind of training compulsory for salaried workers.

Specialist Training

The title of specialist is an official one in France and the social security service takes it into consideration when fixing medical fees. Specialist study starts only after seven years' undergraduate studies, the last of which being an internship in a general, non-teaching hospital.

According to the specialist branch selected by the trainee, the length of study varies from three to five years. Training is part time and its organization closely controlled; thus normally doctors study for six to seven half-days a week. The training includes practice in specialized hospital services, and much theoretical teaching. The doctor's performance during training is evaluated by university teachers, and he also has to pass theoretical and practical examinations to obtain his degree. Doctors may study for the degree at any age, and, though most of them are young graduates, some have practised medicine for a long time. Hence general practitioners can obtain professional promotion.

Medical schools are now free to decide their own curricula; they choose the hospitals for training practice; they define the chronology and the relative importance of the various items of their curricula; and they set their own examinations. Nevertheless, this freedom is supervised. For instance, to be entitled to organize a specialist's education, each university must prove the competence of its staff, the adequacy of its hospital services, and the importance of its scientific research activities. It must specify its teaching methods and the maximum number of students that it proposes to train. It reports to a national