The Netherlands

L. B. J. STUYT

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
commission, which decides whether an individual university should be allowed to organize this type of education. This national control is extremely strict, and each university is entitled to teach only a limited number of specialties. Only in Paris, where there are 11 schools of medicine, are all the specialties taught. In addition, the final examinations are supervised by a national jury, so that standards are uniform throughout France.

Nevertheless, there are exceptions, the most important one being that full-time training is compulsory for certain specialties. Thus surgery requires full-time training, and includes five years of practice as an intern—or resident—in teaching hospitals. In the same way, in specialties other than surgery, the specialist's title can be obtained after four years' full-time internship in teaching hospitals, without any of the examinations needed for the official degrees. Apart from the surgeons, between one-third and one-half of all specialists have received full-time training.

From the point of view of professional legislation and of the regulations of the social security system part-time and full-time training produce specialists with exactly the same rights. Even so, part-time training is often considered inferior, and many Frenchmen believe that, without removing specialist training from the universities, we should assume an almost exclusive system of full-time training. Probably most doctors favour this but they have been unable to solve certain practical problems. However, full-time training is developing, and will soon become compulsory in psychiatric and internal medicine. The problem which arises is that full-time training is the only solution? Surely certain specialist qualifications, such as radiology, could be acquired through part-time training—particularly since the profession in France still favours leaving the gate of progression promotion open to general practitioners. And it is practically impossible for a general practitioner who has been practising medicine for several years to give up his practice and become a full-time student for four years.

Besides the specialist there are other types of postgraduate medical education:

None of them is regulated on a national level or an official training leading to a degree. Doctors can acquire certificates of competency in such fields as allergology, phlebology, and proctology. The certificates, which are recognized by the social security service, are granted by the National Medical Order—which roughly corresponds to the British General Medical Council. They are given by special commissions of the order to candidates who can give evidence of their proficiency in the specialty. Many general practitioners obtain certificates of “competence.” Their acquisition enhances the role of the general practitioner among the hospital medical teams; it stimulates interest in the profession; it provides the graduate with professional advantages; and it gives a continuing stimulus to the general practitioner who wishes to improve his practice.

Continuing Medical Education

The role of professional magazines has always been important in continuing medical education, and we discussed this topic yesterday. Residential meetings are organized to deal with various subjects, the most important one being called “Entre- tiens de Bichat,” held every year in Paris for ten days. Every day lectures are given on a wide range of topics. During “les assises nationales de medecine” a different method has developed. Every year a special topic is dealt with, first in various resident's classes in the laboratories and in the hospital wards. Only 30% of students attend courses. Dropouts during the six-year courses are rare, because it is hard to impose stringent criteria for examinations. A six-month period of hospital internship is required after graduation before registering for practice, and a recent attempt to increase it to a year has failed because of student and political protest.

In 1969 there were nearly 90,000 active doctors. It is estimated that in 1980 there will be 130,000, but in that year the number of medical students alone will be almost 200,000.

Postgraduate education in Italy is given by the same medical school departments which are already overburdened by crowds of undergraduate students. There are about 400 specialty schools attached to medical school departments, staffed by teachers whose main job is teaching undergraduate students. Each school (for example, in cardiology, surgery, dermatology, public health) confers a specialist diploma, after a course which lasts for two to five years. This is a higher qualification for jobs in general practice, hospitals, and public health.

The restriction in the last five or six years in intake to these schools (because of lack of facilities) has improved the quality of teaching. Nevertheless, apart from the fact that facilities are shared between postgraduate and graduate students, postgraduate students receive no salary. Many of them have to find paid jobs. The restriction in intake is not popular, only one in four applicants are accepted, and it has been suggested that postgraduate teaching should be extended to several non-university hospitals.

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Medical education in Italy is provided by 27 university medical schools, 26 of which are government institutions. The government supplies funds for little more than staff salaries, so that money for research has to come from elsewhere. Italian medical schools have been declining in standard over the last 50 years owing to rigid curricula, a faulty recruiting system for professors, and, above all, 20 years of intellectual segregation during the Fascist period, followed by too much concern for economic reconstruction after the war.

By the late '60s the need for radical reforms had been emphasised for years by all responsible teachers, students, and politicians.

They aimed to bring medical education closer to the standards in, for instance, England, Sweden, the United States, as more younger professors and lecturers had been trained abroad, particularly in America and Great Britain, and had research contacts through international meetings and societies. Unfortunately, because of student pressure, the only change was to open medical schools to any student graduating from secondary school. The number of new students is about 3,000 a year between 1953 and 1963 to a present student intake of nearly 30,000. This explosion has not been accompanied by any appreciable improvement in the student/teacher ratio; several lecturers have been promoted to the rank of professor, but no new lecturers appointed. In fact, this latter post has diminished in status. There has been no increase in lecture rooms, laboratory space, or university hospitals. Lack of public money has been blamed, but a huge amount of money is spent on providing small salaries for almost every student, and—though a yearly sum of £150 is not a great deal—£18 million would have been a great help for hospital building.

The consequences for medical teaching have been drastic. The traditional tendency for theoretical rather than practical teaching has been strengthened by the physical impossibility of holding practical classes in the laboratory and in the hospital wards. Only 30% of students attend courses. Dropout during the six-year courses are rare, because it is hard to impose stringent criteria for examinations. A six-month period of hospital internship is required after graduation before registering for practice, and a recent attempt to increase it to a year has failed because of student and political protest.

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