Gastroenterological training in Europe

Europhiles and Eurosceptics have had much publicity of late and the political arguments in the United Kingdom look set to continue. Gastroenterologists believe themselves to be more logical creatures than politicians and have no constituency to be appeased. There is, however, within European Gastroenterology, a rather slow and long drawn out process, which has now reached a stage that may divide some of us along the same lines. The process has the slightly grand title of ‘harmonisation of standards’ and its progress or otherwise is in the hands of the specialty committee in gastroenterology of the Union of European Medical Specialists (UEMS).

UEMS has existed since 1962. Most of those who represented their countries on the various specialty sections regarded it as a rather pleasant but ineffective ‘gravy train’ for the first 25 years of its existence. Perhaps it will be difficult to advance a convincing argument that it has changed but the organisation was given some teeth in 1992 by the management council who directed the specialty sections to create European Boards for the specific purposes of recognition of training, promotion of continuing education, research into demography and manpower, and the promotion of exchange programmes.

The legal and fiscal standing of UEMS is complicated. It is not funded by the European Community but generates a small income from representative bodies within the member states. In the case of the medical specialties in the United Kingdom the funding comes from the three Royal Colleges of Physicians who also nominate the two representatives and pay their expenses. The European Board in Gastroenterology (EBG) has an additional member nominated by the British Society of Gastroenterology. The Union is answerable to and takes instructions from the Standing Committee of Doctors and the Advisory Committee on Medical Training, which are the sources of professional advice to the European Parliament and the Council of Ministers.

To expand on these relations would be tedious but those who are still following will have appreciated that their money is being spent and they have an excellent right to know whether or not this is being done wisely. As a convinced Europhile I shall try to justify the efforts of the section and of the European Board of Gastroenterology.

Whether we like it politically or not our future seems more likely to be linked to our European partners than to our traditional and historical ties. European Community law now forces reciprocal recognition of basic qualifications and of postgraduate training. Although there are language barriers our graduates have the opportunity to work in any European Community country and many graduates from Spain, Germany, and other countries are employed in training posts in the United Kingdom. Diversity exists in undergraduate training particularly in the acquisition of clinical skills and this will change only slowly. Postgraduate training is less traditional in its structure and indeed it is currently changing quite rapidly in most countries. This presents an excellent opportunity to develop fairly uniform schemes without compromising standards and to achieve a situation where the definition of a specialist in one country will be acceptable to the other member states.

The recent changes in postgraduate training embodied in the Calman Report were partly stimulated by difficulties related to our compliance with European Law in a very small number of rather unusual cases. The impression given by the lay press and perhaps by some of the medical press was of Britain being brought into line with Europe. To those working in the specialty committees there was a good deal of nonsense about this. The higher specialty training structure in the United Kingdom and Ireland is more advanced than anywhere in Europe with the possible exception of Scandinavia where the numbers are smaller. In the gastroenterology section, the JCHMT system was tacitly accepted as the model to be followed and in a sense Europe is being gradually brought into line. I cannot therefore accept any argument that the United Kingdom is giving up sovereignty, standards or anything else in this process.

Inevitably there are problems. The first two specialty section meetings that I attended in 1991 and 1992 were dominated by arguments about ultrasound. I had regarded this technique as something performed efficiently and skilfully by radiologists but it seems impossible to be a gastroenterologist in Germany or France unless you acquire the skill yourself. By negotiation the number of ultrasound procedures required by candidates for the European Diploma in Gastroenterology was reduced from 1500 to 300. It seemed astonishing that the future of European Gastroenterology should depend on such a peripheral issue but there is no doubt that the argument has stimulated a useful dialogue between gastroenterologists and radiologists both in the United Kingdom and other countries and this may eventually be of clinical benefit.

Opposition of training posts has also been contentious. The United Kingdom delegates argued very strongly that recommendations of established training bodies such as the
JCHMT should be accepted by the EBG. This proved unacceptable to some other delegates and the present arrangement is that hospitals wishing to be registered as training centres must be visited by two inspectors nominated by the EBG and these must be from different countries. This is inevitably expensive and may yet have to be modified.

The greatest barrier to harmonisation is the difference in training experience between member states and the greatest achievement of the EBG will be to establish a uniform basis. Basic training in general medicine is considered essential in most countries but is not required in France or Italy where young doctors can proceed straight from a pre-registration post to a training fellowship in gastroenterology. This has led to heated arguments about the acceptability of such training programmes but hopefully when the heat subsides it will also lead to the introduction of general medical training in these countries. If it does, then something useful will have been achieved.

The European Diploma in Gastroenterology is now in existence and has been awarded to several young doctors. It is not intended as a threat to national systems and will only be awarded after the national qualification has been achieved. Harmonisation is still a little way off but with hard work and a willingness to compromise on methods but not standards it will be achieved.

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