

PWG

PERMANENT WORKING GROUP OF EUROPEAN JUNIOR HOSPITAL DOCTORS
Groupe de Travail des Jeunes Médecins Hospitaliers Européens

PWG 94/ 087

Final

POLICY PAPER

on

POSTGRADUATE TRAINING

Adopted by
PWG Plenary Assembly
Vienna, 8 October 1994

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SECTION A INTRODUCTION

The community context

1. The primary purpose of postgraduate training (PGT) is to ensure that specialised doctors competently address the medical needs of the community. The Permanent Working Group of European Junior Hospital Doctors (PWG) has prepared this policy paper which represents the perspective of the consumers of PGT, the trainee medical specialists, in general practice, public health, and the hospital-based specialties.

The professional context

2. PGT should serve to ensure that the professional standards required of medical practitioners are attained, and that the clinical potential of every practising doctor is optimised. In attempting to achieve these goals it must be recognised that PGT is set in a legislative context, and that it is dependent on the availability of resources.

3. PGT is crucial in preparing doctors who will help develop the medical services of the future. It is therefore a matter of concern for the PWG that in many European countries the availability of resources for PGT, and of mechanisms for their effective utilisation, are inadequate, and are overridden by the demands of service provision.

4. The European Commission, through its directive 93/16/EC -the amalgamation of directives 75/362/EC and 75/363/EC -has set out the legal requirements for the mutual recognition of specialist qualifications and the minimum requirements as regards the duration of PGT in European Union member states. Consultation with the medical profession continues regarding the further development of this process.

5. The purpose of this policy paper is to draw attention to the urgent need for review of the provision and funding of PGT on a national and European basis. The PWG hopes that this paper will stimulate further much needed discussion in order to safeguard the future quality of medical practice. In this regard it looks forward to greater cooperation with the European Commission and those bodies representing the medical profession that share an interest in these matters.

SECTION C OUTCOMES

Patients and the community

12. Patients, and the community as a whole, require that health care is delivered safely and effectively by suitably qualified practitioners. Medical services should therefore be provided by fully trained specialists and within the context of PGT, by supervised trainees.

13. It has largely been a responsibility of governments, elected to act on behalf of the community, to ensure that health care needs are met. As budgetary restraint and rationing become more prevalent it is evident that reductions in the quality of care can develop when targets are determined solely by quantity-based criteria.

Trainees

14. Trainees require service-based education within structured training schemes specifically developed to prepare them for specialist practice. These schemes should be conducted within paid posts which incorporate service and training; suitable practical and theoretical teaching; appropriate supervised clinical experience; specialists providing models of good practice; exposure to research methodology; sufficient time for curriculum-oriented and self-directed study; and through fair assessment, regular feedback and guidance.

15. Trainees should be required to fulfill set criteria for successful progress, as monitored by continuous assessment. These criteria should be sufficiently comprehensive to ensure that trainees develop the range of abilities required for specialist practice, and are able to demonstrate through their learning and practice the necessary knowledge and skills.

16. **Setting outcomes for PGT should involve representatives of specialist trainees and other interested parties.**

The alignment of outcomes with structure and process

17. **PGT must be integrated with a well developed flexible manpower planning system in order to provide sufficient suitably training specialists.** This must be capable of responding to alterations in need within separate specialties, of accommodating suitable goal-directed training, and be backed up by the resources to provide these.

Requirement for resources

18. PGT is more than a means of ensuring the provision of medical services to meet patients' needs, it is also an investment in the future quality of care provided by doctors. **Specific national budgets sufficient to cover all aspects of PGT must be provided as a priority.**

Training programmes

28. Postgraduate training should in all specialties occur within structured programmes which should be comprised of posts with a predominance of education over service provision and specific training goals, and in which trainees are supervised by specialists.

29. All posts accredited for training purposes should fulfill clearly defined and widely publicised criteria. These should include those detailed by the Advisory Committee on Medical Training (ACMT) in 1978 and in 1982, which require coordinated training to occur in remunerated posts in both university centres and general teaching hospitals. Further minimum criteria must include a predominance of training over service provision, the existence of a safe system of supervision, and instruction in the prescribed curriculum by a range of training techniques. Structured programmes will permit the construction of modular schemes with the benefits of sufficient flexibility to permit trainees to choose optional modules, and adaptation to different rates of progress.

30. Appointment to a specialist training programme should occur on the basis of open competition, with registration as a medical practitioner being a formal requirement.

31. Programmes should be responsible to the bodies supervising training for the delivery of high educational standards, and to the bodies coordinating training for the efficacy with which they achieve this. These bodies will be able either on a probationary or a permanent basis to withdraw training approval should these requirements not be met.

32. All training posts and programmes should be subject to regular inspection by these bodies. Monitoring should confirm that previously identified deficiencies have been resolved, and that no further problems have developed. Information provided confidentially by trainees should be considered in this process. High standards could also be encouraged by the development of competition between hospitals providing specialist training.

Clinical Supervision

33. Clinical supervision of trainee specialists in their everyday work should be maximised in order to ensure that the quality of the specialist service received by the patient is of an optimum standard.

34. Passive supervision entails the constant availability - on request and with ease of access - of a senior more competent member of staff to deal with matters beyond the particular trainee's competence. Organising the process of this supervision should be the responsibility of a named specialist.

35. Active supervision involves the regular and consistent attendance of a named specialist to review or examine the work of the trainee in all aspects of his or her job, i.e. admissions and emergency assessment; in-patient care, including procedures and therapies, correspondence and note keeping; discharges; out-patient care; consultation, liaison and community work; working relations with other staff; organisation of clinical activity. There should be written policies on the above which should, where possible, be standardised on a national or international basis.

Evaluation of trainees

45. In a manner reflecting the training programmes, the evaluation process must itself be formally structured, precise in its delivery, and should achieve its results progressively. While it must direct itself primarily to these aims, it should also be capable of reflecting the individual trainee's needs. It should take into account previous performance in determining future needs, and provide feedback as appropriate.

46. **The evaluation process should be developed in conjunction with the representatives of trainees and should be made applicable to modular training programmes.** This interaction should be maintained at an operational level by ensuring that, at the outset of the relevant training period, all trainees are fully informed about the requirements made of them and the means of evaluation. This will permit the process to be robust, and will permit informed feedback from the trainees.

47. **The evaluation process should be open to scrutiny; the methods used should be objective and non-discriminatory; trainees should be required to see and comment on their evaluations without fear of prejudice ; there should be an appeals procedure; and monitoring mechanisms-including feedback from trainees, reviews of results and of the evaluators, and defined lines of accountability- should be established.**

48. **A range of techniques should be employed, on an ongoing basis, in evaluating trainees within the PGT quality assurance system. This will ensure the evaluation of the broad range of abilities required by specialist trainees.** This can be contrasted with a one-off examination-based system for evaluating competence to practice. This is neither a scientifically valid nor a reliable means of determining clinical competence, since the scope of what can be tested is limited. Trainees and trainers focus on what can be tested by such examinations rather than on the range of skills required for competent specialist practice. This may ultimately bias their clinical practice.

49. Mechanisms must be set in place to ensure that the results of individual trainee evaluations can be collated with those of their colleagues and with the results of the training programme evaluation, to provide the information required to identify deficiencies in the structure and process of the training programme.

SECTION F HARMONISATION

58. A step along the way to finding a common path for doctors in Europe was the passage of directives 75/362-363/EC, amalgamated in 93/16/EC, which developed for the medical profession principles set out in the Treaty of Rome. While ensuring equivalent recognition of qualifications, they specifically refrained from determining educational standards other than by setting minimum durations for specialist training.

59. The PWG sees the aim of harmonisation as lifting the quality of PGT all over Europe. Despite the many difficulties experienced and projected, we believe that **in order to develop a profession that is most able to achieve advances in research and the quality of care, phased harmonisation will be necessary to achieve the benefits offered by greater unity in the determination of standards and outcomes, while maintaining the benefits of continued diversity.**