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EJD 2018-112 / Report

Postgraduate training in Europe – Results of a European Survey

1. Background

Medical education and training encompass a complex interaction between undergraduate and postgraduate training (PGT). The different ways in which residency training is organised has important variations amongst European countries.

To better understand how PGT is currently organised, regulated and delivered in different European countries the 22 full and associate members* of the European Junior Doctors Association were surveyed in late 2017. Interim results were presented to EJD delegations in May 2018 and the data collected was verified by the EJD delegations in June 2018 prior to this final report being published.

2. Key findings

2.1. Application to residency programs

- In 50% (11/22) of EJD member countries, application for residency occurs directly after leaving Medical School.
- Application for residency through a centralised national system was reported to occur in 9/22 (41%) of countries.
- 41% (9/22) of countries have a residency selection procedure supervised by their Ministry of Health, whilst in 23% (5/22) this is the responsibility of the Medical Chamber. Only in 9% (2/22) of countries is this the responsibility of universities.
- In 13 countries (59%), the regulation of the number of residency posts is the responsibility of the Ministry of Health, with Medical Chambers responsible in 2 countries (9%), No regulation of the number of residency posts was reported in 2 countries (9%).

2.2 Training organization and status during PGT

- Residency training remains time-based in approximately half of the countries surveyed. Only two countries reported it to be competency based, whilst 7 countries (32%) reported having a combination of time and competency-based training.

- In 9 countries surveyed (42%), junior doctors retain a double status – that of a student and an employee. In the remaining countries junior doctors have only the status of employee throughout residency.
- In 6 countries (France, Italy, Greece, Hungary, Lithuania and Croatia) universities are responsible for organization of theoretical training during residency training. In a further 5 countries - Spain, Germany, Austria, Sweden and Turkey- the hospital/institution where the junior doctor is training is responsible for the organisation of theoretical training. In the remaining 11 countries, this theoretical training is the responsibility of multiple providers, for example, a combination of universities and hospitals, hospitals and medical chambers, national/regional institutes etc...
- In 59% (13/22) of countries surveyed junior doctors are obliged to change institutions during residency, while in 18% (4/22) this does not happen. Length of residency training varies significantly among European countries with residencies for surgical specialties tending on average to last longer than for other specialties.

2.3. Quality assurance and assessment during residency

- Supervision of residency quality falls under the responsibility of the Medical chamber/council in over a third of countries surveyed (8/22), followed by the Ministry of Health in 18% (4/22) of cases, and universities in 18% (4/22) of cases.
- There are assessments during residency programs in the majority of countries, such as annual examination or assessment, module examinations, examinations between “junior” and “senior” residency training or other forms of examination. Only 4 countries report no assessment during residency.
- There is a National Specialist exam reported in 55% (12/22) of the countries surveyed.

2.4. Flexibility during residency

- In 73% of countries (16/22) junior doctors are allowed to undertake their residency working less than fulltime. In France, Ireland, Estonia, Turkey and Italy residents are not allowed to complete their residency whilst working part-time.
- Regarding flexibility to change specialties during residency, the situation is divided in European countries. Residents in 32% countries (7/22) report being able to change specialties easily; 32% (7/22) can change under certain conditions i.e. due to health reasons; 27% (6/22) have limited options to change i.e. in Slovenia residents can change specialties once only; and in 1 country (Italy) it is not possible to change specialty during residency.

2.5. Legal responsibility for junior doctor's clinical decisions during residency

Regarding the legal responsibility for clinical decisions made during residency:

- The junior doctor shares legal responsibility for clinical decisions with his/her supervisor in 60% of countries surveyed. (13/22)
- In 18% (4/22) of the countries the supervisor has full legal responsibility for the junior doctor's decisions throughout residency training.
- In 9% (2/22) of cases the junior doctor is fully responsible for his/her clinical decisions if he/she has already been signed off on that specific competency
- In 9% (2/22) of the countries there are other situations regarding responsibility, such as it depending on the specific situation.
- In only, 1 country – the United Kingdom – is the junior doctor fully legally responsible for his/her decisions throughout their postgraduate training (even in the years prior to residency training).

3. Conclusions

Postgraduate medical training is carried out in very different forms across Europe and the process of application to residency programs, regulation of number of postgraduate training posts and organisation of training vary greatly between EJD member countries. There is also an important variation in the quality assurance of residency programs and in the way that the resident is evaluated during residency programmes. The quality of residency programmes and the quality of evaluation has been a topic of much discussion, and importantly much improvement, in recent years, however, this must be an area of continued focus of the European postgraduate training community in order to see continuing improvements in the quality of postgraduate training across European countries in coming years.

Further information regarding this data can be obtained by emailing office@juniorDoctors.eu

Tartu, 26th October 2018

*Footnote

The 22 members of the European Junior Doctors Association at the time of this survey were Austria, Croatia, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Turkey (Associate Member) and the United Kingdom.

Disclaimer

This report is a collection of information and only reflects the answers provided by National Member Organizations members of EJD from October 2017 to May 2018. This report does not reflect the position or view of EJD on any of the topics covered nor does EJD hold responsibility for the accuracy of the information collected.