


EDITORIAL COMMENT

Time to end the disparity of training in Europe

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Free movement of people (and so workers) is one of the four economic freedoms guaranteed under the internal market of the European Union (the others being goods, capital and services). It is a fundamental principle of European Law that each of the 27 member states must recognize professional qualifications granted in another country. The details relating to this mutual recognition are set out in the Directive 93/16/EEC of 5 April 1993.

This only makes sense if we have a common training programme which produces surgeons with equivalent knowledge and skills. Yet, we all know that there are marked variations, not only in the content and delivery of training but also in the selection, assessment and accreditation of trainees. The current situation is nonsensical.

The paper, published in this issue, by Loubani et al. [1] is a valuable contribution to the debate which we must have if we are to make any progress towards harmonization of training. The authors rightly compare the organization of training in other countries with the wide variation in Europe. The practice of cardiothoracic surgery is evolving rapidly with a significant move towards subspecialization (to the benefit of patients who must remain our key focus), and so, the way we train the next generation must change. They make a good argument for a modular-based system with an initial broad-based ‘basic’ programme with later specialization.

As things stand at present, the UEMS (Union Européenne des Médecins Spécialistes) is the representative organization of all medical specialists in the EC [2]. As it is the legal entity, we must work through UEMS. A ‘European Board’ is a body set up by the relevant UEMS/Specialized Section with the purpose of guaranteeing the highest standards of care in the speciality concerned in the EC member states by ensuring that the training of specialists is raised to an adequate level.

This might seem to be a rather unwieldy and bureaucratic system, but it is the only mechanism we have to work with. I believe it is something the National Societies can use to work...
together towards a common European training system. The Canadians, the Americans and the Royal Australasian College have all managed to agree their own common training programmes. So, surely it is time that we in Europe took up the challenge. Continuing with the current nonsensical situation is unacceptable and does our speciality (and our future trainees) a disservice—it makes a mockery of the law. If patients understood the reality, they would expect better from us.

REFERENCES