

Trainee organizations in Europe: a historical overview

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Summary – An overview of the existing European trainee organizations is not easy to give. The historical tendencies as described in the first part have currently brought about many initiatives. In the second part of this article, a description of the two main European trainee organizations is given. © 1999 Elsevier, Paris

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HISTORICAL INFLUENCES

The Treaty of Rome (1957) created the European Common Market of six countries. One year later, the European Union of Medical Specialists (UEMS) was founded. From the beginning, the object was the advancement and harmonization of the quality of specialist medical practice in Europe and the defense, on an international level, of the status of the medical specialist and of his/her professional role in society.

In cooperation with the Standing Committee of European Doctors (permanent committee), the umbrella organization of all European doctors, the UEMS participated in the drafting of European Directives (97/50/CEE and 93/16/EEC), that govern the free movement of doctors and mutual recognition of medical credentials throughout the European Community. The free movement of doctors and specialists stimulated the creation within the UEMS of European Boards for each specialty. The main objective of the board is to guarantee the highest standards of care in the field of the specialty concerned. To that end, they want to ensure that medical specialist training is raised to the highest possible level. The boards have elaborated European charters on the training of medical specialists [1] and on quality assurance [2].

The European Commission itself created an Advisory Committee on Medical Training (ACMT), a commu-

nity institution ensuring the link between the European professional medical organizations, the universities and the national governments on the one hand, and the European Commission on the other. Some recommendations on specialist training have already been made [3]. The European Union Amsterdam Treaty (June 1997), which is a follow-up of the Maastricht Treaty, focuses on public health, but it has been decided that health services and medical care remain a national responsibility. This means that all future UEMS and ACMT recommendations remain advisory.

EUROPEAN TRAINEE ORGANIZATIONS

The first European junior doctor organization to be established was the PWG (permanent Working Group of European Junior Hospital Doctors) which was founded in 1976 [4]. The aims of the organization are to represent the professional interests of the junior hospital doctors on European level. Because unemployment among doctors was a reality at that time, medical manpower was the main point of interest. Other areas of interest included quality of specialist training and general practice training, the temporary migration of doctors for an educational purpose, the working conditions of juniors hospital doctors, and various ethical issues.

In 1993, the PWG started working on the trainee's working hours. This was due to the fact that the council of Ministers excluded doctors in training from regulations in the proposed EC directive on the organization of working hours. The PWG has an official liaison with the standing Committee of European doctors (Permanent Committee) since 1983. The PWG statements on training [5] were presented to the Advisory Committee on Medical Training and helped to make the recommendations [3] to the European Council. Since trainees were distrustful of the aims of the European Boards (UEMS 1992), the PWG inquired about the possibility to find representatives for each specialty for participation in the board meetings. To our knowledge only psychiatric trainees have succeeded in setting up a European network.

The CTC (Collegiate Trainee's Committee, UK) of the Royal College of Psychiatrists organized a meeting with representatives from nine different European countries in 1992 [6]. On a meeting in The Netherlands one year later, the EFPT (European Forum for All Psychiatric Trainees) was founded. The aims of EFPT focus on the exchange of ideas, the improvement of training and the development of national trainee organizations. On the successive yearly meetings in Ireland (1994), Denmark (1995), Portugal (1996), Greece (1997), and Belgium (1998), policy statements on training in psychiatry were made. The EFPT currently counts 23 members countries and symposia are organized in order to improve and exchange ideas. The first EFPT symposium on 'Training in Psychiatry and Child and Adolescent Psychiatry' took place in Belgium in April 1998. Lectures and sub-symposia by EFPT members will be organized on international con-

gresses, such as the IACAPAP (International Association of Child and Adolescent Psychiatry and Allied Professions, August 1998), the AEP (Association of European Psychiatrists, September 1998) and the WPA (World psychiatric association, 1999). Another main topic of the EFPT is to spread information on national level and to promote European directives and UEMS recommendations to be implemented.

CONCLUSION

An overview of the existing European trainee organizations is difficult to render and will always be inaccurate. In this article, the authors have tried to describe the European tendencies that greatly influenced the construction of trainee organizations. A short description of the two known European organizations, the PWG and the EFPT, is given.

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