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TRAINING IN TRAUMATOLOGY AND ORTHOPAEDICS

New perspectives in specialist training

Nuevas perspectivas en la formación especializada

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The Health-Care Professions (Organization) Act or “Ley de Ordenación de las Profesiones Sanitarias” (Law 44/ 2003, LOPS) put into place a series of actions aimed at providing a legal framework that would put an end to the existing regulatory vacuum and would conform Spain’s organizational structure to the Directives of the European Union. Its sections III and IV deal precisely with Specialist Training in Health Sciences and On-the-Job Training.

Of all the novelties included in the LOPS, the concept of core subjects is the most ambitious and the one stirring up the greatest discussions and apprehensions. The change to the test for accessing Specialist Training, the Specific Qualification Areas (SQAs) and Re-Certification are other issues in the information phase through different working parties at the Ministry of Health and Social Policy.

Core Subjects: the theory

The LOPS established that specialities will be grouped together “whenever appropriate” having regard for core subject criteria with a minimum duration of two years for the core training period. This facilitates the possibility of bringing to fruition an idea that has long been awaited in the National Council of Medical Specialities (currently the National Council for Health Science Specialities [CNECS]). Under the Minister Elena Salgado, a working party was set up to take charge of drawing up a draft document to put before the competent authorities. Co-ordinated by the

president and vice-president of the CNECS and comprising the presidents of some of the National Speciality Commissions (CNEs) and representatives of the Inter-Territorial Commission on Human Resources (CRRHH) of the National Health System (SNS), three Delphi surveys were conducted to obtain information from all the presidents of the CNEs. After obtaining and analyzing the responses, a final document was drafted and notified at the Plenary Session of the CNECS on June 30th, 2008, in order to begin its passage through the administrative procedure. The “ad hoc” working party of the SNS’s CRRHH issued its evaluation on September 9th, 2009, and introduced scant amendments to the initial document. As is appropriate, its ultimate destination is the preparation and publication of a Royal Decree (RD).

The concept of core subjects in Specialist Training has been understood as the set of overarching competencies covering several specialities so that they can be grouped together in cores for the teaching of a training period prior to the training in the definitive speciality. The following main goals have been considered for core subjects:

- a) To establish a co-ordinated, progressive system going “from breadth to depth” between the medical degree and the shared foundations prior to specialization, i.e. the training of a “general” specialist and then “super-specialization” (SQA);
- b) To facilitate the choice of speciality through better information and more time for consideration of vocational goals;
- c) To improve the quality of health-care provision through a more comprehensive view of the patient;

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- d) To reinforce the criterion of participation in multidisciplinary teams;
- e) To increase the flexibility of switching between specialities.

The specialities considered to be candidates for core subjects have been distributed into four core areas: Medical, Surgical, Laboratory and Clinical Diagnosis, and Clinical Imaging. The fields of Pathology, Ophthalmology, Paediatric Medicine and its Specific Areas, and Psychiatry (with Child Psychiatry in due course) were initially considered not to be candidates for core subjects. These were followed by Gynaecology and Obstetrics, Dermatology and Otorhinolaryngology. Consideration is being given to a special track for Preventive Medicine and Public Health which would be open to graduates in Veterinary Medicine and Pharmacy. It is possible that some more will be added to these prior to the definitive drafting of the RD. In particular, Physical Medicine and Rehabilitation, Radiology, Neurology and Clinical Neurophysiology.

The LOPS has changed the procedure for accessing specialized health-care training, which will comprise one or more tests to evaluate the "clinical and communicative skills" in addition to the theoretical and practical understanding of the academic and professional merits. According to the score obtained, candidates will be able to choose which core area and which Core Teaching Unit (UDT) they want to begin their pre-specialized training. The definitive choice of speciality will be made at the end of the core period depending on the score obtained, with 40% corresponding to the initial access test, 30% to the on-going assessment during the UDT and 30% to a final centrally-designed core subject exam with de-centralized administration in each Region of Spain.

Core subjects: a difficult road

The first obstacle for the implementation of the project has been a congenital one. The minimum duration of two years required by the LOPS (Art. 19.2) for this phase has been questioned from the outset by a considerable number of National Commissions, especially those for four-year specialities and a good number of those lasting five years. In fact, in view of the progress in medical practice, two and even three years for specific training seem insufficient. Let Gynaecology and Obstetrics (four years) stand as an example as it had already excluded generic subject rotations from its programme. The current programme for Orthopaedic Surgery and Traumatology limited them to thirteen months. The request for a one-year increase has initially been rejected by the administration, although some recent statements by the Director General for Professional Organization at the Ministry of Health and Social Policy do not rule out this possibility after the necessary review by the Commissions of the specific programme in connection with what is taught in the core area they belong to.

Following the recent and surprising agreement reached between the Ministry of Health and Social Policy and the State Council of Medicine Students (CEEM) regarding the announcement of a demonstration on this issue, the use of core subjects seems to have suffered another reverse, if we analyze the students' proposals as described on the web

site of their State Council. In particular, the choice of speciality from the moment the access exam for Specialist Training (MIR exam) is taken overturns the goals set out above regarding the core system and present in such projects as "Core Competency Project" and "Surgical Foundations" in Canada and "Training Tomorrow's Doctors" in the United Kingdom. The CEEM seems to have achieved an evaluation of the core competencies of no application in the choice of employment destination (already taken earlier). It is obvious that, with a speciality chosen from the outset, there is no need for a final assessment of the core period described earlier. But it is difficult to understand a conservative attitude so far from the recognition of merit on the part of a collective in whom we would like to place our hopes for the modernization of the system. These proposals are a clear disincentive for doctors during this training period and it is possible that it will increase the number of requests for a change of speciality in the middle of the core period. It begs the question of what will be the CEEM's reaction if the extension of Specialist Training is granted. At the time of writing, there is no official confirmation of the said agreements by the Ministry.

Making the change of speciality more flexible is one of the main goals of the core subject system mentioned at the beginning. The LOPS foresees the possibility of obtaining a further specialist qualification in one of the specialities included in the same core taken after practising as such for at least five years (Art. 23). This deadline does not seem to be contributing to speeding up the process. In consequence, the document from the working party of the SNS's Human Resources Commission recommends shortening this period to two years.

Final considerations

The introduction of core subject areas into the training of specialists is aimed at improving the quality of medical training, establishing a progressive continuum from the studies for the Degree in Medicine to the level of "super-specialization", facilitating an informed choice of speciality and making the switching from one to another more flexible. National Health Systems similar to ours started some time ago with projects based on the need to establish an extensive basis of knowledge, skills and attitudes of a generalist nature in common for all physicians that would be used as the initial foundation for Specialist Training. The sixth year of the Degree in Medicine, the "practicum", taken as an independent block with the aim of allowing "students to obtain clinical experience about the knowledge, attitudes and skills acquired in all subjects" could be used as a generalist introduction for guidance. The structure of the "practicum" might be re-edition of the former "rotating internships". The British model comprises two years of basic generalist courses for everyone (Foundations F1 and F2), two years of basic specialist training and from four to six years of specialization. It is evident that the British design cannot be applied in our setting. The model of the *Royal College of Physicians and Surgeons of Canada* which came into force in July, 2010, includes two years of training in Basic Surgery, shared by eight surgical specialities and at least five years of training in the speciality. Reading its goals confirms the need for the introduction of general surgical skills in a training process that is no longer isolated as

before but integrated into the specific programmes of each Commission. The failure of the generic rotations can be remedied.

Certain resistance and even rejection of the project in the LOPS was foreseeable. It is well known that all novelty engenders apprehension. On the other hand, there was no adequate explanation of the process as a whole nor were its educational principles formally defended in the context of the other experiences by similar National Health Systems. It is, of course, necessary for a large number of specialities, including the surgical ones, to have the duration of their specific training extended. Defined as “open processes”, the core subject system still has a difficult road ahead: the definition of the competencies in each core by their respective speciality commissions, the accreditation of the Core Teaching Units, and their co-ordination. In any case, the calendar the Ministry has set places the first course offering in September, 2011, the final external test of the core period for March, 2014, and incorporation into the Specialist Teaching Unit in May, 2014.

Specific Qualification Areas (SQAs)

SH Coleman, then president of the *American Orthopaedic Association*, established the principles for developing “special qualifications” in Orthopaedic Surgery 32 years ago and pointed out their influence on professional practice and Specialist Training (J Bone Joint Surg. 1978;60A:860-863). In his presidential address, he stated: “The average general specialist cannot be expected to cope with the challenges posed by the diversity and complexity of the continuous innovations in the various fields of our speciality. Since then, clinical practice has gradually turned into a reality this preferential or even exclusive dedication by a considerable number of our specialists to well-defined areas in Orthopaedic Surgery and Traumatology, as shown by the creation of societies or working groups for the knee, hip, spine, shoulder and elbow, foot and ankle, or orthopaedics in childhood. The same has been happening in other specialities of the health sciences.

Ten years ago, the National Council of Medical Specialities began a study for the official recognition of and systematic training in Specific Qualification Areas (what Coleman called “*Special Qualifications*”). The project came to a halt with a draft version of a Royal Decree and has recently been picked up again thanks to the regulatory backing of the LOPS for several of its articles (16, 24, 25, 29). A Working Party of the National Council for Health Science Specialities was commissioned to draft a report which has now been completed and submitted to the competent institutions on the first stage of a journey that will conclude with the publication of the corresponding Royal Decree.

An SQA is defined as “the set of highly specialized competencies developed in breadth and depth over and above those acquired in the training period as a specialist and developed on part of the contents of one or more specialities”. It is an attempt to acknowledge a facet of health-care practice already established in the health system of scientific and health-care interest and of such technical and scientific complexity as to require experts in the field. The recognition of the higher specialization qualification may be done through a diploma obtained by means of professional practice if five years’ exercise of the

speciality is accredited, with at least two corresponding to the specific area in question, if the candidates pass a professional competence assessment. Alternatively, it will be possible to take a course of formal training lasting between one and three years after overcoming an access test to enter the Teaching Unit accredited for the SQA plus a final assessment of the competencies acquired. The diploma will be considered as a preferential merit in order to access higher specialization positions within the public and private sectors and will be taken into account for professional advancement.

Any proposal to create an SQA must always originate in the National Commission for the Speciality in question. In this respect, I am convinced that these Commissions must obtain and listen to the opinions of the corresponding scientific societies. In fact, I have had the opportunity to raise this issue before the General Assembly at the last SEROD congress in Málaga and I trust that the SECOT and other bodies affected will take an active interest in it.

Specialist Training and the EU

The so-called Bologna process (the deadline for adapting to its recommendations concludes this year) has had as its main goal the facilitation of a simpler mutual recognition of qualifications and mobility of university students as well as the integration of graduates into a single labour market. For quality assurance, it is necessary to achieve the harmonization of the national higher education systems. With regard to medical training, the current reality is that, in order to access that single market, the most important factor is to hold a specialist qualification. This is how it has been valued by some European groups dedicated to specialist medical training.

In particular, the *European Union of Medical Specialists* (EUMS) has been invited by the European Commission to put forward its recommendations for specialization and on-the-job training in the European Community, following the latter’s growing interest in facilitating the free exchange of services and patients. In consequence, one of the priority goals of the EUMS is to guarantee the quality and security of the services provided for all EU citizens, regardless of where they happen to be. As a result, it is necessary to define the basic standards for the programmes in all specialities as part of a harmonization process similar to the Bologna process for Undergraduate Training. The ultimate goal is to achieve a consensus about the essential core of high-quality training in the 27 member states so that this can be incorporated finally into European legislation. To this end, the *European Curriculum and Assessment Project* (EuCAP) has been launched. Following the same goal of harmonization and quality assurance, the *European Accreditation Council for Continuing Medical Education* (EACME) has proposed the introduction of transferable European credits in continuing medical education (ECEMEC). Without a doubt, this is the first step to establish the “re-certification” or “re-accreditation” process for the assessment of the maintenance of competency as applied in the USA, Canada, United Kingdom and other European Countries. For some time, the Ministry of Health and Social Policy, through its On-the-Job Training Commission and the Council of Medical Associations, has been holding contacts towards a re-accreditation project planned for two or three years down the road.