Editorial

Postgraduate Education in Rheumatology

The last 10 yr has seen a major period of change in medical education and training, both undergraduate and postgraduate. In 1993, the General Medical Council published the document, Tomorrow’s Doctors [1], in which requirements for undergraduate medical curricula were given a radical overhaul, and generic skills and competencies emphasized, including a reduction in factual overload and an increased emphasis on the acquisition of generic clinical and communication skills. This led to major alterations to undergraduate curricula throughout the UK. Graduates from these new curricula are now entering the NHS workforce as trainee rheumatologists.

Postgraduate training and education in the hospital specialities has also undergone a major restructuring, with a considerable shift towards structured training programmes and away from reliance on learning by ‘osmosis’, whereby time spent exposed to clinical practice was taken to be synonymous with learning and proficiency. The Calman training programmes were introduced in the mid-1990s, which have resulted in a higher specialist training programme with the development of the specialist registrar (SpR) grade [2] (an amalgamation of the previous registrar and senior registrar posts). Entry criteria to such posts are defined, the period of training explicit and the core content of training has been characterized. Satisfactory completion of training results in the award of the Certificate of Completion of Specialist Training without which trainees are ineligible to apply for consultant posts.

Integral to this move towards the restructuring of higher medical training have been the requirements of European Medical Directives, to harmonize higher medical training in Europe, an imperative in the light of the legal right of free movement of doctors in the European Community. This has resulted in a reduction in the hours worked by trainees with a consequent reduction in contact teaching time.

In North America, physicians are certified by a medical specialty board. Roughly 85% of practising physicians, including rheumatologists, are certified by the American Board of Medical Specialties (ABMS) [3]. Board members are expected to have completed medical school and accredited graduate training. The length of time varies from 3 to 6 yr for primary certification with an additional 1–3 years for sub-certification. Physicians are also expected to pass an examination. Interestingly, studies in the US have shown that a high level of clinical experience or practice volume correlates well with performance in the examination, and with patient outcomes. The Specialty Board Examinations are equivalent to an exit examination. As yet, these do not exist for UK rheumatologists, but some kind of exit assessment is becoming increasingly likely.

These changes have taken place against a backdrop of increasing awareness by medical teachers of the principles of teaching and learning [4]. Consultants with junior staff are recognized to have an important teaching role; there are defined educational supervisors of trainees; participation in ‘Teaching the Teachers’ courses by educational supervisors is increasingly required and there is an increased interest in medical education certificates, diplomas and Masters programmes; and regional training committees have to produce training programmes, be responsible for annual in-service training assessments and ensure educational supervision is taking place. Departments are expected to maintain the high standards of their doctors by encouraging continued professional development. Failure to do so results in individual referral to bodies like the National Clinical Assessment Authority (NCAA) or the GMC.

In this short series we aim to characterize the changes that are taking place in postgraduate training and education in rheumatology in the UK and in Europe. In addition we highlight some aspects of higher medical training in rheumatology which we feel merit discussion. These include assessment of trainees’ competence, teaching communication skills and the potential for Masters programmes and distance learning in this area.

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