Is the Future of Romanian Gastroenterology Training Bright?

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Training in Hepatology and Gastroenterology (HGE) should be based in university or university affiliated institutions. Clinical experience must be gained in paid posts, obtained in an open and transparent competition and with appropriate development of clinical responsibility. Romania is organizing its training program in accordance with the European directives. Recruitment to HGE includes 2 years of basic medical training in internal medicine and the “core” curriculum includes basic upper gastrointestinal (GI) endoscopy, colonoscopy and a general HGE-training over 3 years.

With regard to the record of colorectal cancer in Romania with a poor 5 year–survival data, polypectomy and endoscopic mucosal resections should be trained in adequate numbers. For full competence at colonoscopy, trainees should demonstrate that they can intubate the caecum in 90-95% of patients. The European Board for Gastroenterology and Hepatology (EUBGH) (www.eubog.org) is extending HGE training with an additional clinical and endoscopic training in Europe in the 6th year [1]. Further differentiation in Gastrointestinal Oncology, Interventional Endoscopy, Clinical Nutrition and Hepatology should be organized, if necessary. Training in hepatology has been well defined [2]. The sixth year in Romania seems to be very important for care in Hepatitis B and C patients [3]. During the 12 months of subspecialisation, trainees must complete at least 4 months of liver transplant training in a transplantation unit. Interventional Endoscopy, especially ERCP, should be reorganized in Romania. A lack of access to (fluoroscopic) equipment and few skilled interventional endoscopists were identified as the principal problem [4]. The number of ERCP procedures performed in 2006 by the main centers was less than 3,000 in a population of 21,000,000 inhabitants. However, university centers in Craiova and Tg-Mures had to stop doing ERCP last year due to a total lack of access to the Radiologic Departments.

In Romania, abdominal ultrasound is well developed and included in training. The Romanian Board of HGE is unanimous in the belief that training in ultrasound techniques is forward-thinking and highly desirable for HE specialists and the EUBGH supports this. The training criteria and facilities have been very well been established and training in abdominal ultrasound is a prerequisite for endoscopic ultrasound (EUS) training.

The World Gastroenterology Organization (WGO) formulated a document outlining the standards of HGE training [5, 6]. The WGO curriculum includes recommendations on training standards and accreditations of institutions. After completion of this 6 year curriculum, a MD becomes a generalist in HGE or, if the 6th year can be spent in one of the differentiations, as a HGE-specialist with a differentiated subspecialty. The recommendation for WGO is to complete 3 years of Internal Medicine (Common Trunk), before the doctors enter HGE. The WGO states that at least 3 years of additional training in HGE is required. The WGO and EUBGH curricula are written to formulate a standard HGE training program where certification is based on a continuum learning program, and quality therefore is of the utmost importance. The Medical Board of the Romanian Specialist Registry should think about maintaining the certification or re-evaluation especially for local state hospitals or private clinics. Private hospitals, in Romania called “private cabinets” are much better equipped with the latest technology in contrast to the state hospitals. So far, the Romanian Ministry of Health has not used the advantages of these private clinics to assist the treatment of poor people who are not able to obtain basic services such as ERCP or polypectomy in local hospitals. It could be useful in the future if private “cabinets” assisted in the training and manpower development of medical specialists [7]. Medical specialist training is acknowledged as essential in healthcare systems both in developed countries but also in rapidly developing countries such as India [7], where the duration of HGE training is defined to be 6 years as well.
It is therefore imperative that Romania develops a national solution such as for instance in South Africa, to address the challenges of maintaining and improving an adequate trained specialist workforce [8]. Recently, the Ministry of Health suggested that training for HGE should be reduced to 4 years in total. Arguments regarding specialist training are probably increasing in Romania, as the government falls deeper into the financial crisis. However, this proposal for reduction in specialist training is in total contrast with developments in HGE training in the East/West and the developing world in general. Healthcare in Eastern Europe will face years of “anemic” growth as a result of this and not investing in proper basic HGE care might hamper adequate training in subspecialties. It becomes very challenging in times of financial restraints for Medical Boards to maintain their mission of protecting the public against an otherwise well intentioned government, which cannot properly regulate a curriculum for HGE according to international standards.

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Editor’s comment

In July 2010, duration of the residency training in HGE was reduced to 4 years.

References