

Internal Medicine in Europe

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Internal Medicine is one of the medical specialties recognized in the twelve European Community countries.

In spite of several attempts to harmonize different representations of professional groups or scientific national societies, one can still see important discrepancies in the delivery practice of such specialty and in the graduation courses of future Internists. We present sequentially:

1. A reminder of European Medical Directives and the Consulting Commission recommendations near the commission to train physicians (A.C.M.T.);
2. The definition of Internal Medicine proposed by the forum of Internal Medicine national associations Chairmen and retained by the Internal Medicine European mono-specialized sector;
3. The assessment of European discrepancies in the delivery of Internal Medicine practice and in the training courses in such subject;
4. The progression towards a certain harmonization on the training of European Internists

1. We can not reassess in detail all the Brussels Commission directives related with European Medicine.

It should be remembered that it was on this matter of healthcare professions that it was promulgated, almost 20 years ago, since June 75, the directive introducing free movement and a mutual recognition of diplomas.

It was in the same year that it should have been made compulsory, through a new directive, the due specific training with a minimum of two years for a generalist physician and the need of a clearly longer training for all other specialties.

In 1989 a new directive has defined the necessary training qualities for specialties considering national differences in a number of recognized specialties and their specific training.

From 1975 onwards it was set up by the Brussels commission a committee of 72 experts of different members of the community, said "consultation committee to the physicians training (A.C.M.I), to establish a standard medical training both at a basic as post-graduation level.

This committee made a wide number of recommendations for the training of generalists and specialists, insisting namely on the need for a limited number of students at the medical studies baseline.

According to the professional monospecialized sections of European medical specialists, the committee has made specific recommendations for the training of specialists, and the main ones are as follows:

- The specific post-graduate training should start after the accomplishment and validation of the basic medical training (6 years);
- Post-graduate training should have the character of a general education extended to all specialties, comprising a "tronc commun" and there after the duration and content should be moduled to achieve the final specialty orientation.
- Post-graduated training shall be normally full-time in an appropriately remunerated service posts, including emergency and "on call" duties;

There is a need to regulate the numbers of trainees in relation to the future needs of specialists."

2. If one approaches the most particular problems raised by the practice and training in Internal Medicine, it is necessary to come to a definition of Internal Medicine itself.

The Chairmen Forum of Internal Medicine national scientific societies has proposed a definition which is as accurate but also as wide as possible of such specialty.

This definition has been retained by the European Union Internal Medicine specialties: "Internal

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INTERNAL MEDICINE Training in the EC

General Internal Medicine	Qualification by exam	Duration of training	Contents of training	Training program
B, Belgique/Belgium	No	5 years	Theory/clin	Yes
D, Germany	Yes	6 years	Theory/stag	Yes
DK, Danmark	No	5 years	Theory/stag	In prep.
E, Spain	No	5 years		Yes
F, France	No	5 years	Stages	No
GB, Great-Britain	Yes	7 years	Research/cl	Yes
Gr, Greece	Yes	5 years	Theory/clin	No
I, Italy	Yes	5 years	Theory/stag	Yes
Irl, Ireland	No	7 years		Yes
L, Luxembourg	Foreign prc.	5 years		
NL, Netherlands	No	6 years	Stages	Yes
P, Portugal	Yes (Med. Assoc)	5 years	Theory/clin	Yes

Internal Medicine training in the EC

General Internal Medicine	Training log-book	Subspecialists' skills	Common trunc.	Number od trainers
B, Belgique/Belgium	Yes	Geriatrics	3 years	
D, Germany	No	Yes	No	8700
DK, Denmark	No	Yes	3 years	200-300
E, Spain	No	3 years	546	
F, France	Yes	Yes	No	60-80
GB, Great-Britain	No	Yes	12 years	931
Gr, Greece	No	Yes	No	
I, Italy	Yes	Yes	No	300
Irl, Ireland	No	Yes	3 years	3
L, Luxembourg				
NL, Netherlands	Yes	Yes	1 year	360
P, Portugal	No	No	No	579

Medicine or General Medicine is a clinical medical specialty which takes care in their entirety of adult patients suffering of acute or chronic conditions. It is delivered by consultant physicians trained with a specific university-hospital training, whose activity field is the interface between the organic specialist physician and the generalist practitioner. The Inter-

nist ensures in this manner a coordination role among different types of medical activities. Their intellectual approach is holistic and not reductionist.

3. The place and importance of Internal Medicine varies considerably from one country to the other in the twelve of them, relating to

- The different national organizations of health systems
- The social security structure, different from one country to another;
- But, above all, of the number and place of other specialties, said “organ specialties” in the European nations.

We will quote two extreme figures:

- Around 30000 Internists in Germany;
- 1900 in France.

In Germany Internists, all Internists, all associated to the powerful union of German Internists (B.D.I.: BERUFSVERBAND DER DEUTSCHEN INTERNISTEN), make the biggest majority of medical specialists. In this country all medical specialties do not exist but as complement of Internal Medicine. Over the 4/5th Internists remain polyvalent. The remaining (14%) choose to practice a medical specialty in a narrower field, but this without an absolute exclusivity obligation.

In Benelux countries, the Internists situation is relatively equivalent to the one in Germany but with a rather restricted number of physicians (1700 in Belgium, 1200 in the Netherlands/Luxembourg) and a higher recognized number of specialties.

In the United Kingdom, the 1500 Internists (“general physicians”) have an exclusively hospital based practice, but they can be asked as consultants by family doctors (“general practitioners”). They are in charge of all Emergency services. Some among them are only specialists in Internal Medicine, others also practice an “organ specialty” or become ever more pure specialists.

In Latin countries, one can count: around 5000 Internists in Italy, near 4000 in Spain, around 3000 in Portugal, 1900 in France (being the majority exclusively hospital based with the possibility of practicing in a private sector).

To accumulation of the Internal Medicine specialty and another medical specialty is possible in Germany, in the United Kingdom and in Ireland, in Italy, in Spain and in Portugal. Not possible in Belgium and the Netherlands/Luxembourg. It is not longer possible in France since 1985.

Regarding the training of Internists there are important differences.

We propose 2 tables which summarize the enquiries from the union of Internal Medicine European Specialists on this subject.

To illustrate these training differences, let me return more accurately to 3 totally different trainings, those from the German Internists, the British Internists and finally the French ones.

Germany – six years to become an Internal Medicine specialist, two supplementary years to obtain a license in one of the recognized subspecialties.

United Kingdom – after a general professional training period (2-3 years), the Internist training period is 7 years, with at least 3 years in Internal Medicine and 4 in a subspecialty.

France – the Internal Medicine specialist course is of 5 years. There is not a “tronc commun” previous to the different specialties training.

- Other specialties courses (“organ specialties”) is of 4 years
- An exam (“Internship exam”) precedes the admission in the different specialties courses.
- There are no shortcuts among the different specialties which are of exclusive practice

4. All these discrepancies show the need for a harmonization within the meaning of Internal Medicine specialties diplomas, within the practice of this subject and in the Internist training.

We recall the decisions taken in April 93, in Brussels by the European Union, regarding the Medicine specialties (Internal Pathology Disciplines, Internal Medicine, Cardiology, Endocrinology, Gastroenterology, Nephrology, Pneumology, Rheumatology):

1. The training of Internal Medicine specialties and in each one of the deriving specialties, must have a minimal duration of six years, where a minimum of two years dedicated to Internal Medicine (general) training, whilst a “tronc commun”
2. The remaining of the 6 years should be dedicated to the specialized training, where at least 3 years must be made in a clinical practice in the relevant specialty. The other year may be made in researching or in a related subject.
3. Each country, CE Member, must take the necessary steps to recognize all specialties emerging from Internal Medicine which are already recognized in most countries in order to allow the effective harmonization of training and the free movement of specialists in the European Community. ■