Organization of the E.N.T. Specialty in Western Europe*

By L. Rüedi (Zurich)

Your president has set me the task of determining the methods of training E.N.T. surgeons in Europe and assessing their progress after the completion of their training. Suitable questionnaires were addressed for this purpose to Colleagues in thirteen European countries on the western side of the "iron curtain". Replies were received from all countries, that is from Austria, Belgium, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Portugal, Sweden, Switzerland and Spain. A Table shows the questions on the ordinate and the corresponding answers received from each country on the abscissa. The present situation may now be briefly discussed, as follows:

Question 1: Is Otorhinolaryngology a separate and independent specialty within the Faculty of Medicine.

The answer was in the affirmative in all 13 countries. The specialist representing otorhinolaryngology usually holds the rank of ordinary professor in the Faculty of Medicine.

Question 2 concerns the conditions laid down for training in otorhinolaryngology.

The recognized state qualifying examination in medicine or the medical doctorate is sufficient in six states to train in O.R.L. (Belgium, Germany, France, Netherlands, Italy and Spain). Seven countries (Austria, Denmark, Finland, Norway Portugal, Sweden, Switzerland) demand 1–2 years experience in general medicine or surgery after qualifying or obtaining the medical doctorate, before undertaking specialist training.

Question 3 enquires into the training facilities in O.R.L.

All the countries concerned ofier suitable facilities in their E.N.T. University Clinics. In addition complete or partial training (over 1–2 years) may be provided by the E.N.T. departments of the larger hospitals.

Question 4 concerns the position of the E.N.T. trainees.

In eight countries these assistants work full-time and are rewarded accordingly. The French trainee is appointed full-time, but in practice inadequate remuneration permits only part-time work in the specialty. In Belgium and Spain similar reasons compel some assistants to work part-time, while others are full-time. Italian and Portugese trainees are appointed part-time and are driven to undertake general practice in addition to their clinical training to supplement their meagre earnings.

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Question 5 enquires into the minimum compulsory period of E.N.T. training.

Spain demands a period of 2 years, the other twelve countries demand a period of 3–4 years' specialist training. The European Common Market Norm is 4 years.

Question 6 concerns the conclusion of the compulsory training in E.N.T.

Five countries demand a final specialist examination at the conclusion of the training period. In Finland, Italy and Spain the examining board consists of the professors of otolaryngology; in France a national jury conducts examinations in Paris; in Portugal the examiners are chosen from the professional associations. Of the eight countries without final examination, four (Belgium, Netherlands, Austria and Switzerland) require a certificate of completion of training and this is usually provided by the professor of otorhinolaryngology in charge of the training programme. The need for a final specialist examination is at present under discussion in Germany. Norway plans to introduce such an examination in 1969.

Question 7 asks what facilities for practical work are available to the specialist who completed the minimum period of training.

In all European states most of these young specialists enter practice. In addition to private practice he will serve more or less patients under health insurance schemes according to the development of social medicine in his particular country. Most of these specialists are not associated with any particular E.N.T. specialist department.

Question 8 is concerned with the possibility of extending the duration of the training period, perhaps in the position of a departmental senior.

These senior surgeons may remain in their posts for an unlimited period in six countries (Denmark, Germany, Italy, Netherlands, Sweden and Spain). In seven countries (Austria, Belgium, Finland, France, Norway, Portugal and Switzerland) their tenure is limited from 3 years (France) up to 15 years (Belgium, Austria).

Question 9 deals with the career prospects after an extended period of training. These assistants and seniors are eligible in all countries for an academic career.

These better trained specialists may also enter the larger E.N.T. departments in a consultant capacity and become leading otolaryngologists in charge of these departments.

Question 10 enquires into what E.N.T. specialist societies exist in the different countries. The answers are of no special interest at this occasion.

Summary

Summarizing it may be said that in thirteen European countries Otorhinolaryngology is a separate and independent specialty within the Faculty of medicine. The representative holds the rank of an ordinary Professor in the Faculty. The differences in the specialist E.N.T. training conditions

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between most of the countries are small and easy to reconcile. It seems important to provide 1–2 years' postgraduate experience in general medicine with special emphasis on general surgery, before starting on specialist training. It is essential that E.N.T. trainees be appointed to adequately remunerated full-time posts. The minimum compulsory period of E.N.T. training should be 4 years. The period of training should, in my view, be completed with a specialist examination. Finally, the post of a senior E.N.T. practitioner at a University clinic should be limited to 9–12 years, so that these most important appointments may repeatedly become available to talented young specialists.

Now, some of you might criticize that I only discussed the training conditions and facilities and said nothing about the training programme of E.N.T. specialists.

The answer to this very important question is short: In the mentioned thirteen European countries there are not thirteen comparable training programmes in use. Every E.N.T. University Clinic and every E.N.T. Hospital Department has its own programme, or more often has no training programme at all. There exists today in Europe no material one could compare. I hope that George Shambaugh will fill that big, very important gap. The American system of medical schools should facilitate the development of a more or less compulsory training programme for all E.N.T. specialists, a programme we might also use in the near future in our European E.N.T. clinics.

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