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Editorial

The future of UK/Irish surgery: A European solution

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A B S T R A C T

The United Kingdom (UK) and Republic of Ireland (ROI) hospital systems are dependent on junior doctors for their functionality however it is increasingly difficult to recruit UK/ROI trained doctors to fill these posts. Directive 2005/36/EC, which came into force in 2007, is the principal European legislation on the recognition of equivalence of professional qualifications across Europe. European trained doctors are therefore attractive candidates for junior doctor posts. However, although their training is recognised as equivalent by the Irish Medical Council (IMC) and General Medical Council (GMC) they are not being appointed to equivalent posts by the Health Service Executive (HSE) or National Health Service (NHS). With the influence of European Union (EU) centralisation, modification of UK/ROI consultant grade is imminent, possibly to pyramidal structure of the Continental European model with clearer lines of corporate responsibility.

In 1975, EC directive 75/362 was adopted, which ensured "freedom of migration" for medical doctors and other professionals [1]. This directive implied that certificates, diplomas, and other documents issued by the national competent authorities proving medical qualification allowed physicians to practice in any European Union (EU) country. The scale of this directive is large. In the United Kingdom (UK), for example, 74,031 foreign doctors were registered to practise in 2007, with about 20,863 (almost 10% of the overall physician pool in the country) coming from other EU member states [2].

Directive 2005/36/EC, which came into force in 2007, is the principal European legislation on the recognition of professional qualifications. This sets out obligations for recognising the equivalence of medical qualifications held by doctors from within the European Economic Area. To make this law practical, training programs throughout the EU must conform to certain agreed basic standards [3].

The UK and Republic of Ireland (ROI) hospital system is dependent on junior doctors however it is increasingly difficult to recruit UK/ROI trained doctors to fill these posts. They are seeking opportunities internationally for a multitude of reasons. A recent Irish report showed that numbers of Irish medical graduates who emigrate increased by 23% [4]. With the current deterioration in the economic climate in Ireland, these numbers are likely set to increase.

Foreign doctors are recruited to fill these posts. Changes in visa requirements restrict the numbers of non-EU doctors eligible for recruitment. The largest source of overseas-trained doctors had previously been south Asia, but recently there has been a sharp rise in doctors from southern and Eastern Europe [5,6].

The driving force for the western migration of doctors into the UK and Ireland is almost certainly financial: In Eastern Europe newly appointed doctors earn about €700 per month [7]. Comparing this salary scale with postgraduate trainees in Western Europe the difference in pay scale becomes obvious (Table 1) [8–11]. Salary scales for specialist doctors in Western Europe (Fig. 1) are even wider as a consultant in UK earns 5 to 10 times more than their counterparts in Eastern Europe [12].

Anecdotal evidence suggests that most of Eastern Europeans are specialists in their country of origin, but fill posts of lower grade in UK/ROI. In effect, their training is recognised as equivalent to Irish training by the Irish Medical Council (IMC) or General Medical Council (GMC) but not by the Health Service Executive (HSE) or National Health Service (NHS). This disparity becomes apparent during the interview process where the interviewing clinicians decide on the level of the candidate's training. Thus the true level of skills equivalence between UK/ROI and other EU countries is aligned with training body standards rather than the Medical Council.

Surgical training and accreditation varies across Europe. For example, in the UK/ROI, surgical training standards are set to ensure that a surgeon can work independently as a consultant without supervision.

In the European hierarchical model, surgeons continue to be graded after completion of surgical training (CCT). The highest achievable rank is "Chef de Clinique" or "Chef de Service", a hospital-appointed head of service; typically an experienced senior clinician, who is responsible for both business and professional aspects of a department [13]. Thus the newly appointed specialist surgeon in a permanent post practices under the partial supervision

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Table 1
Monthly salary of students during postgraduate training.

Ireland	France	UK	Germany	Belgium	Netherlands
€2500–€5990	€1500–€2000	£1800–£4750	€4500	€4000	€3500–€4475

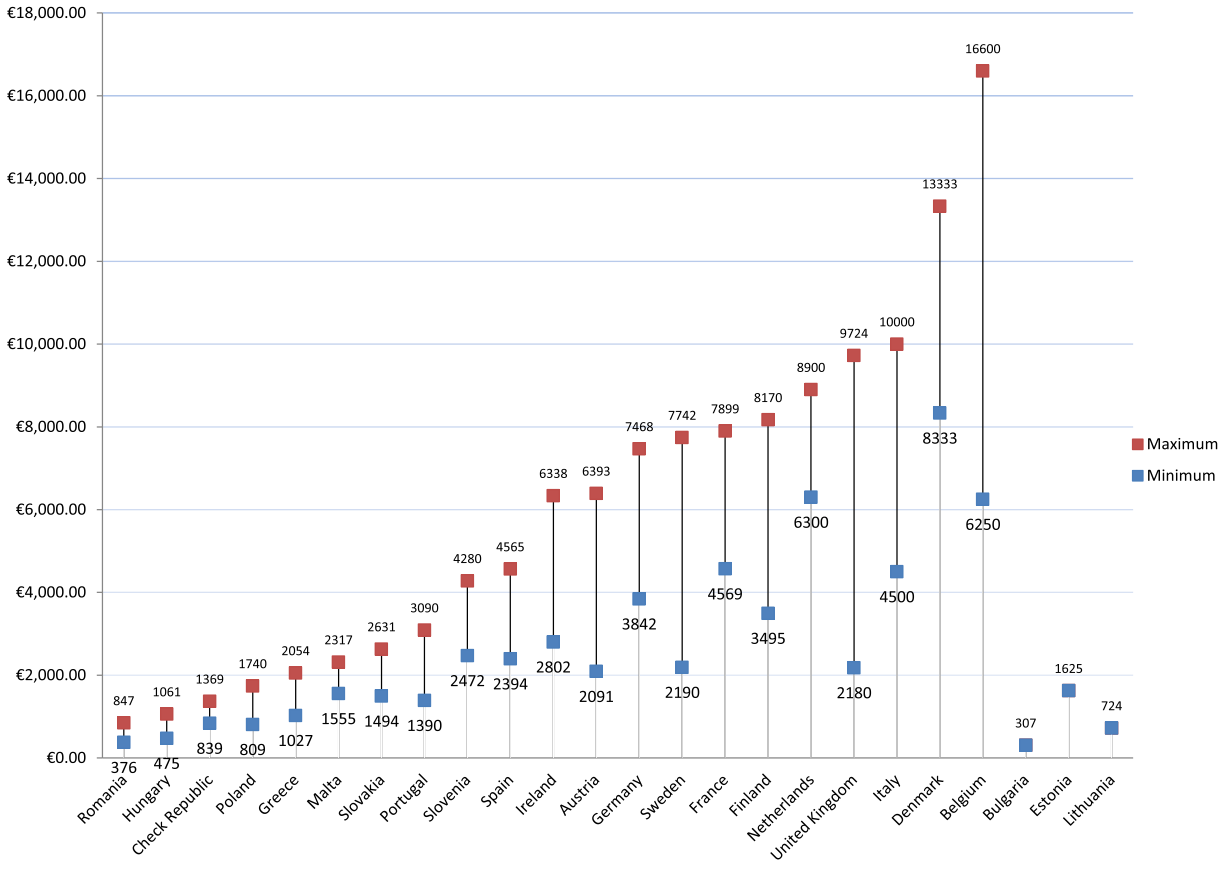

Fig. 1. Monthly salaries of European hospital doctors.

(or 'line management') of the "Chef de Clinique" or" Chef de Service". Progression of specialist in Germany, for example, is from basic specialist (Facharzt) to mid-level specialist (Oberartz), and to head of department (Chefartz) or clinical director with increased salary for each level which relate to level of authority and leadership roles [14]. As a result of this approach consultant appointments occur earlier in a surgeon's career. A surgeon who has completed his structured surgical training in continental Europe may, therefore, have a completely different level of experience and competence compared to a surgeon who has completed his surgical training in UK/ROI. So the surgical training in Continental Europe is different from UK/ROI and is adapted to existing hierarchical model of post CCT surgeon (Table 2) [15–25].

The UK has adopted a grade of doctor with a permanent contract titled a Specialty Doctor. Surgeons of this grade are competent to run operating theatre lists without direct supervision but are not

Table 2
Surgical training in Europe.

	Core training (years)	Specialist Training(years)	Mandatory courses[a]	Logbook (N)	Emergency Procedures performed	Independence after completion of training
Netherlands	2	3	yes	550	n/a	Partial Independence
France	2	5 + 1	yes	N/A	n/a	Partial Independence
Spain	N/A	5	yes	N/A	300	Partial Independence
Belgium	3	3	yes	700/800	n/a	Partial Independence
Germany	3	3	no	700	n/a	Partial Independence
Norway	3	3	yes	630	n/a	Partial Independence
Lithuania	2	3	no	210	50	Partial Independence
UK	2	6	yes	900/1000	249	Independent and Staff Grade
ROI	2	6	yes	900/1000	n/a	Independent
Sweden	N/A	5	yes	425	n/a	Partial Independence
Italy	N/A	6	no	160	40	Partial Independence

[a] ATLS, ETC, Surgical skills.