A European exchange scheme for junior doctors in internal medicine 1977–91: experiences of participants and organisers

Abstract—A retrospective survey was undertaken of the participants in and the organisers of an exchange scheme for junior physicians which has operated since 1977 between leading hospitals in countries of the European Community and Switzerland. The exchange has clinical, research, educational and cultural objectives and the survey sought to record the experiences of participants and their chiefs of service and note the strengths and weaknesses of the scheme as well as problems encountered with it.

Overall, the participants' reports of their experiences of the scheme were favourable. Chiefs of host departments were enthusiastic about the interaction between participants and the host institutions. The impact of the programme on the junior doctors' educational and career development was variable though generally positive; major career changes were rare, the common pattern being one of helpful focusing of career intentions. Problems were relatively infrequent, mostly related to poor briefing, finances and bureaucracy. Few general international differences of experience of the scheme emerged.

An exchange scheme has been in operation since 1977 between various European countries which enables young doctors, within a year or two of qualification, to spend 6–12 months gaining first hand experience of the practice of general internal medicine in another country. By the end of 1990, 104 trainees from 19 hospitals in 11 European Union (EU) states plus Switzerland had participated in this scheme.

By arranging mostly two-way exchanges of doctors at senior house officer (SHO) level, the scheme's main aim has been to develop these doctors' critical knowledge of health care systems through the hands-on practice of clinical care in university hospital departments. It was also hoped that participation in the scheme would increase junior doctors' knowledge of other European countries in a general sense and encourage subsequent service in these countries. Other aims included the development of the junior doctors' research interests and, through participation in the exchange, to help host institutions to look afresh at aspects of their own practice.

Some reports on individuals' experiences in this scheme have been published [1,2] as has a brief overview [3]. This report summarises a formal external review (by RW), commissioned by the organising committee (of which CvY is chairman) of the reactions of individual participants and chiefs of service in the clinical units involved.

Methods

Two postal questionnaires were developed after discussion with the organisers and participants. One was a self-report questionnaire addressed to the participants and the other was a brief general questionnaire to host and home chiefs of service. The questionnaires asked about:

- The perceived benefits (or otherwise) for the participant's educational and personal development.
- The impact on career orientation and plans.
- The impact upon research interests.
- The nature of problems encountered in the scheme.

In March 1991, we sent questionnaires to 19 chiefs of service in 12 countries and received 13 replies; questionnaires were also returned by 72 of the 99 traced participating junior doctors, giving an overall response rate of 69%.

Results

The junior doctors stayed abroad for about six months (42%) or a year (56%). One third of them had started before 1984, one third between 1984 and 1986, and one third between 1987 and 1990. Table 1 shows the countries participating and the numbers of respondents involved.

Asked who had initiated the idea of an exchange, 31% of the junior doctors said they had applied to the scheme on their own initiative and 65% had been encouraged into the scheme by their home chief but had been personally enthusiastic about it; only 4% had been 'persuaded' into the scheme despite personal reservations.

CHARLES VAN YPERSELE DE STRIHOU, MD, FRCP, *Professor of Medicine, Department of Internal Medicine, Catholic University of Louvain, Brussels*

RICHARD WAKEFORD, MA, CPsychol, *Educational Adviser, Cambridge University School of Medicine*

CHRISTOPHER ALLEN, MD, FRCP, *Consultant Neurologist, Addenbrooke's Hospital, Cambridge*

Just over one third of respondents said they had worked longer hours than in their home post, and 30% said they had worked shorter hours. One third said that the hours of work had been about the same as at home. There were few differences in the proportion of time spent in the various day-to-day activities, although overall, exchange participants spent less time in outpatient clinics and writing papers than at home, and more time in meetings and in the library.

Benefits of the scheme

From a list of possible benefits of the exchange, more than two thirds of participants reported that the following were important gains of participating in the scheme:

- experiencing a different health care system (89%)
- improving clinical judgement and problem-solving skills (83%)
- experiencing a different culture, outside medicine (83%)
- broadening network of colleagues and contacts (81%)
- an invigorating change of scene (80%)
- learning (or improving) another language (79%)
- feeling more 'European' (73%)
- seeing different ways in which care can be organised (69%)
- experiencing a different approach to postgraduate medical education (67%).

Areas from which least gain was reported, included:

- hands-on experience of sophisticated diagnostic equipment (41%)
- having time for research and writing papers (36%)
- being fired with a new mission in (medical) life (29%).

The most important gains reported in an open-ended question to the participants were as follows:

- improved knowledge and clinical skills (64%)
- experiencing other health care arrangements (60%)
- language and cultural benefits (47%)
- making friends and professional contacts (36%)
- influence on career plans (19%).

Two participants (3%) met their spouse-to-be on the exchange.

Impact on career plans

At the time of joining the exchange scheme 21% of respondents had no specific career orientation; 62% already had a specific career plan which did not change during their time abroad, but 17% reported that their career plans had changed as the result of their experience. Of the 10 doctors who specified the nature of this change, there was a slight move towards hospital work with greater emphasis on research, with a few considering practice in a foreign country as a possibility.

Half of the doctors did not intend to make any change in their choice of specialty; 30% said that there had been an appreciable change of interest but still within the same specialty; 11% moved to another medical specialty (eg cardiology to endocrinology); and 8% reported that they had changed to a different specialty outside internal medicine (eg to paediatrics or surgery).

Table 1. Numbers of exchange visitors

Country of origin	Country visited						
	Belgium	Germany	Italy	Netherlands	Switzerland	UK	Total
Belgium	–	1	–	2	2	8	*13*
Denmark	–	–	–	–	–	2	*2*
France	1	–	–	–	–	–	*1*
Germany	–	–	–	–	–	1	*1*
Greece	2	–	–	–	–	–	*2*
Ireland	–	–	–	–	–	1	*1*
Italy	–	–	–	–	–	1	*1*
Netherlands	1	–	–	–	3	5	*9*
Portugal	1	–	–	–	–	1	*2*
Spain	–	–	–	–	–	1	*1*
Switzerland	1	–	–	2	–	10	*13*
UK	6	2	1	5	12	–	*26*
TOTAL	*12*	*3*	*1*	*9*	*17*	*30*	*72*

Asked for open-ended comments on the overall impact on their career plans of their experience in the exchange scheme, 32% of the participants said that their career aims had been reinforced; 21% reported a shift towards research and greater specialisation; 11% towards more clinical hospital work; 4% to a more academic career; and 4% towards primary care.

Impact on research interest

Three quarters of the respondents expressed an interest in research. In 18% of that group their interest in research had been kindled by their exposure to clinical research during the scheme and 9% said that their research interests had been radically, maybe permanently, changed; 32% stated that their research interests had been broadened, and 21% that their interests had become more specifically focused; 15% had learned new techniques which would be useful in future. Interest in research had increased in 45% and lessened in 4% as the result of their experiences.

Problems and difficulties

Few major difficulties were encountered (Table 2). Most important (though to a minority of respondents) were inadequate briefing about what to expect, problems with paperwork (permits, visas, etc), financial problems and problems with national insurance and superannuation.

Responses to an open-ended question reinforced the importance of these problems, the following being mentioned:

- language, integration and housing (35%)
- permits, bureaucracy and induction (26%)
- workload and responsibilities (21%)
- financial problems (18%)
- getting exams and the next job back home (17%)
- isolation, away from family (15%)
- problems of different systems and attitudes (10%)
- initial problems which resolved (4%).

Other critical comments were:

- participants should be better briefed (12%)
- there was scope for better organisation, including housing and pay (10%)
- the scheme should be reviewed periodically in the light of participants' comments (7%).

International variations

There were few significant differences related to the participants' country of origin and country visited (χ^2; $p < 0.01$). Notably, visitors to Switzerland or Belgium were least likely, and to the UK most likely, to learn new clinical skills; having to perform tasks considered

Table 2. Difficulties experienced by participants

	Not a difficulty %	A minor difficulty %	A major difficulty %
Inadequate briefing about what to expect	54	39	7
Problems with paperwork/permits/visas	50	35	15
General financial problems: survival hard	58	29	12
Problems with national insurance, superannuation	53	35	12
Adequate patient contact not available	89	11	–
Too many inappropriate/untreatable patients	86	11	3
Own medical skills not developed enough	85	14	1
Own medical skills too well developed	85	11	4
Hard to learn language skills quickly	67	26	7
Even at end, problems communicating	72	26	1
Getting an appropriate job back home	87	9	4
Clinical skills lost	83	13	4
Started to learn 'bad' practices	87	10	3
Having to do essentially secretarial work	64	22	14
Having to do nurses' work	68	18	14
Having to do more junior doctors' work	69	21	10
Asynchrony of job dates = time wasted	97	3	–
Felt out of touch with home job market	81	16	3
Interfered with taking higher exam/s	74	17	10
Foothold in home career ladder lost	86	14	–

'nurses' work' was reported most commonly by visitors to the UK and was rare elsewhere. Only UK participants reported that the visit interfered with the taking of examinations back home.

Chiefs of service

Of the 13 chiefs of service, two had 'exported' two trainees and received none, some had had a few trainees in each direction while three chiefs had quite substantial experience (up to 14, each way). Table 3 shows what benefits the chiefs thought the trainees in general had derived from the scheme. The least perceived benefit seemed to be in the academic field. This applied particularly to respondents from the five countries which both hosted and sent trainees (Belgium, Germany, the Netherlands, Switzerland and UK).

Asked what specific benefit was the most important for trainees' professional lives, six chiefs felt it was the experience of practising medicine in a different health care system. Five more felt that, in addition, trainees gained more self-esteem and broader views from successfully adapting to a different environment. Four felt that the participants' clinical training had been the most important benefit. Other points made were that trainees profited from improved language skills, enhanced cultural education, and the realisation of the poverty of their own country's health care system. Also noted were the gains to host institutions of successfully hosting exchange trainees. All responding chiefs expressed the hope that the scheme would continue.

Discussion

The questionnaires were returned by 69% of participants in the European exchange scheme for junior doctors between 1978–90. The high response rate suggests that the sample of respondents is probably as representative as it is possible to achieve, diminishing the risk of over-representation by successful participants who might be more likely to respond. The results are dominated by respondents from the major participants in the scheme (UK, Switzerland, Belgium and the Netherlands).

Most participants benefited from the exchange in a cultural way, both generally and specifically from the experience of medicine in a different system. It might be hoped that this would stand them in good stead on their return, broadening their views and making their attitudes less insular, perhaps equipping them with a more 'European' attitude. The experience of a successful exchange improved trainees' confidence, both personally and clinically and concurs with the experiences of doctors who have undertaken individual exchanges or otherwise temporarily practised in different health care systems [4].

As one might expect from exchanging trainees at SHO level in clinical posts, there was little evidence of short-term academic benefit, but this was not, in any case, the major purpose of the scheme. Nevertheless, just under half of the trainees reported that their interest in research had increased and one fifth were able to define their interest more specifically.

Also as expected, the most substantial difficulties were the paperwork, pay and conditions and, for many, language. Most of these problems were not severe and might be lessened by more carefully briefing the trainees and receiving departments. That some trainees found that the type of work expected of them differed and that they might be asked to perform procedures considered 'nurses' work' (eg venepuncture and insertion of IV lines) in their country, is perhaps simply an expression of the different types of health care in Europe. Bringing such differences to light might be expected to benefit open minded trainees and host institutions as well as the exchanging trainees' institutions on their return.

Some problems encountered were idiosyncratic (either to countries or individuals) and might have been ascribed to inappropriate selection of candidate or country. In some cases, mismatch of exchanging trainees highlighted significant differences in the training traditions of different European countries. This has a bearing on the assumptions at a political level within the European Union that there is equivalence of professional training throughout its constituent countries. The exchange scheme has demonstrated significant differences in the emphasis and content of junior doctor training across Europe and these will have to be taken into account when formulating regulations for equivalence of the professional competence of doctors.

Table 3. Hosts' views on benefits of scheme to participants in general

	Very beneficial	Quite beneficial	Variable	Little benefit	No benefit
Medical/clinical experience	8	5	–	–	–
Experience of other health system	5	5	3	–	–
Academically	3	3	4	2	1
Culturally	2	9	2	–	–
Personally (1 non-responder)	5	5	2	–	–

The European exchange scheme for junior doctors is, in the eyes of its participants and organising chiefs, a success and what problems there have been are mostly organisational. Such peripatetic experience is seen by many as helpful in the cross-fertilisation of ideas and understanding between doctors in Europe, with the potential for Europe-wide improvements in medical training and health care [5]. It seems therefore reasonable that schemes such as this should receive support from the EU.

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Address for correspondence: Professor C van Ypersele, Cliniques Universitaires St Luc, Université Catholique de Louvain, Avenue Hippocrate 10, 1200 Bruxelles, Belgium.