

Training in obstetrics and gynaecology in the Netherlands

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This article gives global insights on past, present and future training in obstetrics and gynaecology in the Netherlands. Comparisons are made with the British system.

Until the late 1980s training to become a registered gynaecologist in the Netherlands took 5 years. At that time there was an excess of young gynaecologists and competition was therefore high. The solution was straightforward: diminish output and lengthen training to 6 years. Nowadays, there is a more strict policy, with the emphasis on anticipating social and demographic developments in society, specialist age profile (anticipated number of retiring gynaecologists) and the number of trainees.

A progressively important factor in the estimates for capacity is the number of female trainees (the last 4 years' recruits comprised 70–80% women). A co-existing rise in maternity leave and demand for opportunities to work part-time makes the estimates less certain or reliable. However, until now it appears that the estimates have been correct, and as a result the in- and out-flow is balanced. With a total of 800 gynaecologists and 250 trainees the number of new trainees needed amounts to 40 each year.

BASIC SPECIALIST TRAINING AND APPLYING FOR HIGHER TRAINING

General training (medical school) before making a definitive commitment to a career in obstetrics and gynaecology takes 6 years. The first 4 years of this are non-clinical, and the following 2 years comprise obligatory rotations in virtually all subspecialties (equivalent to the UK senior house officer (SHO) level). The same schedule applies to all graduates. At some universities there is some individual freedom to choose a field of interest, either through an extra residency or research either domestic or abroad (maximum of 6 months).

Unlike the situation in the UK there is no minimum time of registration after which one can apply for higher training (equivalent to the UK specialist registrar (SpR) level) but the experience

is that it takes approximately 2–3 years before the applicant becomes eligible for higher training. There are two ways to achieve this: either starting a job as house officer (not in training) or starting research (preferably resulting in a PhD degree). In the majority of cases, doctors starting research achieve the PhD degree after approximately 4 years and training is started then. Recently there have been increasing opportunities to mix training (6 years) and clinical research (4 years) in a combined schedule of 8 years.

TRAINING SCHEDULE: NOWADAYS

Duration of rotations

As mentioned training takes 6 years, of which at least 2 years should be spent in an academic centre and at least 2 years in a district hospital. Mostly, training starts and ends in a district hospital. All eight university clinics form independent clusters with a varying amount of district hospitals (between five and seven) to train gynaecologists in training. All the clusters have their own system of training and sequence of types of subspecialties (gynaecology, oncology, obstetrics and reproductive medicine).

Appraisal and endpoints

Throughout training the trainee is obliged to fill in a logbook with mandatory skills targets (endpoints). The local educational supervisor and the trainee try to work on possible gaps which occur. For example, a minimum of 30 abdominal hysterectomies is required (direct or indirect supervision, respectively level 3 and 4) at the end of training. With a diminishing amount of major surgical interventions (decline of 20% in the last 10 years), achieving these numbers is sometimes a struggle. Provided adequate clinical skills have been acquired, a less strict count is sometimes allowed. In every year there are certain targets which become more specialized towards the end.

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Failing the targets cannot prevent the trainee progressing to a higher level, however, the head of the department and the trainee have to make an individual plan to work on these particular skills during the following period.

There is not an official subdivision between 'core' and 'advanced' specialist training. Every (new) gynaecologist should be competent in the whole field at a general level. In contrast to the system in the UK where there are levels of experience, gynaecologists should be able to perform all procedures independently at the end (UK = level 5). At the end of the 6 years the logbook should be approved by a special committee of the Dutch Society of Obstetrics and Gynaecology (NVOG). The ultimate registration is given by the Central Commission Medical Specialists (equivalent to the UK Certificate of Completion of Specialist Training) which receives the declarations of competence and the approval of the NVOG.

Examination

Every year the same obligatory exam is taken by all trainees. The result is adjusted by taking into account the level of experience. In the near future this and maybe other tests will become a deciding factor in progression to a higher module.

Quality assessment

All the training hospitals are subject to visits every 5 years. This commission is mandated by the NVOG and formed by gynaecologists and one member of the Dutch Society of Trainees in Obstetrics and Gynaecology (VAGO). The quality of training and good clinical practice is guarded with this system. Among others, quality assessment is done by scoring training facilities, a minimum of 8 hours a week teaching by staff, minimum of 12 days per year for congress visits and courses, regional scientific meetings, and frequency of shifts should not exceed 30% of the time. Also more technical factors which facilitate training such as computers with internet access and links to international journals, and the existence of a library are matters of interest.

When a hospital is lacking in some parts of the visitation process the commission can either withdraw the right to train or revisit within 2 years depending on the severity of insufficiency. The residents are also asked for their opinion on the following areas: Are these targets achieved and how is the training climate? Does the resident feel safe or backed by staff when things go wrong? This last point is very important in the visitation process. In order to optimize the independence and honesty of the answers these interviews are done in the absence of staff.

Subspecialty and field of interest

The only officially recognized subspecialty is oncology (3 years). However, similarly to oncology it is possible (mostly in academic centres) to become a fellow in areas such as reproductive medicine, obstetrics and urogynaecology. Subspecialties are undertaken after training (i.e. after SpR level 5).

During general training there is no official possibility to specialize in a field of interest either for a shorter or less specialized way than a real subspecialty. However, there is recurring discussion about this issue. Taking into account that rarely performed procedures should remain open to trainees as well as fellows, the point of view of the NVOG is that this can and should be done after training. The point of view of VAGO is that, provided every trainee acquires sufficient experience, there should be the possibility for individual specialization. In the near future the feasibility of a 'special skills module' will be discussed again. Furthermore, depending on one's preferences there are possibilities to do research during training and even travel abroad for experience in a field of interest. Unlike the system in the UK, in regular domestic training this remains difficult to arrange.

TRAINING IN THE FUTURE

The VAGO and NVOG have recently introduced modular training. This system has been adopted by all eight clusters. The endpoints had been formed and have remained the same. New plans have been launched to introduce modern training techniques (e.g. skills laboratories, teach the teachers courses, evidence-based medicine courses, more assessment and different ways of observation, portfolio). On a local level some of these plans are implemented already. In the near future the NVOG and VAGO will set up several commissions to assess the feasibility of these new initiatives and maybe implement them in a more orderly and evidence-based manner.

In summary, training in obstetrics and gynaecology in the Netherlands is not that different from the UK situation and is increasingly becoming more alike. **HM**

Conflict of interest: none.

KEY POINTS

- For all specialties training in Holland is being thoroughly revised and reshaped.
- The most marked changes will be the introduction of modular training and more theoretical and practical examinations.
- Subspecialty training is only possible after general training.