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OPINION ARTICLE

Specialist Training in Medical and Surgical Dermatology and Venereology in Spain

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The residency period during which dermatology is taught to new graduates is a key stage in training that is crucial to the dermatologist's career. Generally recalled with nostalgia, the training phase is also important in social and family terms, as this is a time when many decisions are made that affect the remainder of one's life and also when families are founded and children are born. Given the importance and singularity of this life stage, any efforts aimed at enhancing the training period should be welcomed.

Specialist Medical Training in Spain: Historical Aspects

Specialist medical training was regulated for the first time in Spain in legislation dated July 20, 1955, which proposed specific training for each of the 33 medical specialties created by the same legislation. Training was made the almost exclusive responsibility of the medical faculty chairs on which hospital and professional college departments depended.

A ministerial order dated September 3, 1969 established that candidates for specialist training would be selected by an institutional admissions committee; resident physicians would, furthermore, receive a monthly stipend of 4765 pesetas (approximately 29 euros). A ministerial order dated July 28, 1971 provided for a public admissions examination for all institutions belonging to the Spanish social security system, with candidates to be selected by a Central Committee for Admissions and Medical Training; the monthly stipend was also increased to 8000 pesetas (approximately 48 euros). Nonetheless, since this regulation did not come into effect until a number of years later, it continued to be possible to obtain a specialist qualification by registering for a given specialty with a medical college for a period of 2 years, or by submitting a certificate issued by the head of a hospital department. A ministerial order dated October 7, 1976 described the format for an examination for specialist physicians.

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All the above provisions applied exclusively to centers belonging to the public social security system. Published in 1977, however, was a ministerial order that standardized postgraduate training criteria at the national level, with the first examination under this new system held in 1978. Royal Decree 2015/1978, of June 15, formally recognized the residency system of training in hospital departments (the origin of the medical intern-resident [MIR] system) and created national committees for the different specialties. Although not all of its articles were developed immediately, Royal Decree 127/1984, of January 11, published the specific provisions that governed the system for many years until recently.

Legislative developments to date in regard to specialist medical training have culminated in the following measures: Law 44/2003, governing the healthcare profession, whose Chapter 3 deals in depth with specialist training; Royal Decree 1146/2006, which regulates the special employment status of the medical resident; and Royal Decree 183/2008, which regulates the conditions for accrediting training centers. This last decree, furthermore, includes the first legislative reference to supervision and evaluation of residents and to the key role played by the tutor in the specialist training system. A number of its provisions, however, have not yet been brought into effect.

The Current Situation

The training of specialists must be both theoretical and practical, and should be associated with a personal and progressive commitment by the resident. According to Law 44/2003, such training is to be based on the residency system. In relation to specialist training, this legislation considers 5 issues in particular:

1. National committees for each specialty
2. Training programs
3. The network of accredited training centers
4. The number of resident posts
5. The teaching infrastructure underpinning training programs

1. National committees for each specialty

Each recognized specialty is governed by a national committee whose composition and functions were originally established in 1978, though subsequently modified by Royal Decree 127/1984, and more recently amended by Article 28 of Law 44/2003, which prescribes the number and type of committee members and their functions. The national committee for dermatology is composed of 11 members, with 8 members appointed as follows: 2 by the Ministry of Education, 4 by the National Healthcare Human Resources Committee attached to the Ministry of Health, and 2 by the Spanish Academy of Dermatology and Venereology. The other members represent specialists in training (2 members) and the Spanish Organization of Medical Colleges (1 member).

The national committees have a consultative role; among their functions—still pending definitive regulation—are to propose and develop specialist training programs, evaluation criteria for physicians in training, and evaluation criteria for teaching and training units. The national committee chairpersons and the representatives from the Ministry of Education and Ministry of Health constitute the National Medical Specialist Council, which coordinates the activities of all the committees, fosters research and technical innovation, and advises the Ministry of Health on healthcare training.

2. Training programs

The specialist training programs are crucial not only in terms of developing the knowledge, skills, and attitudes necessary to practice a specialty, but also standardizing training across accredited units. They should provide both theoretical grounding and practical experience with a view to ensuring the best possible care for patients. As far as possible, they should also be comprehensive, up-to-date, and dynamic so as to keep apace with the latest developments in medicine. Practical goals are set for each year of training that are ultimately adapted to the needs and possibilities of the department and hospital where the physician is being trained. Training program content is developed by the national committee for each specialty. The State specifies the frequency of training program updates, and new content is published in the Official State Bulletin (BOE). The dermatology program run since 2007 is substantially different from the previous program. In accordance with Order SCO/2754/2007 (BOE, September 25, 2007), the dermatology program applies, as far as possible, the guidelines proposed by the European Union of Medical Specialists (UEMS). The dermatology training program lasts 4 years, with the first 6 to 12 months (the exact time is decided by each teaching unit) spent in rotation in internal medicine and general surgery departments.

3. The network of accredited training centers

Compliance with minimum legal requirements for accreditation for training purposes has, to date, been assessed by the national committees, whose members analyze and discuss applications by specialist hospital departments. In accordance with Law 44/2003 and Royal Decree 183/2008, the Ministry of Health and the Ministry of Education, with the National Health System Quality Agency as coordinator, are responsible for specifying the requirements for specialist medical training.

The current broad requirements for dermatology training centers are as follows: a) to have suitable premises and equipment; b) to have sufficient patients (both outpatients and inpatients) to ensure practical training in at least the most frequent dermatological disorders; and c) to have a staff that is adequate for the number of medical residents in training.

4. The number of resident posts

The General Directorate of Human Resources of the Ministry of Health annually sets a quota of MIR posts to be offered for the following year. Up to 2 years ago, the national dermatology committee proposed considerably fewer posts than were eventually made available. However, given the shortage of dermatologists and the tendency of the Ministry of Health to add to the number of posts requested, the national committee now proposes a number equal to the number of accredited posts. The health departments of the different autonomous communities have a powerful voice in decision making about distribution and place allocation. A number of autonomous communities offer no accredited places, however, whether for a lack of requests for accreditation or because centers fail to comply with the minimum requirements. It would, nonetheless, clearly be of interest for autonomous communities to each have their own accredited dermatology training center.

5. The teaching infrastructure underpinning training programs

Discussed below are 5 issues referring to the teaching of medical specialist training programs.

a) Local teaching committees. Attached to each accredited specialist training center is a local teaching committee. According to Article 27 of Law 44/2003,

these are responsible for organizing and supervising training and for ensuring compliance with training program aims. Chapter 3 of Royal Decree 183/2008 describes the composition and function of these local committees.

b) Tutors. Tutors are practicing physicians who take on content planning and teaching duties for medical resident training. They have traditionally had to combine this teaching function with their routine clinical and research work. Tutors are responsible for encouraging the motivation and integration of residents and for ensuring that their efforts are recognized by the department. Tutors also need to be able to detect weak points in the training program in their centers and to compensate for them by taking the steps they consider necessary to ensure optimal training quality. All these tasks, added to that of closely monitoring residents' progress, require considerable extra work by tutors, which, to date, has not been formally acknowledged. An innovation of Royal Decree 183/2008 (Section 3, Article 11) that will undoubtedly improve the quality of training is that no more than 5 residents may be assigned to a single tutor.

c) External rotations. External rotations are proposed by tutors to their local teaching committees. According to Article 21 of Royal Decree 183/2008, rotations may not, as a general rule, exceed 4 consecutive months in an annual evaluation period, or 12 months in the entire training period. In addition, the dermatology training program admits the possibility of external rotations in unaccredited centers of recognized prestige; however, these rotations may not exceed 6 months of the total of 12 months' rotation permitted in the last 3 years of MIR training. This exception is designed to enable dermatology residents to learn techniques, such as cosmetic dermatology, for which only limited training is available in accredited hospitals.

d) Evaluation. Although certain provisions remain as yet undeveloped, the issue of evaluation is covered by Chapter 4 of Royal Decree 183/2008, which establishes 3 kinds of evaluation as follows: a) ongoing assessment, based largely on what is known as the 'resident's book'; b) annual evaluation, based largely on the tutor's report; and c) final evaluation. If a resident fails an annual or final evaluation, Royal Decree 183/2008 describes the outcomes and, when applicable, the possibility for re-evaluation. Residents who pass the final evaluation and who wish to obtain a diploma (a Diploma of Merit or a Diploma of Merit with Distinction) may sit an optional examination set by the national committee for their specialty.

e) Subspecialist qualifications. Article 25 of Law 44/2003 refers to subspecialist qualifications, although the provisions in this respect have not as yet been developed. Given the growing complexity of dermatology, it seems reasonable to expect that a trained specialist would be able to opt for an additional period of subspecialty training that could be corroborated by an official diploma.

Observations and Thoughts

There clearly has been ample legislative provision in Spain for postgraduate and specialist training, most particularly since 1984. This has resulted in top quality professionals and the now excellent levels of medical care in Spain. This situation is the culmination of the efforts, convictions, and cooperation of many people to whom we owe a debt of gratitude.

Spanish dermatologists are very highly regarded by the medical community and their quality is also widely recognized outside Spain. This only serves to underline the quality of the dermatology training program and the great work of dermatology tutors and healthcare staff. This is no time to rest on our laurels, however, as we need to continue working to ensure the best possible residency training and to maintain the high standards of dermatology in Spain—this at a time when training and purely scientific aspects are not entirely in vogue and when traditional values are belittled in favor of other issues.

Nonetheless, at this point, certain observations should be made on the current state of medical training in Spain, some of a general nature and others more specific to dermatology.

Considerations of a general nature include the following:

1. In the current specialist training system, accredited teaching units have no say with regard to the residents who take up posts with them. Out of respect for the principle of universal access to training, this is, on the face of it, fair. Nonetheless, some reflection in this regard would not go amiss, given that residents spend 4 to 5 years in a center; their full integration is therefore crucial, from the point of view both of the residents' training and of the functioning of the center. It should not be difficult to establish a mechanism that—without jeopardizing the objectivity of the system—would permit a teaching unit to have some say in the selection of its residents.
2. Existing legislation makes no reference to heads of department or of accredited teaching units. All staff members play a fundamental role in the provision of medical care, but it is the heads of department who are ultimately responsible for medical care and its organization. Consequently, some guidelines are necessary in regard to marking out a formal framework for closer cooperation between tutors and heads of

accredited teaching units, even if this cooperation, of necessity, already occurs in practice.

3. Another issue meriting some consideration is access to training. The existing legislation was approved when the employment scenario was quite different from what it is now. Previously the number of applicants far outnumbered the number of places, resulting in the exclusion of many graduates from specialist training. Supply and demand is nowadays much more balanced, with the result that the admission examination merely assigns a pecking order for choosing posts. Updating this system to some degree would improve access and probably make the system fairer.
4. The national committees are aware of the fact that training is not entirely uniform, deriving, essentially, from teaching unit differences and the attitudes of the residents. There are a number of possibilities for improvement in this area, for example: a) regular inspections of teaching units to identify problems and deficiencies that, once resolved, would ensure more uniform training for residents; b) more frequent and regular meetings between tutors and department heads from different centers than is the case to date, in order to standardize training even further; and finally, c) encouraging residents to better understand the importance of specialization, and so improve their motivation, and also encouraging them to view training as remunerated education rather than as poorly remunerated work. If residents were to change their perceptions of the specialist training program, they would, perhaps, be more motivated in the short but crucial phase of their lives that is the residency period.
5. A matter of some urgency is to develop certain provisions of Royal Decree 183/2008. Particularly urgent is the development of Article 12, referring to specific recognition of the tutor. Development could include, for example, appropriate timetabling and the provision of adequate facilities (including technological and library resources), not to mention other compensations for tutors such as flexible hours, facilities for studies and research, and financial incentives.
6. Properly developing the evaluation systems referred to earlier is another necessity. The evaluation system, currently considered to be a mere formality, needs to be improved, as it is not accorded either the importance it merits or the time it requires.

As far as dermatology is concerned, the following aspects merit some thought:

1. Training program duration. The current opinion among Spanish dermatologists is that an extra year would enhance specialist training. This opinion largely derives from the fact that training has been extended by a year in some countries in Europe—a development, furthermore, which is viewed favorably by the UEMS. Although an extension requested for specialist training in Spain has been turned down, it needs to be acknowledged that an additional year of training would undoubtedly improve the quality of specialist physicians, including dermatologists. The problem is to strike a suitable balance between duration and quality, as, logically, training cannot be extended indefinitely with a view to ensuring better specialists. Hence, some reflection is necessary in order to clearly define the optimal duration of resident training programs.
2. Core subjects. Article 19.2 of Law 44/2003 establishes as follows: "The health science specialties shall be grouped, as appropriate, applying core subject criteria. Specialties with a common core shall have a common training period lasting at least 2 years. Through health science specialist qualifications, the government shall determine both the qualification or qualifications necessary to access a specialty and the common core to which each specialty corresponds." The notion of core subjects is undoubtedly useful for medical specialties with similar or complementary content. However, if a common core were introduced for the first 2 years of training for all specialists, a problem would be posed for dermatology, which could not form part of such a system for several reasons, the most important of which are listed as follows:

a) Almost since the beginning of its existence as a specialty, dermatology has been markedly individual.
b) Despite the incorporation of new knowledge areas, the dermatology specialty continues to be featured by both medical and surgical content; as one example, the cutaneous manifestations of lupus erythematosus are as firmly a part of dermatology as is Mohs surgery for basal cell carcinoma.
c) It could be claimed that, like ophthalmology and otorhinolaryngology, dermatology belongs to a surgical core. In response, however, it could be claimed that dermatology has historically been a medical specialty, and that cutaneous manifestations of systemic disorders represent an important element of dermatological practice.
d) Further evidence of the medical-surgery duality of dermatology is that existing dermatology training programs provide for rotations both in internal medicine and in surgery in the initial residency phase.
e) The possibility evidently exists of establishing a medical-surgical core, which would undoubtedly provide better training for the specialist in dermatology. Training content, however, as mentioned earlier, has grown greatly in recent years, and the remaining 2 years of purely dermatological training would be insufficient to ensure adequate training in purely dermatological areas (and this issue of inadequate training is also likely to also affect many other specialties). A further 2 years' training would be necessary to cover the ground

necessary to specialize. This would undoubtedly result in better training, but at the cost of an additional 2 years of training, and, as commented earlier, an issue meriting reflection is the trade-off between quality and the duration of specialist training.

The national committee for dermatology and the Spanish Academy of Dermatology and Venereology have voiced their unanimous opinions, as outlined above, to the healthcare authorities on repeated occasions, and the issues at stake are currently being debated by the National Healthcare Human Resources Committee of the Ministry of Health. We can only hope that, for the good of specialists in the future, the unanimous opinion of Spanish dermatologists will be taken into consideration.