

THE EURO-EXCHANGE SCHEME FOR JUNIOR DOCTORS OF EFIM

The EURO-EXCHANGE SCHEME FOR JUNIOR DOCTORS has successfully concluded its twenty-seventh year. The notion of junior doctors (senior house officers or equivalent) swapping post for up to a year originated in 1977 with specific aims in mind - to enable junior doctors

- to gain first hand experience of the practice of general internal medicine in another country,
- to develop critical knowledge of health care systems through the hands-on practice of clinical care in university hospital departments to increase knowledge of other European countries in a general sense and encourage subsequent service in these countries,
- to develop research interests, and
- to help host institutions to look afresh at aspects of their own practice.

Since then, 19 centers in 12 European countries have participated in an exchange of more than 200 young doctors. The questionnaires sent to exchanging doctors revealed that despite frequent difficulties of coping with a new language more than 80% gained valuable clinical experience.

The exchange has flourished because helpful funding has been provided by the European Union but more so because of the determination of the coordinating committee to overcome the bureaucratic problems associated with the European integration. The leadership of Charles van Ypersele of the Cliniques Universitaires Saint-Luc, Brussels has been paramount in guiding the group through the European maze during the first 20 years. The logical and recent development was to integrate the Euro-exchange scheme into EFIM, which provides a basis for contacts between European internists.

This was formally accepted at the EFIM Council meeting in Madrid in January 2002. EFIM provided a basis to inform all national societies about the exchange scheme. However, there were few responses, most of them underlining the difficulties inherent to such a scheme, and none provided a basis for including new centers. The difficulties included mainly national regulations, differences in salaries, difficulties in language and little interest to fight administrative hurdles to implement exchanges.

We would like to discuss in Zürich about practical solutions to expand the scheme to more university centers around Europe. Three major aspects should be evaluated: (1) to establish direct contacts with Heads of Departments of Internal Medicine, (2) to get the help of national medical colleges interested in having international contacts and exchanges, and (3) to find financial support for the exchange.

As a first success, the Royal College of Physicians' International Office (UK) is expressing a friendly interest in the scheme. This support is welcome and its advice will help to smooth some of the wrinkles inherent in panEuropean affairs.

In summary, our aims for the next 4 years are:

- to expand the scheme from 5/6 paired exchanges to 10/12 per year by recruiting new academic centres,¹
- to join efforts with the Royal College of Physicians (UK) and medical authorities of other countries to reduce administrative hurdles,
- to find more political and sponsoring support for our scheme which is orientated to clinical practice.

References:

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The Euro-Exchange Committee:

Current members of the committee of the exchange scheme for junior doctors are:-

Buyschaert M, Cliniques Universitaires St-Luc, Bruxelles, Belgium

Davidson C, Brighton and Sussex Medical School, UK

Davies K, Brighton and Sussex Medical School, UK

Eisenbach G, Medizinische Hochschule, Hannover, Germany

Fevry J, UZ Gasthuisberg, Leuven, Belgium

Frankel A, Charing Cross and Hammersmith Hospital, London, UK

Gibson T, Guys' Hospital London, UK

Glynn M, St Bartholomew's Hospital London, UK

Guillevin L, Hôpital Cochin, Paris, France

Junod J, Hôpital Cantonal Universitaire, Genève, Switzerland

Lesavre P, Hôpital Necker, Paris, France

Leunissen K, Academic Hospital, Maastricht, Netherlands

Nicholl C, Addenbrooke's Hospital, Cambridge, UK

Rodenstein D, Cliniques Universitaires St-Luc, Bruxelles, Belgium

Schifferli J, Kantonsspital, Basel, Switzerland

Sethi T, Royal Infirmary Edinburgh, Scotland

So A, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland

Basel, 17 January 2004, Prof J. Schifferli,

Coordinator of the scheme, Medizinische Universitätsklinik B, Kantonsspital Basel, Petersgraben 4, 4031 Basel-CH, Switzerland Tel: +41 61 265 42 92, Fax: +41 61 265 53 90 or e-mail: j.schifferli@unibas.ch