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Letter

Differences in the postgraduate medical training system in rheumatology between the United Kingdom and Japan

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Introduction

Rheumatology is a relatively recent specialty in Japan. Patients with rheumatoid arthritis (RA) have traditionally been treated by orthopedic surgeons and/or internal physicians. As the specialty of rheumatology grows in Japan, a postgraduate training program for medical graduates will become a necessity. It is useful, therefore, to investigate rheumatological training in other countries. There may be important lessons to be learnt for the development of future training programs in Japan. Having been selected as a Traveling Fellow by the Japanese Rheumatoid Association gave me the opportunity to observe and record the training programs in the UK during a 3-month visit. This article describes rheumatological training in the UK as currently practiced.

Postgraduate educational system in Japan

I will start by summarizing Japanese undergraduate and higher specialist training. I will then compare these with the UK system. In Japan, the majority of medical students decide upon their desired speciality before graduating from university. Medical studies in Japan take 6 years. Students must pass the National Medical Examination in order to receive their medical license. When medical students choose rheumatology as their desired specialty, they must first seek training in orthopedics or internal medicine. For example, a graduate may opt for an orthopedic training which will take 8 years. Having completed the higher specialist examinations in orthopedics, a graduate who wants to do rheumatology then has to obtain certification in rheumatology. This involves a further examination administered by the Japanese Rheumatoid Association. However, there are two problems with this system. Firstly, higher specialist training in rheumatology does not yet exist in Japan. Secondly, all the examinations are written only. There are no true practical tests of clinical competence. Thus, training in rheumatology is entirely dependent on the type of teaching available in individual hospitals.

Postgraduate general educational system in the UK

In the UK, medical students become Preregistration House Officers (PRHOs) after a 5- or 6-year undergraduate course. A PRHO grade is similar to "internship" in the USA. A 6-year course is an option open to students if they choose to do a basic science (BSc) degree between their 2nd and 3rd medical years. The PRHO is a 1-year general training post.[1] The PRHO spends 6 months in surgery and 6 months doing medicine. After that, the PRHO becomes a Senior House Officer (SHO). During the SHO period, which usually lasts between 2 and 3 years, the SHO chooses a specialty to train in. SHOs keep a Record of In-service Training Assessments (RITA) that documents their learning goals, assessments, appraisals, and achievements. This also will be used as evidence for revalidation (recertification) later in their careers.

The National Health Service (NHS) is the main employer of doctors in the UK. It is divided into three main sectors: the hospital service, general practice, and community health (Fig. 1). The doctors working in the hospital service are specialists in one branch of medicine or surgery.

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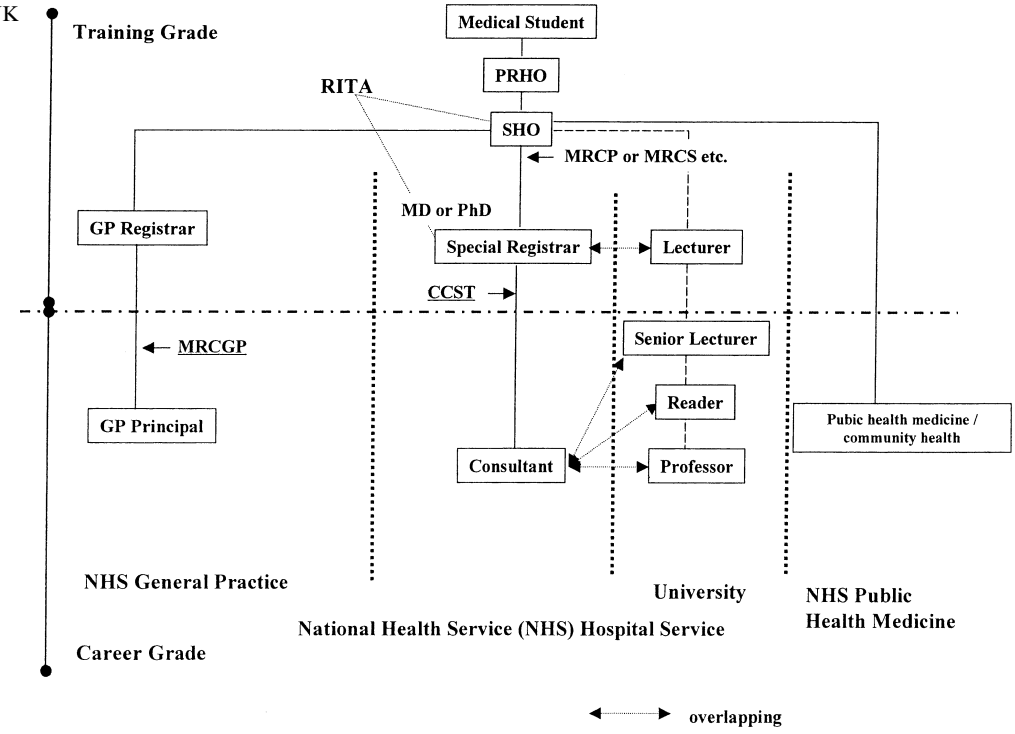

Fig. 1. Training structure in the UK

Consultants are the most senior grade of hospital doctors and have ultimate and continuing clinical responsibility for their patients. General Practitioners (GPs) give primary personal and continuing care to patients and see them in dedicated primary care centers. The aims of pubic health medicine are the prevention of disease, the prolongation of life, and the promotion of health on a population basis. Community health doctors work in schools, child development units, day clinics, family planning and other special clinics. GPs must complete 3 years vocational training, which must consist of at least 1 year as a trainee (GP registrar) in general practice. There is an option to take the examination for Membership of the Royal College of General Practitioners (MRCGP) following the vocational training. GPs will probably achieve their career posts at an earlier age than their hospital consultant colleagues, who have a longer training period. However, the final pay of consultants is likely to be higher than that of their GP colleagues. Interestingly, in the UK only 8% of doctors work privately, i.e., completely outside of the NHS.[2]

Specialist training in the UK

Senior House Officers who intend to continue in specialist medicine or surgery have to sit a difficult postgraduate examination, i.e., Membership of the Royal College of Physicians (MRCP) (for future physicians), or Membership of the Royal College of Surgeons (MRCS) (for future surgeons), before they are promoted to a higher specialist training grade (Specialist Registrar grade, SpR). Basic medical training and an entrance examination are essential requirements (MRCP or MRCS etc.) before moving on to SpR grade posts. The usual length of the SpR training program is 5 years, but this depends on the specialty, and is usually longer in surgical specialties. Once again, assessment and training are based on a RITA-type training record. At this stage, some doctors will spend a period of time in research to acquire a Doctorate in Medicine (MD) (2 years) or become a Doctor of Philosophy (PhD) (3 years). In 1996, a new regulatory body, the Specialist Training Authority of the Medical Royal Colleges (STA), was designated as the competent authority in the UK for specialist training. A subcommittee of the STA, the Specialist Advisory Committee (SAC), makes recommendations on outline training programs. On completion of the speciality training, SpRs can apply to the STA for the award of a Certificate of Completion of Specialist Training (CCST) in the relevant speciality. Doctors are then considered to be sufficiently trained to undertake independent clinical care for patients and may apply for consultant posts. No consultant can be appointed without a CCST.

Specialist training in rheumatology in the UK

As with all medical specialties, the MRCP examination is a prerequisite, but an MD or PhD are optional. The postgraduate rheumatology training curriculum meets the standards and criteria for training in rheumatology adopted throughout the European Union. These curricula are proposed by the Joint Committee of Higher Medical Training (JCHMT) of the Royal College of Physicians.[3] It should be noted that the spectrum of rheumatic diseases that UK and EU rheumatologists manage is extremely wide, and will include inflammatory joint diseases, back pain, and osteoporosis (Table 1).

Table 1. Numbers and conditions of specialists working in the UK National Health Service (NHS) (from [4])

	Numbers in NHS[a]	Requirement	Hours (consultant) (per week)	Stress (out of 5)	Time on call (consultant, hours out of every 5)	Salary (average, ¥)
Rheumatology	370 (20%)	MRCP and MD/PhD	50	2	1	11 570 000
Orthopaedic surgery	1200 (12%)	MRCS	60	3	3	17 870 000
Rehabilitation	Unknown	Diploma of Musculoskeletal Medicine	40	None	1	10 680 000
Pathology	189 (19%)	MRCPath and MD/PhD	40	None	1	11 392 000
Immunology	98 (17%)	MRCP and MRCPath, MD/PhD	40	None	None	11 570 000
Trauma surgery	1000 (a few)	FRCS (Orth)	Up to 80	5	4	14 240 000

[a] The percentage or number of woman is given in parentheses

Table 2. Rheumatic disorders (from [3])

(1) Regional pain syndromes
(e.g., low back pain, spinal canal stenosis, rotator cuff disease, fibromyalgia)
(2) Osteoarthritis and related diseases
(e.g., osteoarthritis, DISH, crystal associated arthropathy)
(3) Juvenile idiopathic arthritis
(4) Spondylarthropathy
(e.g., ankylosing sponolylitis, psoriatic arthritis, reactive arthritis)
(5) Autoimmune rheumatic diseases
(e.g., RA, systemic lupus erythematosus, SSc, Bechet's disease, Sjögrens syndrome)
(6) Metabolic, endocrine, and other disorders
(e.g., osteoporosis, rickets, osteomalacia, Paget's disease, Perth's disease, osteochondritis dissecans)
(7) Neoplastic diseases
(e.g., PVS, neoplastic conditions of the connective tissue)
(8) Infection and arthritis
(e.g., Lyme disease, acquired immunodeficiency syndrome, rheumatic fever)
(9) Miscellaneous
(e.g., sarcoidosis, amyloidosis, Sweets syndrome)
(10) Occupational and sports-related problems

Finally, I would like to mention a very interesting book, published in UK in 1997,[4] that describes the degree of stress, actual working hours, and salary experienced by each type of consultant. The part relevant to rheumatology and orthopedics is shown in Table 2.

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