Clinical Week at the Gynecology/Obstetrics Department of the Universitätsspital, Zürich

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In association with the ECOG (European College of Obstetrics and Gynecology), the DGGG (Deutsche Gesellschaft für Gynäkologie und Geburtshilfe) arranged in October 1994 a clinical visit for 50 trainees (postgraduates specializing in Gynecology/Obstetrics) from all over Europe. Previously, visits had been arranged to the Netherlands, Portugal and the UK. This year, most of the trainees visited hospitals in Germany, some colleagues stayed in Austria and we were the only two doctors who had the opportunity to see the Swiss postgraduate system, by visiting the University Hospital of Zurich. We were heartily welcomed by the head of the department and all his staff. For a week, we paid a very interesting visit to the clinic; the program was excellently prepared. An enthusiastic staff introduced us to the various departments, and we got a good overall view of their clinical work and their strikingly wide of field research. We were also impressed by the amount of resources available for both clinical, educational and research work, not to forget their computer network system, which must be among the most modern in Europe today.

It seems that many of the organizational differences we saw in Switzerland (and heard about from Germany), compared to the Nordic situation of Gynecology/Obstetrics, arise from differences in the economic/political systems. In Norway and Denmark, there is a primary health care system and national health programs. Patients referred to the hospitals are first seen either by a general practitioner or a specialist. Many obstetric patients will present to the hospitals directly if there is an acute problem. The result is that the trainee is confronted with a screened 'pathological' group of patients, the normal gynecological screening and pregnancy care being taken care of by the primary health care or private specialists. Also, hospitals are free of charge for the patients (no private hospitals), with only a small fee for outpatients. There are very few private specialists outside the hospitals, and they do not have the opportunity to operate on private patients in local hospitals. The tax system provides for the health care in the Nordic countries, as compared to the insurance system in central Europe.

When it comes to the practical specialization system in Switzerland, we have the impression that the requirements of specializing in Gynecology/Obstetrics are about the same as in Scandinavia. We also require a minimum of 4 years of training in a Gynecology/ Obstetrics department, a year of general surgery and usually 6 months in an additional medical field (anesthesiology, pediatrics, general practice...). As in Switzerland, we also require a certain amount of operations, though not a specific amount of normal obstetric proceedings. The midwives handle all the normal deliveries in our countries, but of course a trainee will attend many of these as well. An

advantage of the Swiss system seems to be the larger number of doctors compared to patients, allowing the trainees a slower (and probably safer) progress before having to handle difficult situations on their own. On the other hand, it seemed that the Swiss trainees had problems completing their operation lists, not only in the university clinics but also in the smaller clinics of Switzerland and Germany.

The educational weekly program for trainees was impressive at the Zurich University Hospital. On the other hand, the national requirement for lectures was not as great as in the Nordic countries. We require about 2 weeks (free of work) at nationally arranged courses per year, where lectures are given on a certain amount of obligatory topics. In some Nordic countries, a written test is held at the end of these courses. Similarly to Switzerland, we do not yet have a national final qualifying examination, but it seems that this is changing in Switzerland with an oral and a practical examination.

A major difference in specialization in the nordic countries compared to Germany and Switzerland is the way a trainee obtains a job. There is a central evaluation of the applicants for the available positions in the hospitals. The trainee who is best qualified, determined by having fewer months left before becoming a specialist, will get the job – usually for about 4 years. For the shorter periods of available jobs (less than 6 months), the head of the department is free to choose any trainee. This system seems to be more family-friendly than the German/Swiss system, where for example a trainee is not guaranteed a job after maternity leave. Also, the shorter working hours in Scandinavia make it easier to combine children and work, though many central European gynecologists doubt that our working hours are sufficient to produce qualified specialists.

A joint meeting of the DGGG and the ECOG was held in Giessen after the clinical week, and here both trainees and trainers met the officials of these two organizations and members of the various European national Gynecology/Obstetrics organizations. Once again, the different countries presented various qualifying programs, though no further common European plan was discussed. There seems to be a disagreement on whether a final examination is the best tool for evaluating whether a trainee is qualified to become a specialist or not. This question and different ways of learning assessment will be among the topics for the next meeting in Lillehammer, Norway, in November 1995. Prior to this conference, two trainees from each country in Europe will be invited to a clinical week in either Norway, Sweden, Denmark or Finland. We welcome trainees to the Nordic countries and to the Lillehammer conference. A contact in Switzerland will be Dr. R. Zimmermann, Department für Frauenheilkunde, Universitätsspital, Zurich. Of course, interested trainers are also welcome to the Lillehammer conference.