

LETTER TO THE EDITOR

Romanian ENT residency program - expectations and real facts

Oana Musteata

ENT&HNS Department, "Sfanta Maria" Hospital, Bucharest, Romania

In Romania, after completion of the Faculty of Medicine, the next step in the training of future doctors is passing the residency exam. Once they have acquired the status of resident physician, they receive all necessary information corresponding to the chosen specialty for the training period, such as duration, curricula, stages included by the respective discipline and the skills that must have been acquired at the end of training period.

For the ENT specialty, the training duration of resident doctors is four years, during which they must acquire medical-surgical knowledge regarding the pathology of the ear, nose, paranasal sinuses, oral cavity, pharynx, larynx, trachea, cervical esophagus, but also the borderline pathology associated to some specialties such as neurology and neurosurgery, oral-maxillofacial surgery, thoracic and vascular surgery, or gastroenterology. As a result of changes occurred 7 years ago in the curricula for residency training in the specialty of otorhinolaryngology, by modifying the duration of studies from 5 to 4 years, we believe we are deprived of a significant period of deepening the essentials for a so complex specialty. By consulting the website UEMS and the European curricula in the field, we notice that the duration of residency training is 5 years with the exception of 4 countries (Spain, Lithuania, Estonia and Switzerland), and Romania further appears with a 5-year studies duration, although the duration is of 4 years in this specialty beginning with 2010.

Since the experience acquired during this residency rebounds on the entire career of an ENT physician, but also to increase medical performance, we consider inappropriate a training of only 4 years. The ENT specialty is a complex one, of which more supra-specializations or competences derive (rhinology, laryngology, phoniatics, otology, neurotology, vestibulology, head and neck oncology, facial plastic surgery, pediatric ENT), which is why we consider necessary some additional time for the accumulation of sufficient knowledge for this professional orientation. The stage of pediatric ENT of only 1 month is absolutely insuf-

ficient for the familiarization with the information regarding the ENT pathology in children.

In the syllabus for this discipline, the resident doctor has an interval between 2 weeks and 1 month for the disciplines complementary to ENT, such as neurosurgery, oral and maxillofacial surgery or thoracic surgery. Unfortunately, the duration of each training stage is limited, the pathology being a vast one, with multiple connections to the ENT field; therefore, there is not enough time to accumulate thorough knowledge allowing the resident doctor to conduct their activity with full knowledge of the facts. For example, the General Surgery stage of only 1 month, taking into consideration that the ENT specialty is a surgical one, is not acceptable for acquiring the basic skills necessary for surgical interventions in the ENT field. Moreover, adding the concepts of electrophysiology, somnology, genetics, etc., would be a good thing.

The introduction of new materials and technologies in the ENT specialty is far more important than in other surgical specialties. This devolves the need for familiarization with medical innovations and modern regimens that result in the modification of surgical techniques, borderline interdisciplinary surgery, paraclinical and functional exploration possibilities, sensory evaluation and opening new diagnostic and therapeutic horizons in the respiratory pathology of sleep, aging, or proteomic and genomic in oncology.

The complexity of cases that address the ENT specialty, the severity of emergencies and the forensic medical implications are other arguments for this specialty to return to the five-year residency. Also, it is necessary to align the duration of training with European standards, whose average is 5 years, with a view to recognizing the ENT skills abroad.

A topic of interest for young doctors, but especially for the advisors responsible for them, is the legal framework of the resident doctor. Nowadays, the law does not establish his/her clear position, what are his/her responsibilities in the relationship with the patient, what are his/her rights, what maneuvers he/she

can perform on the patient, although the training curricula provides a range of skills that the resident doctor should learn during his/her formation and that they must put into practice during the exam for obtaining the title of specialist.

Beyond the legal aspects, another problem that each training center faces annually is the high number of positions or vacancies. The allocation of positions is not adapted to the situation of hospitals, to the number of patients and to the need for workforce, since year by year the number of residents increases. For example, this year, only in Bucharest, there have been 25 positions but no vacancy for the ENT discipline, which were divided between the three training centers. These residents will become specialists at the end of 4 years, but most of them will remain unemployed because of the low number or even lack of jobs open to competition. Even if, eventually, young specialists find a job in a state hospital or even in a private clinic, it is not a rare thing not to have the necessary technical framework to exercise proper health care, despite the knowledge and surgical skills acquired during residency.

For instance, the residents trained in the ENT Clinic of the "Sfanta Maria" Hospital benefit from all the equipment necessary to a ENT doctor, from performance consultation units, unique devices in Romania to assess the olfactory function, last generation endoscopy and videostroboscopy systems, up to ENT neuronavigation equipment.

Ideally, each center that trains residents must provide them with a comprehensive diagnostic service and inter-disciplinary collaboration because, most of

the times, pathologies that doctors have to face are intricate, borderline; the medical-surgical decision is not of a single doctor, but of a multi-disciplinary committee. Often, the lack of this possibility of multi-centric approach becomes an impediment or delays the establishment of an appropriate therapeutic strategy and represents a deficit for the physicians' further professional development. Unfortunately, none of the three training centers for the ENT resident doctors in Bucharest ("Sfanta Maria" Hospital - Center of Excellence in ENT Endoscopic Surgery, "Prof. Dr. Dorin Hociota" Institute of Phonoaudiology and ENT Functional Surgery or Coltea Clinical Hospital – ENT Clinic) has the possibility to integrate in the same location all means of investigation and to form the interdisciplinary connections necessary for the ENT border pathologies.

Despite the fact that the Ministry of Health opens more and more positions and vacancies at the residency competition, and the number of candidates at the residency examination increases, doctors who complete residency in the country are fewer and fewer, as well as the number of specialist physicians who decide to remain in Romania to practice in the state health system. From a certain point of view, the patients and the Romanian state are the two weak links in this chain of mistakes.

Therefore, the residency period may be considered a challenge both for the doctor in professional training and for his/her advisors, due to numerous administrative, technical and legal difficulties we face in daily practice, but we hope to find a solution for all of them in the near future.