

The Dutch residency program in Pathology in The Netherlands a “blooming” approach



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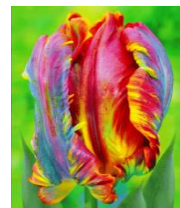
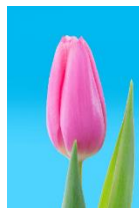
Disclosure of interest(s) P. van der Valk

None

Nothing on antidepressants, anxiolytic drugs, proton pump inhibitors, Kleenex, guns, alcohol or anything else to cope with highs and lows!!!! (of registrar or pathologist!)

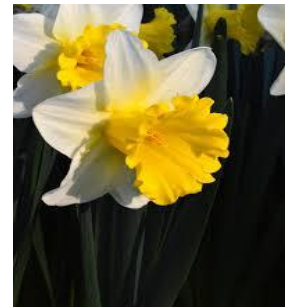
Training in Pathology in The Netherlands: a flowery approach

- There must be a good "end product" from the training program
- The program must result in a proper attitude
- There must be a certain comparability between the 8 training programs (in The Netherlands), especially with regards to knowledge
- Apart from that certain homogeneity (knowledge), diversity with regards to interest(s) is a good, nay essential, thing!
- The number of specialists has to be right, tailored to the need
- The sought after situation has to be reached in a set "culture time"



How to achieve this?

- A training plan (nationally and locally)
- A system of (regular) evaluations
- A mixture of practical and theoretical training
- Not just attention for professional knowledge (CANMEDS)
- Personal trainingsplan
- Planning of national capacity



Systems of evaluation

- Very variable in Europe

- Intermediate testing/evaluations



- Progression test
 - (yearly) exams (go/no go)
 - KPB/SEPT (Short Evaluation of Pathology Topic)
 - Half-yearly evaluations by the entire group of pathologists involved in the training

- Exit exam

- After registration continuous learning, eg. by proficiency testing (hot potato!)



Exit examen

- Mandatory in a number of European countries (e.g. UK)
- Advantages:
 - "Forces" residents to study
 - Gives the possibility to exclude an underachieving candidate
- Disadvantages:
 - Difficult to test all competencies in a limited time
 - "Snapshot" situation with huge consequences
 - Standardisation is difficult, if not impossible



"Continuous" evaluation



- Group process (the entire training group)
- Advantages:
 - With underachieving corrective measures can be taken!
 - In case of inadequacy training can be ended at a relatively early moment
 - Multiple judges = in general fairer
 - All competencies can be addressed
 - Evaluations are spread out more and impact of 1 poor evaluation is less
- Disadvantages:
 - Ending a training remains subjective and remains difficult and painful
 - Beware of group processes

Progression test(s)

- Nationally
- The results is primarily meant for the trainee (to show where he/she stands)
- European/ESP exam may serve a role here
- The Dutch experience: it is difficult to make an exam that escapes criticism (too detailed, poor reflection of years in training, etc., etc.)



The SEPT (short evaluation of a pathological topic)

- Nice system, can cover anything, so can test all CANMEDS competencies (point of attention for trainee and pathologist)
- 10-12 per year have to be done, documented in portfolio
- Can also be asked of a clinician
- Problem: not infrequently SEPT's don't show a problem if there is one! *Suggestion: use feedback/criticism as a SEPT subject*



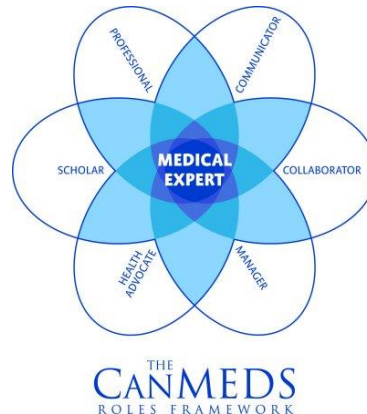
Practical and theoretical training

- Practice is too variable to cover the entire field of pathology
- Therefore theoretical education is important
- Even in The Netherlands, small as it is, there is virtually no coordination between the centres. Should be improved!!



CANMEDS

- Generally accepted system
- In practice there are difficult areas
- Realise: with 6 additional aspects of functioning, less time is left for acquiring professional knowledge, while this only increases at an alarming pace
- This means that young new specialists are better at dealing with different situations, but generally know less than they used to.



The Dutch training in Europe

- The training in The Netherlands is well regarded (main reason: high exposure to diagnostic work.)
 - Something to consider: this is under pressure
- The structure of the program is good. Main reasons:
 - The central role of the training group
 - Continuous evaluation
 - Intervene at the earliest moment when necessary
- There is no exit exam, but that is not really missed with the current structure

The training group

- Good point
- (Potential) disadvantage: group processes can turn destructive. Care should be taken to avoid this
- Continuous education is important for one's practical knowledge, but also for one's educational abilities



The Dutch training

- Is the Dutch training the best in Europe?
- I don't know!
- However, the system seems to work, also according to the trainees
- But remember, the quality of a trainee is primarily dependent on the trainee himself; the training program facilitates



So...

There's a champion in everyone, all we have to do is bring him or her out!



Training plan(s)



- There is a national training plan, outlining what a resident needs to know at the end of the training
- It requires an update!
- EPA's (Entrustable Professional Activities) to be defined (not too many, but not too general); the current situation seems to work
- This will require some effort and initiatives
- Local training plans will follow; they are fine tunings to local situations (as the situations in the 8 training centres vary)

Capacity planning

- In The Netherlands capacity planning is revised yearly
- However, the predictive value of this is poor. (For the last 20 years a large surplus of pathologists has been predicted in the coming 3-5 years, but all that time it has NOT materialised)
- We don't understand properly why it is so difficult to predict something as simple as this
- We should keep up doing capacity planning, but improve on it

