



Joint recommendation on the status of doctor-specialists in training and bio-medical academic staff members at university hospitals during residencies abroad*

1. Executive summary

Scope and terminology

Although this recommendation is first and foremost focused on the situation of doctor-specialists in training (DST), it is equally applicable to all other possible follow-up routes after obtaining a master degree in the broad biomedical disciplines (such as medicine, dentistry, pharmaceutical sciences, bioengineering sciences, biomedical sciences, etc.). The recommendation also concerns biomedical academic staff members (BAS), including non-medical doctors, who perform clinical and scientific work in a hospital. The recommendation develops a model based on the context of a university hospital, but it is equally applicable in the context of a non-academic hospital.

Background

High-quality international training for persons with a biomedical master degree in the context of further training and other forms of professional education contribute unequivocally to public health thanks to the cross-fertilization that arises with the exchange of knowledge, expertise and know-how between the sending and host country and the positive effects on the personal development of the student/researcher. The statutory and organisational aspects of foreign residencies of DSTs and BAS show, however, a number of important shortcomings and legal restrictions. More specifically, an urgent need exists to streamline the procedures and provisions and standardise these across the various institutions and disciplines. In this context, remuneration, taxation, social security and insurance are of prime importance, as are factors such as professional recognition and evaluation. Furthermore, institutions cannot meet the DSTs' demand for lengthy training abroad. This is largely imposed by the limited number of internships, whereby payment and substitution of the DST during a foreign residency can be arranged. Although foreign residencies for basic training (e.g. the Erasmus programme) are well regulated qua status, this is not the case for DSTs and even less so for BAS.

Recommendations

The best solution is to retain the status of the sending institution (university or university hospital) during the detachment abroad. The following measures will streamline the status of DSTs and BAS who reside abroad, making professional stays more attractive. It is recommended that these are implemented by a mixed working group of the competent government departments and sending institutions.

They entail the following:

- The creation and development of a well worked out administrative path or standard operating procedures for DSTs and BAS for long foreign residencies (*Hippocrates Medicine Program*), according to Belgian legislation and to the principles of social security. All administrative tasks and formalities arising from this (registration, insurance, remuneration and compensation, pension arrangement, assessment,

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certification, etc.) are handled by the sending institution, which assumes the position of payroll administrator, in consultation with the candidate.

- A transparent communication with and continuous supervision of the DSTs and BAS and administrative support (recognition of degrees gained abroad, inclusion of residencies in the context of internships or professional obligations, central registration of residencies, etc.) by the sending institution. Additional administrative simplification through the use of uniform, official English-language documents and standard forms (registration forms, legislation and certificates for BAS).
- Requirement of at least three months of international experience for appointments as an independent academic staff member or medical staff member, valorisation of long residencies abroad in the context of appointments (by institutions), certification (by valorisation committees) and promotions, and the replacement of persons on clinical assignments by temporary consultants, thanks to the provision of government resources.

Conclusion

Because of the overwhelming evidence of added value of foreign residencies for the quality of training and development of DSTs and BAS and for the provision of quality to health care services it is advisable that the share of foreign residencies in the context of training and further development be increased, without compromising the continuity of Belgian health care systems.

To facilitate this evolution, the Dutch- and French-speaking Belgian Royal Academies of Medicine (Koninklijke Academie voor Geneeskunde van België and Académie royale de Médecine de Belgique) plead for a standardisation and optimisation of the rules, which should lead to administrative simplification, more legal certainty, more transparency, a higher return on investments and more opportunities for DSTs and BAS.

2. Introduction

Scope of the problem and added value from the development of a regulation

The aim of this recommendation is to offer a streamlined contribution to high-quality training in an international context. The Belgian Royal Academies of Medicine have examined the problems of doctor-specialists in training (DSTs) and clinical and scientific, essentially biomedical academic staff members (BAS) of university hospitals when residing abroad. A number of shortcomings have been identified and a recommendation with practical directives has been formulated to improve the status of these individuals. In the first place, the streamlining relates to further training after obtaining a master degree in a biomedical discipline.

High-quality training in an international context has a number of beneficial effects on our health care systems:

- Improving quality of patient care;
- Guarantee of quality for the future of care and health insurances;
- Basis for the development of an attitude of life-long learning throughout the professional career;
- Raising the standard of not only local professional training courses, but also of those at the international level.

Everyone who participates in international biomedical training, workshops and congresses on an institutional basis or at own initiative is investing in knowledge, and this helps to improve our public health system.

One is less aware of the fact that such participation and exchange also contribute to the education of the participants in the host country. The exchange of experiences, the confirmation of good medical and research practices, the possibility of being able to compare methods and results of a different way of dealing with a similar or identical biomedical problem, and the experience of complementarity in action and training create added value. It makes sense, therefore, for the relevant authorities to take initiatives in connection with international training and to support this.

The Belgian Royal Academies of Medicine wish to improve the quality of training courses and make them more attractive by creating a better statutory framework for DSTs and BAS, linked to university hospitals, when residing abroad. This may also provide leverage for administrative simplification for training courses, also within the context of other disciplines.

The optimal functioning of the biomedical sector is of paramount importance, not just for individual patients and care providers, but also for the community. International training courses and exchanges undoubtedly contribute to overall improvements in health care and position Belgium at the front in a number of disciplines. They offer young colleagues a moment of reflection about their own ‘benchmarking’. It is therefore wise to stimulate these international training programmes and to recommend an institutional improvement of the status of DSTs and BAS when residing abroad. There are multiple advantages to foreign follow-up courses for public health. We here mention a non-exhaustive list:

- Discussion of professional progress and reflection upon it in a new environment;
- Networking and establishment of new contacts;
- Meeting with seniors (‘peers’) and benefit from their experience;
- Looking beyond the boundaries of biomedical knowledge;
- Gathering information about joint MD/PhD programmes abroad;
- International publications and dissemination of high-quality knowledge.

3. Proposed regulation

The Belgian Royal Academies of Medicine advocate the implementation of the following regulations:

1.1.a. The responsible ministers provide, in collaboration with the universities and the university hospitals, a uniform administrative track to follow or standard operating procedure (SOP) for DSTs and BAS for lengthy residencies (three or more months) abroad in the context of a training course or other form of professional education. This new project is called the “Hippocrates Medicine Program”. The sending institutions (universities and university hospitals) handle the registration, certification, remuneration, insurance and compensation of additional expenses, within the context of their own generic regulations. This registration states the place at which the residency (training course or other professionalization activity) is carried out and the start and end date. For missions in EU member states, training courses are recognised by the legislator. For missions outside the EU, generic or specific agreements about course recognition are made in advance, and these agreements are provided to the candidates in advance. As a general condition, a regulation is established for a fair compensation per person/month training. In application of the above regulation the amount allocated per mission is set out in an agreement between the sending institution and the person residing abroad. Payment of the allocated amount is made by the sending institution, in the month of January following the year of submission. Each university handles its own administration in consultation with the relevant hospital and is responsible for submitting the data in due time.

1.1.b. The general conditions covering DSTs and BAS (salaries, legal pension scheme, travel and expense allowances, health insurance, etc.) apply the ‘minimum principle’ that all working conditions be guaranteed in the original form. If a wage is provided abroad it is deduced from the overall costs. These settlements fall under the ethical principles and audits of the respective universities and university hospitals. The procedures for going abroad are posted clearly on a website of the sending institution, as are details of the authorised contact person. The sending institutions provide fair resources for moving expenses for a stay of one year or more. An extra premium may be provided for stays in cities with a very high living cost (such as London, Paris, New York).

1.2. DSTs and BAS residing abroad are covered by the Belgian legislation and social security principles. Supervision is provided for the recognition of diplomas, gained by the DSTs and BAS on residencies abroad, and by allowing foreign residencies to count as fulfilment of internship obligations in the context of specialist training, or fulfilling other obligations for the College of Physicians and other professional associations. There will be incentives towards active coaching of the residency abroad, involving regular contact with the DSTs and BAS by the sending institutions. To ensure transparency, each residency will be registered via the sending institutions (Who is located where? What are the research projects in this context?). On the institution website, lists are published of all foreign centres, to which secondment is possible. Such exchanges lead to administrative simplification in connection with personal files.

1.3. For appointment as an independent academic staff member or medical staff member, international experience of at least three months is recommended as a requirement. Lengthy foreign training residencies (of one year or more) will be considered as an added value by the sending institutions and their valorisation committee, in the context of appointments and/or recognitions. Foreign residencies are seen as a bonus during promotion discussions. To replace persons on clinical assignments, the authorities will provide resources to engage temporary consultants.

1.4. By applying the above general conditions, each sending institution is responsible for issuing official certificates to BAS at the occasion of a lengthy residency abroad. These official certificates are subject to the

legislation governing international master-after-master courses within the EU, are written in English and contain accurate details about the length of the course. The principle of pass/fail is applied and only successful courses resulting in certificates are officially registered. The persons residing abroad are all given equal treatment and informed about this procedure in advance.

1.5. Assessment and valorisation follow the usual norms and are subject to the authority of the Belgian university institutions. The assessment criteria are registered in advance in consultation with the foreign training centres. They follow the same principles of training and assessment as all other master-after-master courses in the EU or host country outside the EU.

1.6. The universities, together with their university hospitals, organise the administration and registration of staff assigned in the context of a residency abroad. The legislation about visa, work permits, tax obligations and rights is simplified in a uniform way for Belgium, by means of a form in English which has been accepted by the various Flemish, French-language and Federal Public Services and municipalities. The Academies request that a mixed working group of relevant government services, universities and university hospitals be charged with the implementation of the above regulations.