Pathology across Europe: differences and similarities  3 Histopathology

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Introduction
The influence of central European university pathology on the relatively late development of histopathology in the United Kingdom has been profound. It was sufficiently pervasive elsewhere in what is now the European Community to ensure that the organisation of the discipline and the methodology of practice is remarkably uniform. Although alternative methods of the delivery of health care have imposed different day to day activities on those who practise in universities, non-university hospitals, and in private laboratories, these differences do not pose major obstacles to harmonisation of training.

THE EUROPEAN DIMENSION
The harmonisation of training programmes has become a pressing issue as the European "single market" initiatives acquire momentum. Article 57 of the treaty establishing the EEC in 1957 provided that directives be issued for the mutual recognition of diplomas, certificates, and other evidence of formal qualification in medicine. The aim of the Article and of subsequent directives is to provide recognition of diplomas of fully licenced doctors (general practitioners) and the recognition of diplomas of medical specialisation—a continuing process. Directive 362 defines which diplomas have been evaluated as equivalent and which are currently mutually recognised and contains the official names of all medical specialties in each member state. The following Directive (363) lays down the criteria for: (i) the conditions of entry into specialist training; (ii) the methods by which such training is given; (iii) the supervision to which it is subject; (iv) the minimum training period.

Certain general criteria are also specified. These include a requirement for a prior undergraduate course of not less than six years, the need for theoretical as well as practical training, an insistence on a full-time course (specified conditions define when member countries may permit part time training), that the course shall be in a university centre or teaching hospital, and that the trainee must share in the activities and responsibilities of the training establishment.

To practise pathology in another member state an individual must be a resident of one of the member states, possess a specialist
diploma, must come from a country where pathology is a recognised specialty, and his or her diploma must be recognised by two member states. Only the total training is recognised, if part of the training has occurred in different member states each part must be evaluated before recognition can be given. Training in non-EEC countries can be recognised in part or in full by member states.

**Decision making in Europe**

How are these matters decided? The decision making process in Europe is complex and acts at national and community level. There is little direct consultation of the professions after the stage of production of Commission proposals (figs 1 and 2); representations must then be made via the civil servants of member states. The initial decisions in the field that we

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**Figure 2** Discussions in pathology are in the "evolution, deliberation, and bargaining" field—The UEMS acts as a pressure group.
are considering were embodied in the directives on the harmonisation of medical training described above; it is important to remember that these directives have as their objective the facilitation of movement of qualified persons in any field within the Community. What is now being produced is a scheme which will define specialist training in a way which permits mutual recognition of qualifications (already established at the non-specialist level), and it is clear that the expectation is that this will permit ready access of properly qualified professionals to appointments in all member states. It has been decided that the appropriate body to produce proposals for a Commission initiative in the field of postgraduate training is the UEMS. This body (Union Européenne des Medicins Spécialistes) was established to represent all specialist doctors in the EC and has 27 monospecialist sections which meet once or twice a year. Ultimately, collective proposals on the various specialties will be passed to the Commission by the main body of UEMS; the subcommittees are currently concentrating on training but UEMS is also concerned with manpower.

The UEMS subcommittee in anatomo-pathology has agreed on a definition of the subject:

"The purpose of Anatomo-pathology is to diagnose all diseases and to determine their cause; to follow their development and to evaluate therapeutic measures by examination of morphological samples, thus offering advice and support to fellow clinicians in the field of treatment of diseases or their prevention."

The subcommittee is confident that the pattern of practice of this discipline in Europe is sufficiently similar in the member states to allow agreement on training to be reached. Considerable progress has been made: to date the UEMS in anatomo-pathology has agreed that:

1. The minimum full time training period in anatomo-pathology after registration as a medical doctor shall be five years.
2. The head of training department shall be properly qualified, both professionally and personally.
3. Supervision of heads of training must be done by professionally competent institutions defined by the member state.
4. Anatomo-pathology comprises histopathology, cytopathology, and necropsy pathology.
5. The name of the specialty in each member country shall include anatomy and pathology—so should the title of the specialist.
6. Material from all subspecialties should be represented in training programmes.
7. The trainee should have access to and gain experience in the latest specialist techniques.
8. The trainee should regularly attend clinicopathological meetings.
9. The training laboratories should provide such conditions that the trainee can meet the requirements described above within the period of postgraduate training.
10. The training department should be of such a size that the trainee can perform at least 5000 histological examinations, 2500 examinations in gynaecological cytology, 2500 other cytological examinations, and 100 necropsies within the training period.

Future meetings will consider the need for an exit examination and may consider certain aspects of what has been decided in terms of the outcome of these deliberations.

DIFFICULTIES IN DECISION MAKING

In the unfortunate circumstance of the representatives of the member states being unable to agree at a specialist committee (or if the committee can utter no expression of opinion) a "harmonisation committee" is established to produce a ruling. This committee is not composed of technically qualified members but of community civil servants. Its findings, if endorsed by the Commission, are binding on member states. This is an administrative sledge-hammer, however, and is generally used on issues which are of more general importance than a specific training programme. Nevertheless, it should be noted that the Commission can enforce agreement if the objectives of a programme are not satisfied.

Other developments in European training

Bodies other than the Commission are involved in the facilitation of transfer of staff within Europe. The European Society of Pathology (ESP) is a scientific and professional society of European histopathologists, established in 1967 to encourage scientific and clinical cooperation in Europe. It has 1450 members in all parts of the continent, both within and outside the Community. Education in pathology has been one of the major concerns of the society since the days of its formation; the society takes an eclectic view and considers education in all its aspects—teaching, research, and communication—are all considered to be important.

Four years ago the society began a programme of discussion with a view to standardising educational requirements in pathology within Europe. A major objective was an improvement in standards in the speciality, but it was also noted that no current programmes exist which allow practising accredited pathologists to follow a continuing educational programme in pathology within Europe as a whole. The ESP, in association with the proposed European School of Pathology in Turin, plans to produce a diploma for interested members. This should be regarded as supplementary to national requirements for licensing for specialist practice and as a certificate of achievement which will facilitate the movement of specialists between European countries. In addition to evidence of adequate training assessed by a training group, the following factors would be considered in any decision to award the diploma:

1. Attendance at courses, seminars, symposia and congresses organised by national or international bodies.
2. Participation in similar activities organised...
by university hospitals or departments and accredited by local (national) authorities.  
3 Involvement in the scientific activities of the ESP.  
4 Publication in journals with a peer review system.  
5 Training in special subjects or techniques in departments previously approved by the ESP.  
6 Participation in courses of the European School of Pathology.  

Conclusions  
It is already clear that the number of pathologists ready to seek employment in countries other than the one in which they qualified is increasing in Europe. This is mainly one directional (import) as far as the United Kingdom is concerned, although some interest in working in continental Europe is now manifest by a younger section of the profession who have travelled more widely as undergraduates. There are excellent departments in all member states and opportunities which extend beyond the chance to learn a different language and experience a different professional lifestyle. I know few who have not enjoyed time spent in European laboratories; two way traffic should be encouraged.