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Editorial

Being a medical trainee in Greece: Aims and key aspects of the Greek Survey of Medical Work and Education

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Anyone reading this text has probably been a medical trainee once. What was your training like? More importantly, did anyone during your training ask you what your training was like? For example, did anyone ask you if you were satisfied with your training or if you worked a little or a lot? Probably not.

The origin of medical specialty training is that of informal apprenticeship. The apprentice was grateful to the master for accepting him; there was no room for questions or disagreements. If you haven't read Somerset, Maugham's "Human Bondage" (he was medically trained himself), it is worth reading as a fascinating testimony to the education of our not so distant professional ancestors.[1]

The creation of medical specialisation training programs (starting in Paris with the US and UK following) did not change this situation much. Medical schools were slowly filled with the brightest minds of each country because of entrance examination and the prestige of the profession. From the evidence we have, medical students are often conscientious (in the sense of a personality trait) and hard working.[2] Many believe that they perform more than just a profession and therefore do not see themselves as common workers who will demand changes in the way they work or challenge their employer or trainer. Additionally, asking for changes may also be perceived as a sign of weakness, which does not fit with the image of the doctor in society, which is that of the infallible and self-sacrificing hero. In other words, both social circumstances and identity issues have stood in the way of certain actions to be taken, i.e., asking, among other things, what specialty training is like for trainee doctors.

A turning point of inflection was the processes leading up to the 2003 Working Time Directive in the European Union - the result of two famous court decisions, one in Spain and one in Germany, that had an impact on case law.[3–5] It is worth noting that until then many of us were on call for 72 hours (Friday - Saturday - Sunday) and on Monday it was taken for granted that we would continue examining patients and doing other clinical work. Around the same time, in America, the well-known "duty hour limits" were proposed, setting, among other things, a maximum of 80 hours of work per week for medical residents. Until then, some trainee doctors were seen as residing within the hospital, offering on-call services in exchange for the training they received. Hence the term resident doctors.[6]

These changes in labour law have also triggered change in other areas. Gradually, trainees' views were taken into account even in the evaluation of the "authority", i.e., the supervisor (see British 360 evaluation including trainee feedback). The British regulatory agency of medical professions, the General Medical Council (GMC), conducts an annual evaluation of the quality and acceptability of training among residents and their trainers in the form of questionnaires.[7] In Greece, and in other European countries, there is no such systematic evaluation. The regulatory agency for medical specialties in Greece, the Ministry of Health, does not conduct similar survey, nor do the Medical Associations. Previous studies concerning specialty trainees in Greece have been conducted either several years ago or were limited by their small sample size or the narrow range of specialties they examined.[8–11]

To address this literature gap, our group decided to conduct its own evaluation with a survey. We called it the Greek Survey of Medical Work and Education, with the acronym EIPEs from the Greek. Our decision was prompted by the sudden decision of the Ministry to introduce admission exams for specialty training and a disagreement we had within our group about the merits of this decision.

There are many important reasons why such a study should be conducted in Greece. The situation in the National Health System, ESY (where all colleagues are trained), is rather dire with chronic underfuding, long waiting lists and many doctors leaving for the private sector. The salaries of physicians are much lower than those of their colleagues in other European countries, as our country is on the lower end in terms of purchasing power of medical specialists (figure 1). This fact, combined with the unsatisfactory building infrastructure and staffing of health care units, exacerbates the exodus of young trainees and medical specialists abroad (mainly Cyprus, Germany, and the UK), thus further worsening the sustainability of the Greek NHS (figure 2).

Our study differs from previous ones as it was designed to a great extent by trainees with lived experience of the aforementioned situation. It addressed a wide variety of questions concerning on-call hours, time off, perception of work hours conformity to the European legislation, or even trust in the Ministry of Health governance.

EIPEs was designed as a nationwide cross-sectional study that addressed trainees of all medical specialties. Individuals who were attending a full or partial, general or specialised training programme or were pending to continue one having already

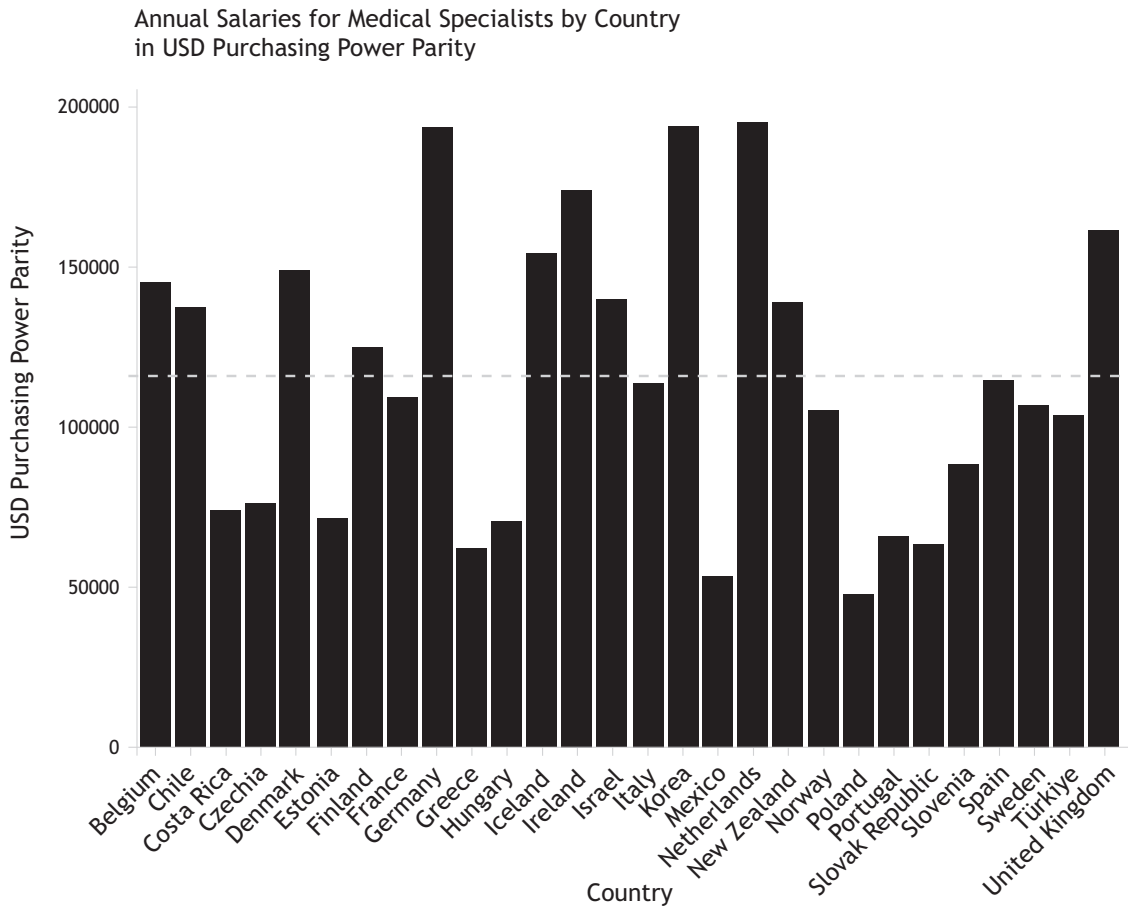

Figure 1. Purchasing power of medical specialists by country.

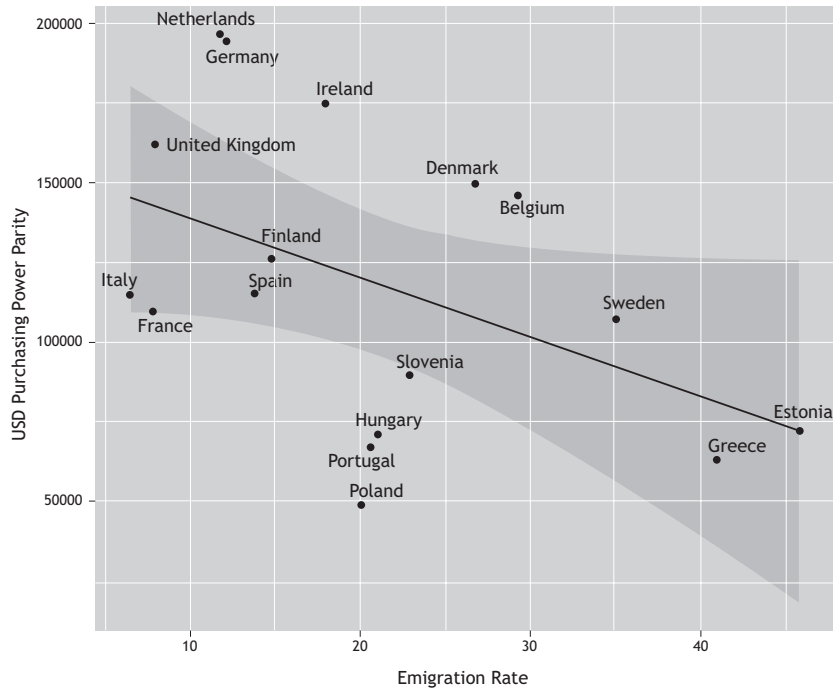

Figure 2. Purchasing power, in United States Dollar purchasing power parity, versus emigration rate.

completed some part of training were eligible to participate. In the initial phase of the study (June/2024 to August/2024), a link to an online questionnaire was sent to the personal emails of potential participants who voluntarily provided us with their emails, either through peer networks or through social media after having been informed about the nature of the study (Snowball sampling). Then, during September, access to the questionnaire was open and the link was freely circulated. For instance, about 40% of General Psychiatry and 50% of Child and Adolescent Psychiatry trainees in Attica have responded to the questionnaire. The study was conducted without funding, in the little spare time available to the authors listed here, and was not under the auspices of any governmental agency. Regarding data processing and statistical analysis, we will use post-stratification weights to adjust each individual's response in order for the results to be as representative as possible of the target population and our estimates unbiased.

In summary, there is a great need to better understand the conditions of our residents, and the EIPEs aspires to help us do just that: assess the quality of training, the working conditions in residency, and the opinion on changes initiated by the Ministry of Health. It is necessary for our country to converge with international requirements for regular, systematic, and independent evaluation of medical specialty training, both by the trainees and their supervisors, so that the educational process continues to evolve and adapt to modern medical standards.

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All authors are members of G[R]EECS, short for Greek Coders Society, a collaborative of analysis and coding for the improvement of the evidence base in mental health sciences founded by the authors in 2023.

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