Recognition and training of medical specialists in (Clinical) Pharmacology in Europe: a pilot survey of the UEMS Section of Pharmacology

Thomas Griesbacher1,2,*
1Section of Pharmacology, Union Européenne des Médecins Spécialistes (UEMS), Bruxelles, Belgium; 2Institute of Experimental and Clinical Pharmacology, Medical University of Graz, Austria

Background: UEMS, the European Union of Medical Specialists was founded in 1958 in order to represent all medical specialties on a European level. Currently UEMS has 31 full members, i.e. the national medical associations (NMAs) of all member states of the European Union plus Switzerland, Norway and Iceland. One of the main tasks of UEMS is to aim for harmonising the training and examination requirements for all medical specialties across Europe. Pharmacology, although already recognised as a medical specialty in some European countries for various numbers of years, had not been represented in UEMS until 2016 when the UEMS Section of Pharmacology [1] was founded.

Methods: As a first major undertaking, the UEMS Section of Pharmacology has initiated a pilot survey on the status of Pharmacology as a medical specialty in Europe. In January 2017, a survey form with 16 open questions, regarding representation of the specialty in the NMA, legal framework of the specialty, training requirements, examination procedures, typical occupational environment, interaction of NMAs with national scientific societies of (clinical) pharmacology, current challenges and opportunities, and needs for support of the specialty in the respective country, was sent to all NMAs in Europe. In addition, all delegates to the section and some scientific societies were contacted when NMAs failed to respond.

Results: As of June 2017, preliminary data from 27 UEMS member countries could be collected. Pharmacology is recognised as a medical specialty by the respective national legislation in 23 out of these 27 countries. In 17 European countries the specialty is recognised as a full specialty in its own right, in 7 countries it is (also) a subspeciality of, or additive specialty to, other medical specialties (some countries have established both options). In the majority of European countries, the specialty is named ‘Clinical Pharmacology’, only Austria and Germany use ‘Pharmacology and Toxicology’ and ‘Clinical Pharmacology’ for their two specialties. Length of training for the stand-alone specialty varies between 4 and 8 years, with highly different lengths of time to be spent in other (clinical) specialties; for additive or sub-specialties, training time varies between 1 and 3 years. National legislations define training requirements to highly different degrees with respect to training contents, reflecting also the manifold professional roles that medical pharmacologists are supposed to perform.

Discussion: In light of the obvious considerable differences in the legal framework and in the definition of (Clinical) Pharmacology as a medical specialty, a more detailed follow-up survey, which shall collect more detailed information about the specific regulations governing training contents for medical specialists in Europe, is in preparation. Given the large variety of possible professional roles for medical pharmacologists, defining harmonised training requirements on a European level will be a major challenge for the near future.

*Corresponding author e-mail: thomas.griesbacher@medunigraz.at

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