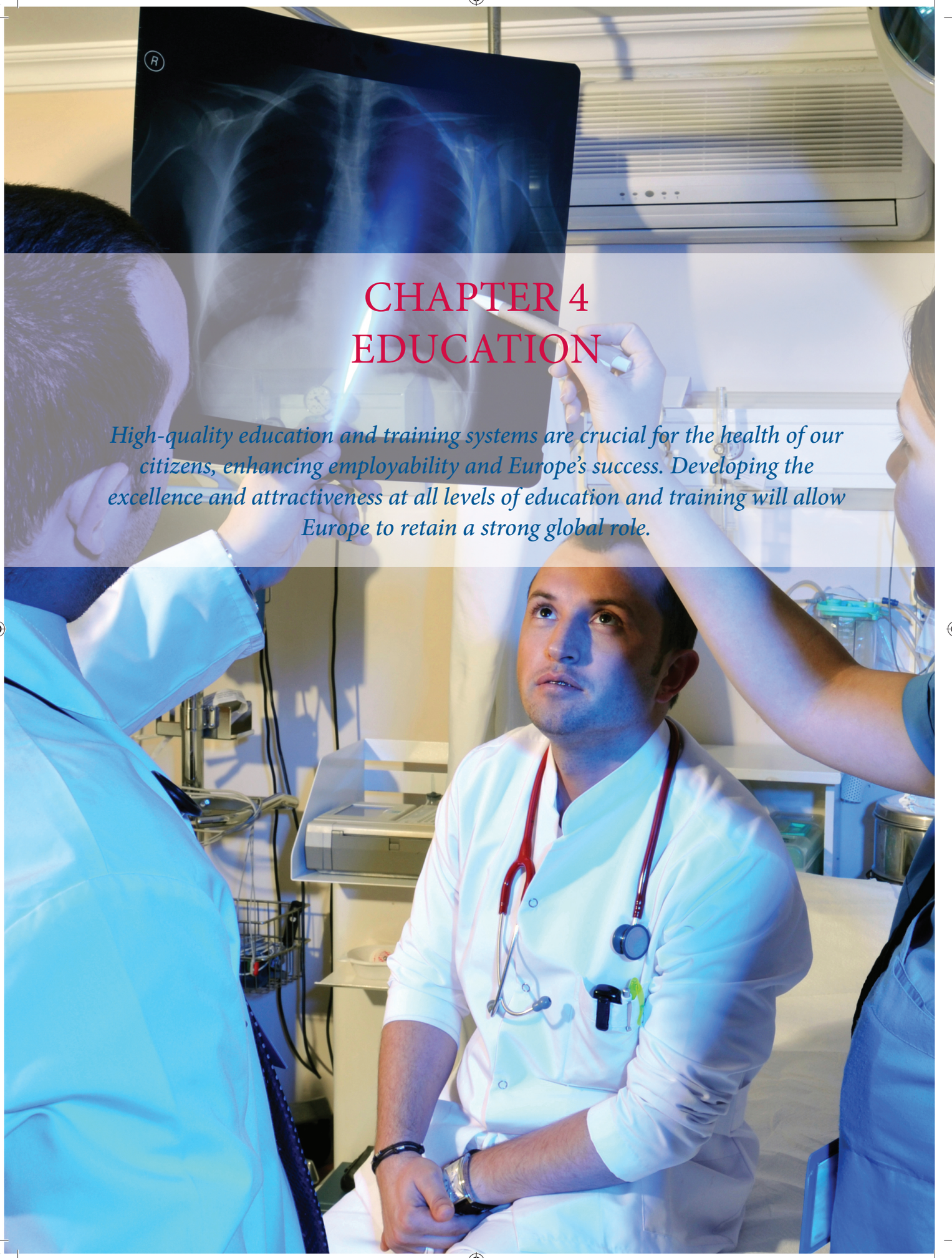

CHAPTER 4
EDUCATION

High-quality education and training systems are crucial for the health of our citizens, enhancing employability and Europe's success. Developing the excellence and attractiveness at all levels of education and training will allow Europe to retain a strong global role.

Fast-moving societal and technological changes in the 21st century are reshaping the medical profession. These trends will particularly impact on health in the EU Member States, and it is crucial that Member States keep pace with these changes.

The demands upon healthcare systems are increasing, partly due to increasing longevity and partly due to the increased expectations of the patients and the public. Patients already have considerable access to medical information of variable quality from the internet, and this will increase further.

The volume of medical knowledge increases steadily, as does the range and complexity of treatment options. It will therefore be essential that doctors and other care professionals of the future have the skills to keep up to date in their field, to analyse new developments critically, to practise on the basis of the best evidence available and to be able to explain and justify their advice to patients.

WORKFORCE PROFILE

Workforce mobility

In the past decade, automatic recognition of diplomas and certificates across Europe has led more and more doctors, be it in primary, secondary or tertiary care, to cross borders. For instance, more than 30% of healthcare workers currently active in countries such as the UK and Switzerland are non-nationals, and this figure is steadily increasing.

Mobility is of paramount importance in the 21st century, as we will face issues such as the shortage of health professionals in certain countries, and the ageing population. This increased professional mobility, both long- and short-term, raises concerns with regard to the quality and consistency of health services provided to patients, due to the fact that training widely differs from country to country. There will be a need for leading European respiratory physicians and medical educators to collaborate and agree on defining clear standards and guidelines to ensure optimal and equal patient care. Ensuring patient safety is critical and must never be compromised.

Transfer of responsibilities

Patients suffering from chronic respiratory conditions, such as COPD, asthma, bronchiectasis, interstitial lung disease and sleep apnoea, require long-term treatment. Providing for the needs of these patients is challenging for healthcare organisations, both in terms of structure and funding. In the past years, efforts to provide a more integrated respiratory care have led to a shift from secondary to primary care, and to nurse-assisted home care. In such integrated care schemes, the role of the specialist nurse has become prominent. Due to increasing numbers of patients with chronic conditions and the high healthcare costs generated, this shift in responsibility towards a nurse-led care is due to gain weight in the next decade.

PATIENT PROFILE

Ageing population, chronic co-morbidities

With ageing, the presence of co-morbidities increases. COPD, for instance, often overlaps with other conditions, such as hypertension, hypercholesterolaemia, depression, cataracts and osteoporosis. However, even though COPD is widespread and represents a huge economic burden – €38.6 billion in the EU in 2002[39] – patients' awareness of their condition has been found to be low, and COPD has subsequently also often been undertreated in comparison to more asymptomatic, less morbid conditions, such as hypertension. In order to optimise patient treatment in the future, it will be important for professionals in respiratory care to educate not only respiratory specialists, but also primary care physicians on how to best diagnose and treat COPD in conjunction with other adverse health conditions. Creating better patient and public awareness is also a challenge respiratory healthcare professionals will need to meet. In future we are likely to see all stakeholders join forces to raise awareness of chronic respiratory diseases.

Patient mobility

In addition to the healthcare workforce mobility, patient mobility is also increasing, due to business and leisure trips, and also long-term international retirement migration. For example, in 2015, the number of British pensioners living abroad is

[39] Lopez AD, Shibuya K, Rao C, *et al.* Chronic obstructive pulmonary disease: current burden and future projections. *Eur Respir J* 2006; 27: 397–412.

Figure 13. The HERMES implementation structure for a harmonisation of training in respiratory medicine.

expected to constitute around 11.2% of the overall UK retired population, with many of them moving to countries with warmer or drier (winter) climates. Most retirees are healthy when they move; however, some seek a milder climate because of pre-existing respiratory, and other chronic disorders.[40] Many elderly migrants will need professional care. The onus will be on respiratory healthcare workers to improve their competencies going beyond medical knowledge and clinical skills, to areas such as language skills and intercultural communication skills.[41]

KEY POLICY RECOMMENDATIONS FOR FUTURE EDUCATION AND TRAINING

Workforce profile

- It will be essential that doctors of the future have the skills to keep up to date in their field, to analyse new developments critically, to practise on the basis of the best evidence available and to be able to explain and justify their advice to patients.

Patient profile

- Patients no longer see themselves as passive recipients of care: increasingly they expect to be involved in all decisions that affect them. Respiratory professionals and care givers need to be prepared to engage in dialogue with their patients and to educate them, with the help of EU governments.
- Expert patients who can "teach" their peers can be as effective as nurses in educating others and should be invested in.

Postgraduate education and training

- In 2005, the ERS launched an initiative (HERMES) aimed at developing a range of consensus documents for the education and

[40] La Parra D, Mateo MA. Health status and access to health care of British nationals living on the Coast Blanca, Spain. *Ageing Soc* 2008; 28: 85–102.

[41] Warnes TAM. International retirement migration. *In*: Uhlenberg P, ed. International Handbook of Population Aging. Berlin, Springer, 2009; pp. 341–363.

training of respiratory specialists (fig. 13). These recommendations will be able to play an important role in harmonising and improving education and training in respiratory medicine in many member states, and could even serve as a benchmark for implementation in certain countries.[42]

- Member States' national authorities should recognise "European accreditation", which aims to harmonise the training standards in Europe. This would act as a stimulus to those countries with lower standards to improve their performance.

Continuing medical education (CME)

- The next decade must see a move towards provider rather than event accreditation. Specifically, UEMS-EACCME (the European Union of Medical Specialists) should accredit the major providers of European events and e-learning, and also accredit each national authority as a provider.

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[42] Loddenkemper R, Séverin T, Eiselé JL, *et al*. HERMES: good reasons for harmonising education and training in respiratory medicine. *Eur Respir J* 2006; 28: 470–471.

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