

Covenant between gastroenterology and internal medicine in the Netherlands: a major step forward

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ABSTRACT

Recently, the Netherlands Society of Gastroenterohepatology (Nederlands Genootschap Maag-Darm-Leverartsen; NGMDL) and the Netherlands Association of Internal Medicine (Nederlandse Internisten Vereniging; NIV) set up a covenant to optimise the collaboration between internists and gastroenterologists. Important points:

- certification of endoscopic skills;
- training of residents of internal medicine with regard to pathology of the stomach, intestines and liver as well as to endoscopy, and the training in internal medicine of residents in gastroenterology;
- defining competence of gastroenterologists for night and weekend duties in internal medicine.

On 15 March of this year, delegations of the Netherlands Society of Gastroenterohepatology (Nederlands Genootschap Maag-Darm-Leverartsen; NGMDL) and the Netherlands Association of Internal Medicine (Nederlandse Internisten Vereniging; NIV) convened to set up a covenant regarding the care for patients with gastrointestinal disorders. The basis of this covenant was to create optimal collaboration between the NGMDL and the NIV. This was considered of great importance, in view of the rapidly approaching manpower problems.

After approval of the entire covenant by the councils for the speciality programmes of both societies ('Concilia'), their general assemblies also approved it in May 2002.

Because the covenant is considered a major step forward, I think it is important to publish the text here. It should be realised, however, that the present text is a translation of

the Netherlands original and carefully formulated covenant. The translation may lead to slightly different interpretations, for which I cannot be held responsible. For legal purposes only the certified Dutch text should be used.

The following was agreed upon.

1. There is mutual recognition of each other's position and expertise, i.e., expert knowledge of the gastroenterologist in the field of diseases of the stomach, intestines and the liver, and the internist's generalistic approach. There is a preference for optimal collaboration within the context of a partnership.
2. When one or more gastroenterologists join a hospital (preferably within the context of a partnership of internists and gastroenterologists), quality assurance of both internal medicine and gastroenterology according to a well-founded manpower planning should be guiding. Preferably, this will lead to an extension of manpower for both specialities; in such extension of both specialities, quality is paramount.
3. The continuity and quality of facilities for endoscopies, diagnostic as well as therapeutic, should be seven days of the week (including nights, weekends and holidays) and is the responsibility of the partnership of internists and gastroenterologists. The partnership settles this through local and regional agreements, which are put in writing. The agreed schedule for endoscopy service will be inspected by the two societies during site visits.
4. Quality criteria for independent performance of endoscopic procedures will be formulated by the NGMDL and the NIV and these will be presented to the Netherlands

Society for Surgery. Based on these criteria, the following types of license can be provided:

- Partial certification, i.e., license for a limited array of endoscopies;
 - Recertification, i.e., license for endoscopy if established requirements are met;
 - Retrograde certification, i.e., license for endoscopy if established requirements are met by experienced endoscopists.
5. Within the context of the six-year training programme for internal medicine, two forms of training should be established:
- a. A four to six month training period (in hospital and/or in the outpatient clinic) to acquire specific knowledge of gastroenterohepatology. This period may take place within the first four years of the training programme for internists (common trunk). This period will not include endoscopy training.
 - b. Those who have done the training period mentioned under 5a may take a further six to eight month gastroenterology course within the two final years of the internal medicine training; this will lead to a total of 12 months gastroenterology training during the six years of internal medicine residency. This programme contains a certified endoscopy training, which includes gastroscopy and sigmoidoscopy and if found suitable, colonoscopy. The basic assumption is that gaining experience in endoscopy cannot be detached from solid knowledge of the pathology of the stomach, intestines and liver. Other endoscopic procedures, such as ERCP, are not part of this package.
6. With regard to the competence of gastroenterologists for the night and weekend duties of internal medicine, the following criteria will be applied:
- A licensed gastroenterologist with at least four years of training in internal medicine is allowed to perform night and weekend duties for internal medicine without a seconding internist.
 - A licensed gastroenterologist with three years of training in internal medicine is allowed to perform night and weekend duties for internal medicine with a seconding internist during the first three years. From the fourth year of license, it is allowed to perform night and weekend duties for internal medicine without a seconding internist.
 - A licensed gastroenterologist with two years of training in internal medicine is not allowed to perform night and weekend duties for internal medicine.
7. The duration and organisation of the speciality training programme for gastroenterology is decided by the gastroenterologists. The minimal duration of the internal medicine training will be two years, of which one year is devoted to general internal medicine. Preferentially, training periods dedicated to intensive care medicine and to oncology, and if possible to nephrology, are included in these two years.
8. If the criteria mentioned above are met, the NIV will not object to the nomenclature: gastroenterohepatologist.

This covenant with formulation of the criteria for the contents of the training periods will be further developed by the NGMDL and the NIV, together.

Meantime, it has become clear from the reactions of the membership of both the NGMDL and the NIV that this covenant meets with broad support. It does justice to the position of the internists, as well as that of the gastroenterologists, within the field of care for patients with disorders of the gastrointestinal tract.

