

Young nephrologists: The portuguese picture

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For the past four years I have had the opportunity to work for the Young Nephrologists' Platform (YNP) Board, and for the past two years I have chaired and represented this body of the European Renal Association – European Renal and Transplant Association (ERA-EDTA), which was developed to help nephrologists younger than 40 years of age.

Being part of this platform has given me the opportunity to understand how early career nephrology is structured throughout Europe. I am proud to say that Portuguese physicians have one of Europe's most organized and successful postgraduate medical education programmes.

In Portugal, a medical student who dreams of becoming a nephrologist has his or her nephrology residency totally structured, with fixed rotations in internal medicine, dialysis, transplant, ICU, the nephrology ward, and a six-month period of optional internships. This is not the case in most other European countries. In Portugal, all nephrology residents have a designated tutor to guide, help and encourage less-experienced colleagues. While we take this for granted, this is considered a privilege in almost every other European country. Indeed, the YNP developed the Advisory Program for the overwhelming majority of European nephrology residents who have to pursue their internships without guidance. Additionally, Portuguese physicians in their nephrology residency are evaluated annually (encouraging them to constantly study and update their knowledge), and, at the end of this five-year course, after passing an exam, they are qualified as Nephrologists. The recent results obtained by Portuguese participants in the first European Nephrology Examination are a reflection of our excellent postgraduate education. It's unthinkable for us to finish the residency period without

having been fully involved in the care of acute kidney injury, chronic kidney disease, dialysis and renal transplant patients. But that is not the case in some countries with (very good) young nephrologists.

On the other hand, our working conditions are significantly worse than those of western European countries. The lack of investment from successive governments in the modernization of our hospitals is alarming, as investment would enable us to obtain new therapies in a timely manner. Also, the lack of investment, appreciation and respect for clinical investigation is embarrassing. These three aspects are valued in other countries and can make the difference, can put a country on the map.

But young Portuguese nephrologists, although well prepared (but badly paid in public institutions, as are physicians in general), are facing a new challenge after finishing their residency: finding a place to work. One of the reigning myths in Portugal is that we have a lack of physicians or even nephrologists. However, we are one of the countries with the highest ratio of doctors per million people². Young, creative, energetic new specialists may face a new reality: working exclusively at private dialysis centres. There, they are able to pursue important work, but work which is limited to dialysis care, ruling out important areas of clinical nephrology.

Having said that, Portuguese nephrology must expand to other areas of clinical influence. Intensive care units are eager for nephrologists; oncology hospitals and oncology services gain from nephrologists' help; even paediatrics benefits from the support of adult nephrologists. Palliative care and genetics are two areas where nephrology can have a significant impact. Endovascular interventional therapies, and the use of

Doppler ultrasound, for comprehensive focused vascular access care, is an area where nephrologists already have extensive experience and great expertise, and should be further developed.

The heads of nephrology departments must have the vision to extend their departments into these new areas, and must make attempts to improve working conditions. New nephrology departments can grow, even without dialysis, a very expensive treatment, and one that is not available in all hospitals.

Also, heads of departments must be aware of the importance of clinical research and medical communication, especially in the development of knowledge and innovation, and that it makes a much-needed contribution towards improving the quality of care provided to the population with kidney disorders. Policy makers approved, in 2015, the Regulation of the Medical Research Program³, but young physicians who inclines more toward science are still waiting for it to be implemented. Pursuing clinical research in our spare time cannot continue to be the norm in our country and in our hospitals – we must instead have a dedicated and scheduled time set aside for this.

With these few but important changes, nephrology departments could hire more young doctors and nephrology could grow and be recognized by our peers and population as an important and helpful speciality in our country.

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