

Response to 'Dual training in general internal medicine and rheumatology: the Irish context' by Dr Sheane

We would like to thank Dr Sheane for his interest in our paper¹ and for his comments providing further insight into the Irish situation.² As he highlights Ireland is one of the European League Against Rheumatism (EULAR) member countries with the longest training in general internal medicine (GIM) followed by a relatively short training in rheumatology. There is a general consensus that rheumatology is a specialty closely related to GIM, as all countries but one includes mandatory training. However, the training can take place at several timepoints (before or during the training programme) and carries a different weight and length in each country. Many of these differences seem to result from local traditions and idiosyncrasies but not from a conscious decision-making process of societal needs.

In fact, this project is a first step, aimed at defining the issue of European heterogeneity in training in rheumatology and its magnitude. A further second step will analyse the training experience in the different countries by gathering information and opinions from trainees and young rheumatologists. After we are aware of the current situation, relevant discussions should take place at a European level in order to promote an increase in the European harmonisation and the quality of training. It is essential that rheumatologists from the different countries engage in these efforts, leading discussions with relevant stakeholders. Otherwise change and improvement will prove impossible. We hope that these data collected at a European level can support local discussions in each of the countries in an attempt towards harmonisation of training across Europe.

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