

Symposium: training in general psychiatry and child and adolescent psychiatry

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This symposium on psychiatric training was the first to be organised by a European Monospecialist Trainees Organisation: the European Forum of All Psychiatric Trainees (EFPT). The EFPT was founded in 1992 and meets annually in a different country [1, 2]. It has grown steadily in national membership and now includes trainee organisations from all nations of the European Union as well as Switzerland with observer participation this year from Croatia, Czech Republic, Estonia, Hungary, Israel, FYR Macedonia and Poland. EFPT congresses have discussed all aspects of training and it has been involved in the development of training standards with the UEMS Boards of Psychiatry and Child and Adolescent Psychiatry.

The Symposium took place at the University of Antwerp in April 1998, attended by all the national delegates to the EFPT immediately prior to its annual meeting in Ghent. Trainees and trainers from across Europe and the United States were also present. The day was divided into three thematic areas: Teaching and supervision; Quality assessment; and the Harmonisation of training in Europe.

Teaching and supervision

Dr Kaltiala-Heino, President-elect of the EFPT, presented data on a survey of trainees in Finland about their anticipated competence at the end of their training. Highest expected competencies were in psychopharmacology and in psychiatric assessment, while the lowest were in administration and teaching and supervision. Expected competence in psychotherapy was surprisingly low. Professor Compennolle (University of Amsterdam) emphasised the value of live observation and supervision of trainees at work with patients as the cornerstone of psychiatric training. He challenged the view that he said existed in some countries that personal psychotherapy during training provides the essential guarantee that newly qualified psychiatrists will be clinically effective. A previous President of the EFPT, Dr L Hansen described an innovative model of daily clinical

guidance for trainees in Roskilde, Denmark. He stressed the distinction between day-to-day clinical guidance and the mentoring aspects of supervision which includes moral support, career guidance and providing vision and perspective. All speakers emphasised the need for regular, comprehensive and high quality supervision for trainees. This was not least so that they could become satisfactory supervisors themselves once qualified.

Quality assessment

It is generally accepted that setting standards in training is easier than ensuring they are actually met. Dr Cornwall described the recent introduction in the UK of a psychiatric training logbook whose format conforms to the recommendations of the UEMS Board of Psychiatry. Logbooks seem to work best when they are the property of the trainee, are used to set educational objectives and assist in supervision, but are not perceived to be a method of evaluation of the trainee. Dr Sheldon described the long established procedure in the UK and Ireland of inspection visits to psychiatric training schemes by the Royal College of Psychiatrists. All three member inspection teams include a senior trainee whose specific role is to speak to each trainee individually. The visiting trainee's opinion is seen as essential and of equal weight to that of the visiting trainers. Dr Scully, Chair of the Medical Education Committee of the American Psychiatric Association, described the psychiatric residents-in-training exam (PRITE) now in use in the United States for over ten years. This exam is not used for certification purposes but allows trainees to evaluate their own progress on an annual basis [3]. Similarly, training programs are able to compare the quality of training they offer against other programmes on the basis of the annual PRITE results.

Harmonisation of training in Europe

The desire to harmonise psychiatric training in Europe raises difficult issues because general and child and adolescent psychiatry are practised in distinctly different ways in the various countries. Professor Gomez-Beneyto, President of the UEMS Board of Psychiatry highlighted the point that the similarities in psychiatric practice across Europe were greater than the differences. He emphasised that harmonisation did not mean uniformity but rather that it meant ensuring quality standards and coping with differences in a positive way. He promoted facilitating exchange of trainees between countries, the idea of a European training logbook and European inspection teams to visit training schemes. Dr von Salis, President of the UEMS Board of Child and Adolescent Psychiatry commented that a number of European countries do not recognise child and adolescent psychi-

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atry as an independent speciality, while in those that do, length of training can vary from two to seven years. The UEMS Board minimum requirements have recommended five years of postgraduate training. He went on to note that the content of training varies considerably: some countries offer entirely biological and behavioural methods of treatment while at the other extreme, others offer exclusively psychodynamic approaches.

Conclusion

This one day symposium brought together representatives of national trainee organisations, trainers and speakers from all over Europe. Key areas in the development and improvement of psychiatric training were covered. Discussion was wide-ranging, both within and outside the conference hall and links were forged between trainees and psychiatrists across national boundaries. A common experience for many

was the reality of attempting to improve training in a climate of mental health budget cuts sweeping through Europe and the application of a business culture to health care systems. It was agreed that maintaining the momentum in improving training standards could be supported by mutual exchange of information, the involvement of psychiatric trainees at every level of decision making and the creation of Europe-wide basic standards. This symposium was perhaps a milestone towards this goal.

- 1 Cornwall PL, Gribbin N. The Fifth European Forum for all Psychiatric Trainees. *Eur Psychiatry* 1998 ; 13 : 53
- 2 Cornwall PL, Sheldon L. The Fourth European Trainees Forum. *Psychiatric Bull R Coll Psychiatr* 1997 ; 21 : 117
- 3 Webb LC, Juul D, Reynolds CF 3rd, Ruiz B, Ruiz P, Scheiber SC et al. How well does the psychiatry residency in-training exam predict performance on the American Board of Neurology and Psychiatry Part I. Examination? *Am J Psychiatry* 1996 ; 153 : 831-2