

I was a trainee in the 1980s and remember the debate at the time as well as the anecdotes of my consultant trainer about the men from the Labour Exchange visiting the hospital in earlier decades!

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Psychiatric training in Europe: the opinions of early-career psychiatrists

Sir: In the past decades, scientific advances as well as changes in society and in mental health delivery have led to the need to redefine the structure and content of postgraduate training in psychiatry. An important step in this process is the assessment of psychiatric trainees' views on training programmes and on psychiatric care in general (World Psychiatric Association, 2002; Union of European Medical Specialists (UEMS) Board of Psychiatry, 2003). However, studies evaluating residents' opinions on psychiatric training have been carried out only in national contexts and with very different methodological approaches (Herzberg *et al*, 1999; Giacco *et al*, 2010).

The European Psychiatric Association's Early Career Psychiatrists Committee (EPA–ECPC) has recently developed the self-rated Psychiatric Training Questionnaire (PTQ), which covers three areas:

- satisfaction with the training obtained and self-confidence in clinical psychiatry, pharmacotherapy, psychopathology, psychotherapy, emergency psychiatry, consultation–liaison psychiatry, old age psychiatry, substance use disorders, child and adolescent psychiatry, psychiatric rehabilitation and forensic psychiatry
- participation in research activities
- compatibility with European standards, assessing the use of log-books and participation in exchange programmes.

The questionnaire, which is freely available on the EPA–ECPC website (<http://www.europsy.net/what-we-do/early-career-psychiatrists>), is used as an online survey, and aims to assess, in collaboration with the European Federation of Psychiatric Trainees, the opinions of European early-career psychiatrists from different sociocultural and mental health system backgrounds.

The survey, still ongoing, has so far included 132 early-career psychiatrists from 29 European countries. Respondents are predominantly male (59%), with a mean (s.d.) age of 32 (2.5) years; half of them are residents and half of them are psychiatrists within the first 5 years of their professional career. Most respondents (86%) are completely or partially satisfied with the training obtained and feel more confident in clinical psychiatry, pharmacotherapy and

emergency psychiatry; on the other hand, low levels of self-confidence in psychotherapy, forensic psychiatry and child and adolescent psychiatry (CAP) have been reported. Only 39% of respondents received psychotherapeutic supervision during training, and three out of four had to attend external training programmes in psychotherapy at their own expense.

Seventy per cent of respondents are or have been involved in research activities, mainly consisting of data collection and reference updates.

The use of a log-book (recommended by the UEMS) is not yet widespread: it has been adopted by 45% of European early-career psychiatrists. During psychiatric training, 23% of respondents participated in exchange programmes, which were predominantly organised through informal agreements between professors. Those who participated in exchange programmes found them very useful for their professional career.

The preliminary results show that European early-career psychiatrists are, overall, satisfied with their training. However, some aspects of psychiatric training could still be improved. Forensic psychiatry and CAP, which are reported as core elements of psychiatric training curricula (World Psychiatric Association, 2002; Union of European Medical Specialists Board of Psychiatry, 2003), are often neglected. Moreover, strategies to enhance psychotherapeutic training and supervision are needed. Finally, participation in exchange programmes and the use of a log-book are still unsatisfactory and not in line with standards set by the Union of European Medical Specialists Board of Psychiatry (2003).

Early-career psychiatrists from all WHO European countries are warmly invited to participate in this survey. The final results will serve as a basis for improving and harmonising psychiatric training in Europe.

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The uneasy price of a nation's 'stability'

Sir: In Egypt, Hosni Mubarak spearheaded a regime that lasted 30 years. During the recent unrest, ambivalence ruled the country, dichotomising the public into pro- and anti-government parties. A new environment

of emotional lability came to prevail, as one would hear about the victims of police aggression and then shortly after about thugs attacking people, and the following day perhaps listen to a sentimental speech by Mubarak appealing to the masses, as a war hero who deserved to be glorified.

During the revolution, the numbers of admissions to accident and emergency departments skyrocketed, as did the numbers of psychiatric admissions with diagnoses like 'acute stress disorder', 'acute polymorphic psychosis' and anxiety disorders, the last related to fear of chaos, fear of supply shortages, violence and loss of work and income, particularly for those in business and in the tourism industry. There were also numerous relapses of psychiatric patients, despite their compliance with treatment.

After Mubarak stepped down, disbelief dominated the streets, along with elation and a momentary state of power. Non-governmental organisations have been providing

psychological support for the victims of the revolution, some of whom have lost their sight, a limb, or both limbs. Families of the victims have been traumatised, feeling helpless and hopeless and abandoned by the 'new' government, not receiving any form of funding for their treatment.

The post-revolution 'honeymoon' phase has now come to an end, paving the way to more confusion and suspicion. People are left with optimism yet uncertainty about the future during this transitional phase in the nation's history. Which direction the country will take will depend largely on the outcome of the anticipated presidential and parliamentary elections. Until then, the people will have to cope with ambiguity and uncertainty, and mental health workers will have to cope with people's resultant insecurities.

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