

Competency-based training elsewhere in Europe

The overall emphasis in postgraduate psychiatric training in Western Europe is shifting towards a competency-based model. Other countries, including Sweden and Denmark, are also developing their systems of training and assessment. Close collaboration between the various national systems will enhance the quality and validity of all the new competency-based models. This should be promoted not only bilaterally but also multilaterally, through international organisations such as Union Européenne des Médecins Spécialistes (UEMS) and the European Federation for all Psychiatric Trainees (EFPT). Both these organisations are already actively discussing competency-based training.

Conclusion

Competency-based training, once properly implemented, will allow a doctor's performance in the workplace to be reliably assessed. As this new model of training is implemented, the assessment tools need to be carefully evaluated and

improved. It is hoped that competency-based training will lead to enhanced standards in postgraduate medical education, resulting in better training for trainees and better care for patients. The experiences of trainees in the Netherlands and the UK will be useful for trainees in other parts of Europe as competency-based training is implemented there.

References

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NEWS AND NOTES

For contributions to the 'News and notes' column, please email ip@rcpsych.ac.uk

Reduced membership rates

The Royal College of Psychiatrists has reduced its annual subscription rates to £30 for members working in countries classed as B and C or D according to the World Bank criteria if their monthly income in 2008 is below £1000. Further details are available from the College Membership Office.

Bursary for psychiatrists from low-income countries

The College's Faculty of the Psychiatry of Old Age has a bursary for psychiatrists practising in low-income countries in the field of mental health in older people, to attend the annual residential meeting in Barcelona on 5–6 March 2009. Further information is available from kkottasz@rcpsych.ac.uk.

Specialist Associateship

In July 2008 the College launched a new grade of membership, Specialist Associateship, open to registered specialists who qualified abroad but who currently work in the UK. Further information is available from latkinson@rcpsych.ac.uk.

The launch of BACAMH

The Bangladesh Association for Child and Adolescent Mental Health (BACAMH) was launched in May 2008. Its mission is to promote the mental health of children, adolescents and their families through training, research, prevention and collaboration. See the Association's website, <http://www.bacamh.99homepages.com>.

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A visit to Iraqi Kurdistan

Sir: The Iraq Subcommittee (ISC) of the Board of International Affairs organised a visit to Iraqi Kurdistan to help support mental health services within the province. Four members of the Subcommittee took part in the visit, on 8–15 June 2007. Our official meetings started on the day of our arrival. We met with the dean of Hawler Medical

School, the president of Hawler Medical University and the dean of Hawler Nursing School, as well as the Minister of Health and the Minister of Higher Education (Hawler is the Kurdish name for Erbil, capital of the province). We also visited the mental health unit in Hawler Hospital and met with the consultants, psychiatric trainees and other staff. We also visited a newly commissioned long-stay psychiatric facility.

Global challenges facing psychiatric training

Sir: At the annual meeting of the Royal College in July, British psychiatrists were treated to a taste of the trainee's lot in France, the Czech Republic and the USA. It was reassuring to hear that UK training often compares favourably with that overseas.

Olivier Andlauer, a delegate from France, reported that the French have a *laissez-faire* approach to postgraduate training. Interestingly, according to statistics, this manages to produce the greatest patient satisfaction in Europe! There are no formal postgraduate assessments or examinations, and training can vary enormously across France, largely according to the enthusiasm of the trainers. It is up to trainees to make the most of their attachments, and the very enterprising have even initiated local teaching programmes. Training generally lasts 4 years, at the end of which trainees can call themselves 'psychotherapists' as well as 'psychiatrists', even with no formal psychotherapy training.

The next speaker was Jan Vevera, from the Czech Republic, where psychiatric practice is still overwhelmingly based in dated asylums. There are roughly 1000 psychiatrists serving a population of 10 million, well below the European average. Community practice is in its infancy, with out-patient services representing the only real alternative to hospital care. Trainees are paid little more than a UK teenager's pocket money, though in relative terms they earn enough to get by. There is an ongoing debate as to who is responsible for paying trainees during their training: the medical school or the hospitals. There is a full assessment at the end of training that includes a clinical long case. Trainees also gain neurology training and usually have access to psychotherapy, as well as a clinical supervisor throughout.

Abigail Donovan was, until recently, a 'member in training' trustee of the board of the American Psychiatric Association. She had been elected to this position to represent the interests of all psychiatric residents in the USA – a model very similar to the chair of the Psychiatric Trainees' Committee (PTC) in the UK. US trainees have a tradition of spending most of their residency on site, on call. It was only relatively recently that a campaign was won to cut down to an 80-hour working week; this followed a scandal where the exhaustion of a trainee led to the death of a patient. Dr Donovan also lamented how finances dominate practice. The skill of dealing with insurance companies has emerged as part of core training. She described weekly telephone battles with untrained insurance company staff, where she fights for basic funding for patients. If her paperwork is not filled in correctly, money does not follow treatment. On the plus side, there is a syllabus for training and centres are encouraged to develop comprehensive teaching programmes, and assist in compiling training portfolios, which allows trainees to work systematically towards local and national assessments. There is also a strong US trainees' network.

Although there are many challenges to training in the UK, it is reassuring to know that, at least in some areas, things could be a lot worse!

Meinou Simmons

PTC member and specialist trainee, Cambridge

After this we travelled to Sulaimanyia (the second largest city in Iraqi Kurdistan), where we met with the president of the university, the deputy dean of the medical school, the dean of the nursing school and the governor of the province. We also visited a primary care centre, a centre for the Heartland Foundation (an international non-governmental organisation).

Despite the shortage of material resources, the limited infrastructure, a shortage of staff of every discipline and an almost complete lack of community services, we saw examples of innovative practice. For example, we noted the use of both radio and television as an aid to mental health education and an effective means of raising community awareness of mental health issues in general. However, there was clearly a continuing sense of professional isolation from the rest of the world.

There was very strong support from all levels of the Kurdistan Regional Government (KRG), from the top executives right through to the mental health professionals on the ground, for the establishment of a formal link between the College volunteer programme and the health and higher education ministries within the KRG. They undertook to provide every assistance to any volunteers arriving through the College. Furthermore, most of the officials we met showed an acute appreciation of the value of mental health services for the population of Iraqi Kurdistan and for Iraq as a whole, especially given the traumatic recent history. The areas identified as priorities for future volunteers to Iraqi Kurdistan include: curriculum review for medical schools; advice on mental health service structure; as well as teaching, training and examining of undergraduate and postgraduate students.

The security situation within Iraqi Kurdistan was surprisingly benign. We travelled at various hours of the day and night without any guards or precautions and never once felt in the least threatened.

Finally, we took part in an Iraq-wide event for continuing medical education (CME) on mental health that took place over 2 days in Hawler and where we, together with a US colleague, were the main speakers. About 65 participants attended this event, mainly from the three KRG governorates but with a few from the rest of Iraq, which made it the largest mental health educational event ever held within Iraqi Kurdistan.

The ISC delegation achieved its aim of establishing a formal link between the College volunteer scheme and the KRG. This has been formalised by the signing of a memorandum of understanding between the College and the KRG at the College headquarters in London on 6 December 2007. Also, we are gratified to learn of the formation of a High Committee for Mental Health in Iraqi Kurdistan following the visit tasked with the planning and oversight of these services in the area covered by the KRG. The next stage will require the ISC of the College to ensure that this link is activated and kept alive through the encouragement of volunteers to travel to Iraqi Kurdistan and to offer their expertise to mental health colleagues within that country.

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