

Psychiatric Training in Europe

Psychiatrists in the United Kingdom have only recently become aware of the fact that if Great Britain succeeds in her bid for entry into the European Economic Community, this will soon have important repercussions on the practice of medicine. One aim of the Common Market is to promote freedom of movement and interchange of employment between its member countries; and this has stimulated the representative medical organizations of the member countries to attempt to reach agreed criteria of training and qualification in professional work.

An important step in this direction was taken in September, 1966, when a Symposium on The Training of Psychiatrists in the countries of the European Economic Community was organized by the World Psychiatric Association, immediately prior to the Fourth World Congress of Psychiatry, in Madrid. Papers presented at this symposium describing the present state of psychiatric specialist training in West Germany, Belgium, France, Italy and Holland have been published in *L'Évolution Psychiatrique* (1967, **32**, 327-374).

In view of the interest of this symposium for British readers, the following abbreviated translation of the symposium proceedings is here reproduced, with acknowledgments to the World Psychiatric Association and to Dr. Henri Ey, Editor-in-Chief of *L'Évolution Psychiatrique*.

WEST GERMANY

(Professor H. Ehrhardt, University of Marburg)

Recognition as Specialist in Neuropsychiatry—*Facharzt für Nerven- und Gemütskrankheiten*—is granted by each separate *Land*. Co-ordination of criteria is effected by the Federal Association of Physicians, and they are generally uniform.

Requirements

Four years' practice in neurology and psychiatry: one and a half years in each; the fourth year can be spent in neurosurgery, neuropathology, psychotherapy or other sub-specialities.

Hospitals, Clinics, Research Institutes have to be accredited for this experience to be recognized. The title of *Psychotherapist* represents a sub-specialization and requires at least two years' practice in this field in addition to basic neuropsychiatric training.

Similar formal sub-specialization in *child psychiatry* has been proposed, and is in preparation.

As yet, there is *no* formal course of study and *no* final examination; both of these are under discussion.

Dr. Ehrhardt envisaged a separate specialization in Psychiatry, requiring a minimum of *three years'* practice of psychiatry (at least six months of which should be in a mental hospital) and one year of neurology. A maximum of one year of the clinical psychiatric experience could be spent in a sub-specialty, e.g. child psychiatry or psychotherapy. He deplored the fact that at present a candidate for specialization need only complete his four years of approved clinical experience in order to qualify for recognition as a specialist in neuropsychiatry. A uniform qualifying examination has been proposed; but in his view first priority should be given to ensuring that every trainee should have supervised experience in each of the major fields of psychiatric practice, and should follow systematic courses of instruction on the theoretical knowledge on which modern practice should be based. He indicated in considerable detail the syllabus of such a course. While appreciating that a great deal of effort and expense would be required to give effect to these recommendations, he thought it important that the psychiatrists' own scientific association should plan a rational programme of training for qualification in this speciality; otherwise the politicians might step in and impose regulations of their own devising.

Dr. Ehrhardt, in common with every other contributor to this symposium, expressed the hope that uniform criteria for specialization in psychiatry would in time be agreed in every country in Europe. He provided a table showing the present range of the duration of study, in various countries, from the first school years to the completion of psychiatric training.

BELGIUM

(Professors J. Bobon and M. Dongier, University of Liège)

Certification as specialist in *neuropsychiatry* is accorded by a committee of the Ministry of Health to candidates who have completed three years in the speciality under the tutelage of any qualified neuropsychiatrist.

This is recognized to be a quite inadequate

TABLE I
Years of study from school to specialization

Country	Schooling	Medical School	Pre-Reg. Year	Neuro-psychiatric specialization	Total
W. Germany	13	5½	2	4	24½
Belgium	12	7		3	22
France	12	6		3	21
Italy	13	6	½	3	22½
Holland	12	7		5	24

criterion, out of touch with progress in the field. In each of the four University medical schools, specialist training is now offered separately for psychiatrists and neurologists: certificates of completion of studies in psychiatry are awarded after three years in Brussels, Louvain and Ghent, and after four years in Liège. Instruction is almost entirely in the form of seminars and case conferences.

Belgian psychiatrists wish to see formal courses of instruction, given in university centres, as part of every psychiatrist's training. The trainee should also have practical experience as follows:

- Mental hospital work with long-stay patients (six months).
- Mental hospital work with short-stay patients (six months).
- Out-patient clinic (six months).
- Psychiatric consultations on wards of a general hospital (six months).
- Child psychiatry (six months).
- Neurology and neurosurgery (six months).

FRANCE

(*Professor Th. Kammerer, University of Strasbourg*)

Psychiatric specialists are recruited in two quite different ways:

- (1) The Ministry of Social Affairs organizes competitive examinations for the posts of Chief Physicians of Psychiatric Hospitals. These are psychiatrists of consultant standing.
- (2) The professional body of doctors regulates recognition of specialist grades: this task has been delegated to the Ministry of Education, which grants a Certificate of Special Study in Neuro-psychiatry as the result of final examinations, taken after three years' specialty training organized by the University Faculties of Medicine. These "neuro-psychiatric specialists" engage in private practice and general hospital practice. There has thus been a division between those psychiatrists whose career lay

in the public mental hospitals and those engaged in private practice, teaching, and work in general hospitals.

Training may be acquired in four ways:

- (1) Junior staff of the psychiatric hospitals belonging to the Departments are recruited by a competitive examination, which, however, covers only internal medicine, neurophysiology and neuroanatomy. These "interns" were traditionally meant to provide physical care for the patients. They still receive no formal training in psychiatry or neurology other than what they learn by apprenticeship to the Superintendent of their hospital.
- (2) Psychiatrists in the mental hospitals of the Seine Department are recruited in the same way, but after a much stiffer examination. They serve for four years, changing their clinical assignment every six or twelve months. They thus get varied clinical experience, but their formal training, if any, depends upon the zeal of the Chief Physician. An outstanding example is the course of instruction organized by Henri Ey at Sainte-Anne. One-third of all French psychiatrists have had their training in the Seine Department mental hospitals and this training enjoys a high reputation.
- (3) *Interns of the Teaching Hospitals.* In every medical school, a highly selected élite is permitted to carry out their post-graduate training in the teaching hospital. Here they get good formal teaching in psychiatry and in neurology; but they have the disadvantage of being cut off from the large psychiatric hospitals and the other agencies of the public psychiatric services. In Paris, Strasbourg and Marseilles there are separate Chairs of Psychiatry and Neurology: in all other medical schools there is a joint chair, and often psychiatry teaching suffers in consequence
- (4) *The Certificate of Special Study in Neuro-psychiatry.* This certificate is awarded by nine Medical

Faculties, and entitles its holder to recognition as a specialist. It entails three years' clinical practice, one year each in the psychiatry and neurology services of a University department, and one year in an approved clinical service in either specialty. Theoretical instruction is given in psychiatry, neurology, child psychiatry, mental hygiene and forensic psychiatry, while practical experience is given in EEG, radiology, clinical psychology and medico-legal procedures. In practice, some medical schools offer a very meagre course of instruction, leaving the trainees to learn as best they can by simply observing the work of the established psychiatrist. There is a single nation-wide examination in neurology and psychiatry, and each medical school conducts clinical examinations in which each candidate is given a psychiatric, a neurological and a child psychiatric case. Those who have completed two years as interns of the teaching hospital, or of the psychiatric hospitals of the Department of the Seine are granted the certificate without examination. This training (and qualification) is identical, whether the candidate intends to practise thereafter as a neurologist or as a psychiatrist.

- (5) The *Médicat des Hôpitaux Psychiatriques* is awarded after an examination open to any doctor under the age of 35: no previous psychiatric experience is required, though most candidates have had several years' experience. Written papers consist of one question on anatomy, one on neuro-physiology, one on psychiatry and one on administration, followed by a clinical examination. There is no neurology in this examination; hence a psychiatrist from the hospital service must complete a year of study in a University neurological service before he can apply for recognition as a specialist in neuro-psychiatry.

There is very widespread dissatisfaction with this diversity of qualifications and inadequacy of training programmes. The three-year neuro-psychiatric training is considered inadequate for either specialty. None of the training programmes gives any formal attention to training in psychotherapy; most French psychiatrists have had no such training, which exists only in a few places where a zealous Chef de Service has taken the trouble to organize seminars on this topic.

Henri Ey has proposed a radical revision of psychiatric training, to last at least four (preferably five) years, including one year of neurology: all trainees would be expected to attend a university-

based course of instruction, including a formal training in psychotherapy.

It is proposed to bridge the gulf between the psychiatric hospitals and the teaching hospitals, just as that between the teaching and non-teaching hospitals is being bridged by the creation of new Centres Hôpitaliers Universitaires, with staff who have dual appointments, in the University and in the hospital service. These desirable reforms are still far from realization.

ITALY

(Professor M. Gozzano, Rome)

In contrast with some other countries, recognition as a specialist is granted only after a number of years' formal theoretical and practical instruction in a recognized post-graduate training centre. Italian psychiatrists have recently agreed that this training should conform to the pattern of that given in Rome.

Formal Studies

(1) *Basic Sciences*

Practical anatomy of the nervous system.
Histology and histopathology of the nervous system.
Neurophysiology.
Neurochemistry.
Medical psychology (psychology in relation to medicine, and principles of dynamic psychology).
General psychopathology and phenomenology of mental illness.

(2) *Clinical Instruction*

Clinical psychiatry, diagnosis and differential diagnosis.
Applied psychology, psychometrics.
Physical and pharmacological treatments.

(3) *Introduction to Psychotherapy*

Every psychiatrist ought to know the basic principles of the major forms of psychotherapy, individual and group.
Every psychiatrist ought also to know the elements of child psychiatry and of mental health in education.

(4) *Supplementary Studies*

Mental health, community and social psychiatry.
Transcultural psychiatry.
Forensic psychiatry.

(5) *Practical experience*

This should be partly in the University hospitals associated with the post-graduate training school, and partly in the public mental hospital.

Dr. Gozzano, who gave this account, was

scrupulous to avoid any specific details about the present duration and content of training, only emphasizing what *should* exist. Professor Morselli of Novara was more explicit, calling for a three-year psychiatric training coupled with one year of neurological experience: but he too did not state what actually happens today.

NETHERLANDS

(*Professor J. Bastiaans of the University of Leiden*)

In Holland there has been national uniformity of psychiatric and neurological training for over thirty years. Officially, there is only one joint specialty, neuro-psychiatry. In practice the two specialties have become differentiated. Specialist training lasts five years: neurologists devote $3\frac{1}{2}$ years to neurology and $1\frac{1}{2}$ years to psychiatry, while psychiatrists devote $3\frac{1}{2}$ years to psychiatry and $1\frac{1}{2}$ years to neurology. Specialist training is based on the University neuro-psychiatric clinics in Amsterdam, Groningen, Leiden, Nijmegen and Utrecht, and is now beginning also in Rotterdam. Part of the trainees' time is spent in approved psychiatric hospitals and under hospital consultants who have been formally recognized for this purpose. From 1949 to 1965 neuro-psychiatric training was of four years' duration, including one year of neurology for future psychiatrists. Since 1965, it has been five years, including $1\frac{1}{2}$ years' neurology and an additional six months in social psychiatry.

The $3\frac{1}{2}$ years of practical experience in psychiatry are distributed as follows:

Basic clinical training, including out-patient work (2 years).

Experience of mental hospital practice (6 months).

Social psychiatry (6 months).

Child psychiatry (6 months).

During his experience in the University clinic, the trainee receives instruction in clinical psychology, EEG, and other associated sciences. He should have experience of different types of psychotherapy, and should be given an introduction to psychiatric research. The mental hospital experience is intended to teach trainees the methods of treatment of chronic patients.

During his experience of social psychiatry he gets experience of working with diverse social agencies concerned with rehabilitation, after-care and community mental health.

During his child psychiatry experience, he is introduced not only to child and adolescent psychiatric services, but also to services for the subnormal and to educational and social agencies dealing with retarded, maladjusted or delinquent children.

During his $1\frac{1}{2}$ years of neurology, spent in a University clinic, he is taught the basic principles of EEG, neurosurgery and neuropathology.

This scheme of practical training fulfils the desiderata outlined by the American Psychiatric Association in 1962.

Because of the general tendency towards a separation of psychiatric and neurological specialist training, it is proposed to review the existing Dutch regulations in 1970. Meanwhile, the title of Specialist in Psychiatry and Neurology still continues in force. There are in fact two schools of thought in the Netherlands Society of Neurology and Psychiatry, one in favour of a separation of the two disciplines, the other in favour of a certain degree of collaboration. It is argued that if they separate completely, then certain "frontier areas" such as psychosomatic medicine, neuro-psychology and psycho-biochemistry may suffer from neglect because they do not belong to either discipline.

There are two proposals with regard to child psychiatry:

- (a) That there should be a supplementary qualification in this field, attained after an extra year of preparation.
- (b) That there should be a quite separate five-year training in child psychiatry, along different lines to that in adult psychiatry.

It has to be remembered, when comparing training programmes in different countries, that undergraduate training also differs widely. In Holland, undergraduates get a thorough grounding in psychiatry. Their teaching time (excluding neurology) consists of about 350 hours devoted to medical psychology, psychopathology, clinical psychiatry, psychosomatic medicine and psychotherapy. For at least six months they work in a university psychiatric clinic daily, taking part in theoretical discussions and case conferences.

If there is to be uniformity in the duration of psychiatric training in Europe, at four years, then Holland will have to reduce its present five-year programme.

RESOLUTIONS OF THE WORLD PSYCHIATRIC ASSOCIATION

At the conclusion of the Symposium, the following ten resolutions were adopted by the General Assembly of the World Psychiatric Association:

- (1) Existing regulations governing training in neuropsychiatry are out of line with contemporary developments in research and teaching and in the practice of psychiatry.

- (2) The recommendations of the European Union of Medical Specialists for a uniform training in "neuro-psychiatry" do not provide a suitable basis for the reforms which are needed.
- (3) Any new regulations or criteria for uniformity of training should be based on the World Health Organization Expert Committee report on the Training of Psychiatrists (Technical Report Series No. 252: WHO, Geneva, 1963).
- (4) Neurology and psychiatry are related sciences, but it is no longer realistic to envisage a single specialist qualification embracing them both.
- (5) Historical developments and practical exigencies alike demand the creation of separate and distinct specialties of neurology and psychiatry.
- (6) Training as a psychiatrist should last at least four years (including some basic training in neurology).
- (7) It is to be hoped that the training of neurologists will include some basic training in psychiatry.
- (8) It should still be possible to acquire a double qualification in psychiatry and neurology: but this would require at least five years' post-graduate training.
- (9) Opportunities should be created for advanced training and recognized qualification in sub-specialties within psychiatry, such as child psychiatry, social psychiatry, psychotherapy, etc.
- (10) There should be a specified course of instruction both in the theory and practice of psychiatry, ending with a formal examination. This instruction should be along the lines indicated in the World Health Organization Report on the Training of Psychiatrists.