

The European Federation of Psychiatric Trainees (EFPT) – an integral part of the European harmonisation of psychiatric education and practise

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Summary – The *European Federation of Psychiatric Trainees* (EFPT) is the umbrella organisation for national European psychiatric trainees' organisations. It primarily aims at advancing and harmonising the quality of psychiatric education and practise. As a permanent observer member of the *European Board of Psychiatry* and the *European Board of Child and Adolescent Psychiatry*, the EFPT actively participates both in the development of educational guidelines and in the evaluation of psychiatric training institutions in Europe. Through its annually held *European Forum for all Psychiatric Trainees* the EFPT provides a unique opportunity for the exchange of training-related experiences and opinions on current developments in psychiatry. This is the first comprehensive overview of the history, goals, and political work of the EFPT, depicting its evolution from an informal meeting of psychiatric trainees to a recognised organisation representing over 10 000 young psychiatrists throughout Europe. © 2002 Éditions scientifiques et médicales Elsevier SAS

European Board of Psychiatry / Trainee organisations / Training in psychotherapy / Examinations / Psychiatric genetic research

HISTORICAL BACKGROUND: ORIGIN, CONSTITUTION, AND PRINCIPAL GOALS OF THE EFPT

The *European Federation of Psychiatric Trainees* (EFPT) is the umbrella organisation for national psychiatric trainees' organisations throughout Europe. It has its roots in an informal meeting of psychiatric trainees from nine European countries in London/England in June 1992, which aimed at exploring training-related issues. Less than a year later, at an assembly in Utrecht/

Netherlands in March 1993, the federation was formally established with a written constitution. Thus, it became the first pan-European medical trainees' organisation [1,9]. Any officially recognised psychiatric trainee association within Europe (as defined by the World Health Organisation) can apply for full membership to the EFPT. The *European Forum for all Psychiatric Trainees* is the annual meeting of the EFPT as well as its highest authority and decision making body. Between the annual forums the Executive Board (President, Secretary General, Treasurer), which is elected by the

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delegates of the European psychiatric trainees' organisations for a one-year term, represents the EFPT and is responsible for the implementation of the decisions approved by the *Forum*. The Executive Board is assisted by the Immediate Past President and the President Elect. As defined by the constitution, the principal goals of the EFPT are:

- To provide a forum in which trainees can learn about the diversity and richness of the current training of psychiatrists throughout Europe.
- To explore ways in which trainees can promote and improve their own training both in a national and European setting.
- To facilitate the development of organisational structures that will give psychiatric trainees a voice in the evolution of national and European training standards.
- To promote the development of national trainees' associations. To promote the highest possible standards of treatment and care in Europe.
- To produce consensus statements on psychiatric training and related issues and to promulgate the opinion of the *Forum* to all relevant bodies.

So far *Forums* have been held at Cork/Ireland (1994), Copenhagen/Denmark (1995), Lisbon/Portugal (1996), Athens/Greece (1997), Gent/Belgium (1998), Tampere/Finland (1999). By the time of the 8th *Forum*, taking place in Berlin/Germany (31 August–2 September 2, 2000), the EFPT comprised 15 member organisations and four candidates for full membership, thus representing over 10 000 psychiatric trainees Europe-wide. As of the Berlin meeting, the member organisations have been linked through an email-network enabling a continuous and rapid communication between the annually held meetings.

PREVIOUS STATEMENTS OF THE EFPT

In concordance with the aforementioned goals the EFPT has been continuously taking part in the process of defining and harmonising psychiatric training in Europe. In the following the official statements delivered by previous EFPT *Forums* that have contributed to this process are presented.

General medicine and neurology in psychiatric training (1994)

Psychiatry is an integral part of medicine. As medical practitioners first and foremost, psychiatric trainees require an adequate knowledge of all medical condi-

tions, particularly as they interrelate with psychiatric conditions. Psychiatric training bodies must be responsible for educating and maintaining the trainee's knowledge in these areas. It is recognised that such knowledge may be acquired and maintained by a variety of training experiences.

Part-time training (1995)

Sufficient opportunities for part-time training, with standards and qualities being equal to full-time training, should be available in each training scheme across Europe.

National trainees' organisations (1995)

It is vital to have a national trainees' organisation for psychiatric trainees, which is representative for trainees, which has close contact with and support of the professional psychiatric organisation of that country, and which can represent the trainees' viewpoint in all aspects of the training.

Quality of training: evaluation of trainees and training standards (1995)

In order to assure the quality of psychiatric training there ought to be an evaluation of both theoretical knowledge and clinical skills. Continuous and adequate supervision of the trainees should be a key component of evaluation and training. A central, independent professional body that should include representatives of trainees' organisations should undertake this evaluation. In addition to the evaluation of trainees, training standards themselves should be subject to continuous evaluation.

Exchange of trainees between different countries (1995)

If desired, psychiatric trainees should be provided with the opportunity to train in other European countries. Any such training should preferably be for no less than six months and must be accredited towards final qualification to specialist status in the trainee's country of origin.

Training in child and adolescent psychiatry (1996)

It is acknowledged that there are two European mono-specialist sections within the psychiatric field. As adult psychiatry and child and adolescent psychiatry are closely linked, it is recommended that there be a minimum of one year experience in the field of general psychiatry for trainees in child and adolescent psychiatry. Similarly, trainees in general psychiatry ought to have a period of practical experience in child and adolescent psychiatry.

Psychotherapy training (1996)

A working knowledge of psychotherapy is an integral part of being a psychiatrist. Training must reflect this. A basic training must include supervision by qualified therapists of clinical practise, as well as theoretical training in a broad range of psychotherapies. Skills should be gained in at least one of major forms of psychotherapy. Furthermore, the trainee should have sufficient knowledge of those psychotherapies that he/she has not received intensive training in; this will allow him/her to evaluate suitability for referral of patients to specialists in that form of psychotherapy. A personal psychotherapeutic experience is seen as a valuable component of training. Training schemes should provide an opportunity for this.

Requirements for instructors (1996)

It is recognised that there are three different roles to be performed in educating psychiatric trainees. They are (1) day-to-day clinical guidance, (2) regular monitoring and supervision of progress through a period of training and (3) overall management of the training programme. At present, in most countries, just two people perform these roles: the trainee's supervisor and the director of training. Ideally, the roles should be clearly separated and performed by three different people. The roles require different levels of experience and skills.

Role 1 can be performed by any psychiatrist who has completed specialist training. The trainee must have constant access to day-to-day clinical guidance.

Role 2 requires the experience of a specialist and completion of training in supervision skills. Psychotherapy experience would be an advantage in this role.

Role 3 requires at least five years of experience as a specialist, experience in roles 1 and 2, and a record of ability in scientific activity and management.

All those who perform any of these roles must have adequate time away from regular work to take on the task. The task should form part of the job description.

Quality assurance in training: independent inspection of training institutions (1997)

An important part of quality insurance is inspection of training. There should be regular visits by an independent team to training centres at least every three years or more frequently, if needed. The team must include a trainee available to local trainees. Inspection of training will include all clinical and academic aspects as well as working conditions, in particular the balance between training issues and service commitment. Inspection teams or the bodies they represent must have the power to insist on changes in training or, in the worst case, removing training status. A written report must be made available to all parties, including the trainees.

Logbooks (1997, 1998)

The purpose of a logbook should be to improve and harmonise psychiatric training within each country and Europe-wide. The logbook should belong to the trainee and support the trainee in assessing the quality of training he/she receives and guide his/her trainer to provide appropriate training. The key requirements of psychiatric training according to European standards need to be clearly stated. The logbook should not be used as a diary or checklist to evaluate or penalise the trainee, but it should be used to monitor and improve the training. Trainees should be part of the workgroup which creates and monitors the use of the logbook.

Experience in research (1994, 1997)

Psychiatric trainees require a basic knowledge of research methods and should be able to critically analyse the quality of research and develop a scientific attitude towards their work. It is recognised that research is a vital element for the continuing scientific development of psychiatry and, therefore, trainees should have access to practical support, adequate supervision and an allowance of reasonable time within their basic working week to carry out research if they or their training bodies require it.

Removal of a trainee from training (1998)

Unsuitability of a trainee to work with a medical speciality needs to be distinguished from unfitness to be a medical doctor. Trainees should be treated like qualified specialists in the process of being assessed regarding their fitness to practise. Emphasis should lie on supporting a trainee whose suitability is questioned. The final decision of removing a trainee should rest with a national professional organisation. Participation of trainee representatives in this process is desirable.

The above-mentioned official EFPT statements on various training related issues have continuously been serving as valuable guidelines for the various national trainees' associations represented in the EFPT. These statements are the working basis of each national association in their efforts to promote the trainees' viewpoints in the process of education-related legislature.

MEMBERSHIPS AND CONTACTS WITH PROFESSIONAL ORGANISATIONS—PARTICIPATION IN INTERNATIONAL VISITATIONS OF TRAINING CENTRES

Since 1995 the EFPT has been a permanent observer-member of the *European Board of Psychiatry*, which constitutes the permanent working group on training issues of the *Section of Psychiatry* of the *Union of Medical Specialists* (UEMS). The EFPT representatives participate in the meetings and working groups of the *European Board of Psychiatry*. Furthermore, the EFPT delegates have full voting rights within this body of the UEMS. The UEMS aims at improving the quality improvement of specialist training. The purpose of each Section is to work for the harmonisation and development of its speciality. Thus, the various Sections aim at developing guidelines for postgraduate and continuing medical education [2,3,6,8]. They furthermore encourage the implementation of both national and international visitations of training centres, which are often coupled with national certification or re-certification of trainers and training centres [7]. As mentioned above, it has been a long-standing goal of the EFPT to develop a framework for the evaluation of training schemes and independent inspection of training institutions. Through its membership in the *European Board of Psychiatry*, the EFPT has largely contributed to the development and implementation of an international visitation program for psychiatric train-

ing centres. So far, visits have been held to institutions in Hungary (1999) and Poland (2000). On both occasions an EFPT-representative acted as a full member of the visitation committee [5]. As outlined in the *Charter on Visitation of Training Centres* [7], the visitation committee meets with both the heads and instructors of the training centre, as well as with the trainees. During the discussion with the trainees, special attention is paid to issues like quality of theoretical courses, degree of free therapeutic decision making, trainees' facilities, amount of supervision, access to library and internet, research possibilities, or the trainees' influence on educational matters.

In addition to its participation in international visitation programmes, the EFPT substantially contributed to the formulation of the latest revision UEMS-charter on training requirements in psychiatry [8], in particular with regards to the guidelines on logbooks and training in psychotherapy.

The aforementioned active participation of the EFPT in key tasks of *European Board of Psychiatry* can be considered a major achievement of the EFPT within its mission to promote the highest possible training standards in Europe.

Besides its permanent observer-membership in the *European Board of Psychiatry* the EFPT has recently obtained the status of permanent observer at the *European Board of Child and Adolescent Psychiatry*. Moreover, EFPT delegates have continuously participated in the organisation of symposia and workshops on training-related issues at both national and international conferences, i.e. Association of European Psychiatrists (AEP) and World Psychiatric Association (WPA).

THE 8TH EUROPEAN FORUM, BERLIN (31 AUGUST–2 SEPTEMBER, 2000)

The 8th *European Forum for all Psychiatric Trainees* took place in Berlin/Germany from 31 August to 2 September, 2000 [4]. The *Forum* aimed at addressing ardent issues relevant to psychiatric education and practise in several workshops, the most important results of which are outlined in the following statements on psychotherapy education and examinations:

Psychotherapy

Based on the 1996 statement on the importance of training in psychotherapy, it is furthermore stated that

psychotherapy training should be performed at the training institution during the normal working hours and be funded by the institution. Supervision should be provided by qualified therapists of clinical practise.

Examinations

In addition to a previous statement (1995) it is stated that formal examinations in psychiatry training can be implemented if there is a clear body of knowledge outlined in a syllabus. If tests to measure the progress of learning are implemented, the results should be used to appraise the trainees' knowledge in a constructive manner rather than as a test of competence on the basis of which career decisions will be made.

Beyond the scope of training-related issues, a workshop discussed ethical implications of psychiatric genetic research. The workshop delivered the following statement:

The optimisation of treatment strategies must be the focus of all efforts in psychiatric genetic research. The public should have access to information on the current standing of research activities and be given a forum where they can share their fears and expectations with the research community. Highly sensitive issues, such as access to genetic information or patenting of genes, have to be brought into accordance with the ethical values of the doctor-patient relationship. As genetic counselling programs for psychiatric disorders might have serious psychological implications for the patient and his/her family (e.g. already existing genetic tests for Huntington's disease), they should only be performed by especially trained psychiatrists. Any research in psychiatry has to take into account people's concepts of mental disorders and related fears; thus, psychiatrists must always take the lead on all levels of psychiatric-genetic research and not leave the field to molecular geneticists alone. Since this workshop went beyond the primary (i.e. training-related) goals of the EFPT, the above quoted statement does not constitute an official EFPT statement.

In conjunction with the *Forum* an international scientific symposium on "Modern Strategies in the Treatment of Psychiatric Disorders" was held on 2 September, 2000. Internationally recognised clinicians and researchers were among the speakers. The symposium covered the following topics: training related issues (M. Gomez-Beneyeto, Spain; L. Cornwall, England), psychotherapy research (J. Füredi, Hungary; J. Schwartz, USA; R. Kaltiala-Heino, Finland), modern

psychopharmacological approaches (B. Müller-Oerlinghausen, Germany; D. Riemann, Germany; M. Rösler, Germany), and basic biological psychiatric research (P. Falkai, Germany; F. J. McMahon, USA).

The above quoted scientific programme reflects the overall aim of the Berlin EFPT assembly to provide a forum for psychiatric trainees to discuss both important training-relevant issues and the implications of modern biological psychiatric research.

BRIEF UPDATE ON THE 9TH EFPT FORUM, NAPLES (ITALY) (17–19 MAY, 2001)

At the 9th *Forum*, taking place in Naples (Italy) from 17–19 May, 2001, the EFPT formally established a permanent working group concerning the relationship with the WPA. For the upcoming WPA congress in Yokohama (Japan) in August 2002, the *Forum* nominated an experienced EFPT-delegate as representative to the WPA. The representative forms part of the organisation committee for the "Young Psychiatrists Programme" and of the fellowship programme of the WPA congress.

The *Forum* officially inaugurated a working group to establish ties with other psychiatric trainees associations worldwide (World Federation of Psychiatric Trainees). This will allow sharing experiences in principles of postgraduate psychiatric education in a cross-cultural context.

Finally, at the Naples *Forum*, the EFPT launched its Internet homepage in order to take advantage of the modern technologies for promoting the ideas and goals of the EFPT. The Tenth *Forum* will be held in Romania in 2002 (see appendix).

SUMMARY AND OUTLOOK

The aim of this article was to introduce the *European Federation of Psychiatric Trainees* (EFPT)—the voice of psychiatric trainees throughout Europe—to the psychiatric community. Since its birth in 1993 the EFPT has been devoted to the idea of promoting psychiatric trainees' interests. Today, the EFPT accommodates 15 national trainees' associations and significantly contributes to the shaping of a harmonised European psychiatric education through its membership in the *European Board of Psychiatry*. The EFPT advocates the educational harmonisation in a way that guarantees—by preserving cultural diversity—a commonly high standard of knowledge for the sake of optimal treatment

and care. According to the statutes of the EFPT the process of harmonisation should not only include EU member states but all European countries. This is underlined by the nomination of the Romanian trainees' association to host the 2002 *Forum* and by accepting Turkey as a candidate for full EFPT membership. The year 2000 Berlin meeting paved the way for the EFPT being not only a young psychiatrists' forum for training-related issues but, moreover, for discussing the socio-political implications of modern developments in psychiatry.

APPENDIX

For further information on the EFPT (programme, membership, next meetings), please contact:

EFPT-homepage: www.efpt.org

Members of the Executive Board of the EFPT:

President: Dr. Dominique Mathis (France)
(domathis@club-internet.fr)

President Elect: Julian Beezhold (UK)
(beezhold@doctors.org.uk).

Past President: Dr. Adriana Mihzi (Romania)
(ammihai@fx.ro)

Representative to the WPA

(Organisation Committee of the Fellowship and Young Psychiatrists Program at the XII WPA-congress, Yokohama 2002):

Dr. Kai C. Treichel (Germany) (kai.treichel@t-online.de).

Working group "World Federation of Psychiatric Trainees": Dr. Victor Buwalda (the Netherlands)
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REFERENCES

- 1 Gribbin N. The European Federation of Psychiatric Trainees (EFPT). *Eur Psychiatry* 1999;14:468–9.
- 2 Hohagen F, Lindhardt A. Training in psychiatry: a European perspective. *Eur Arch Psychiatry Clin Neurosci* 1997; 247(Suppl):S1–2.
- 3 Paul C. European Union of Medical Specialists (UEMS)—a short history. UEMS Av.de la Couronne, 20, B-1050 Brussels. 1998. p. 1–2. European Union of Medical Specialists (UEMS)—a short history. UEMS Av.de la Couronne, 20, B-1050 Brussels. 1998. p. 1–2. www.uems.be.
- 4 Treichel K. European Federation of Psychiatric Trainees: 8th European Forum for all Psychiatric Trainees. *Studi di Psichiatria* 2000;2. European Federation of Psychiatric Trainees: 8th European Forum for all Psychiatric Trainees. *Studi di Psichiatria* 2000;2. www.pensiero.it/studipsichiatria/st_num1_00_treichel.htm.
- 5 Treichel K. International visitations to European training centres. *Studi di psichiatria* 2001;1. *Studi di psichiatria* 2001;1. www.pensiero.it/studipsichiatria/st_num1_01_treichel.htm.
- 6 Union of medical specialists (UEMS). Charter on training of medical specialists in the EU: requirements for the speciality Psychiatry. *Eur Arch Psychiatry Clin Neurosci* 1997; 247(Suppl):S45–7.
- 7 Union of medical specialists (UEMS). Charter on visitation of training centres: requirements for the speciality Psychiatry. UEMSb). Av. de la Couronne, 20, B-1050 Brussels. 1997. p. 1–13. Av. de la Couronne, 20, B-1050 Brussels. 1997. p. 1–13. www.uems.be.
- 8 Union of medical specialists (UEMS). Charter on training of medical specialists in the EU: requirements for the speciality Psychiatry. UEMS Av. de la Couronne, 20, B-1050 Brussels, 2000. UEMS Av. de la Couronne, 20, B-1050 Brussels, 2000. www.uems.be.
- 9 Vermeiren R, Claes S. Trainee organizations in Europe: a historical overview. *Eur Psychiatry* 1999;14:111–2.