

undeveloped system of Psychological Services, the low activity of the women's social organization of Ukraine.

In 1992 in Odessa (Ukraine) the Youth and Family Social and Psychological Support Agency (the first Community Mental Health Services in Ukraine) works with technical, educational and informational support from Canadian-Ukrainian Program "Partners to Partners in Health". We (psychiatrists, psychologists, social workers and volunteers) are realizing the programs of psychological, psychotherapy and social help and support for women, children and family (confidential, anonymous, free of charge). Now our model of new Community Mental Health Services is being inculcated in different cities of Ukraine.

The improvement of the mental health of women and family in Ukraine is also connected with development Community Mental Health Services of Ukraine.

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## TC6. ICD-10 advanced training seminar I

*Chairs:* A Bertelsen (DK), J van Drimmelen (WHO, CH)

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## S7. Central problems in specialist training in Europe

*Chairs:* R Vermeiren (B), R Kaltiala-Heino (FIN)

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### S7-1 HARMONISATION OF PSYCHIATRIC TRAINING IN GREECE BEFORE THE DAWN OF THE NEW MILLENNIUM

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The Greek Presidential Order of 1994, concerning the time of training in Medical Specialities and particularly in Psychiatry, gives a schedule of the training program which should be followed. This schedule does not contain details of how practical problems, such as the rotation or the provision of theoretical courses in each training centre, would be solved. The Hellenic Association of Psychiatric Trainees (H.A.P.T.), whose primary goal is the elaboration and promotion of propositions that will improve the psychiatric training in our country in a harmonious way, has offered its opinions on such matters from time to time. Those proposals, which were presented at congresses in which members of the H.A.P.T. participated (e.g. 11<sup>th</sup> Conference of the South East European Society for Neurology and Psychiatry (Sept. 1996), 2<sup>nd</sup> Panhellenic Congress on the New Structures of Mental Health Care in the N.H.S. (May 1997), Conference on Thoughts about Education in Psychiatry (Oct. 1997), will be summarised. The advantages and disadvantages of the initiatives proposed, as well as the problems faced towards the goal of harmonising psychiatric training with the requirements of the European Board of Psychiatry, will be dealt with.

### S7-2 CURRENT ISSUES IN PSYCHIATRIC TRAINING IN THE UK

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Postgraduate medical training in the UK has undergone significant changes in the past 5 years following the publication of the Calman Report. One of the aims was to shorten specialist training by combining the two higher training grades into one. The Royal College of Psychiatrists, with the support of trainees, attempted to avoid radical changes to the structure of training as the existing arrangements were felt to be more appropriate and successful. However, this has resulted in a number of new problems. In particular, general professional training in psychiatry (the first part of postgraduate training) is now longer than in other disciplines (3–4 years as opposed to 2–3 years), while higher specialist training is shorter. The implications of these changes will be discussed.

The availability of training in psychotherapy remains a problem. Most training schemes are able to offer basic training in dynamic therapy, but very few are able to offer more than token training in cognitive-behavioural and other psychotherapies. Supervision is another important question. The evidence is that 25–30% of trainees do not receive the required one hour per week face-to-face supervision with their trainer. Trainers and trainees alike express uncertainty over the nature and purpose of supervision and are often dissatisfied with the process.

A number of developments have occurred recently to deal with these issues. One of the most significant is the introduction of a Personal Training File (or Trainee's Log Book) for all pre-MRCPsych trainees. The log book is trainee-owned, and consists of a record of training experiences rather than a list of cases seen. It will not be employed as a tool of assessment of the trainee, but will be used to set objectives for training and to promote supervision.

### S7-3 PSYCHIATRIC SPECIALIST TRAINING — REAL OR FORMAL COMPETENCE AHEAD?

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In Finland, psychiatry is the second most popular speciality in medicine as measured by number of active trainees. The training itself is under active development. The Finnish Psychiatric Association has published its new proposal for the psychiatric curriculum in accordance with the European recommendations in 1996. The trainees have participated by evaluating the proposal and giving suggestions. The trainees' section has also surveyed the trainees' opinions and experiences of their training in psychiatry. Based on the proposal, discussion between trainers, trainees and training institution and the survey to trainees, I shall discuss some topics I find central problems in the psychiatric curriculum in Finland. To my mind, the trial to improve quality of specialist training is too much focused on controlling trainees, and this exclusively in form of demanding them to evidence they have attended specified courses and departments. Too little attention is paid to seeing that education is of high quality and that the training institutions guarantee access to rotation that is demanded. The specialist training should become more co-operation between trainees and trainers, instead of hierarchical positions and control. Another problem is that even if training institutions are state supported for their educational tasks, many trainees face demands to spend less time in education. From survey to trainees a concern arises whether the