

## The College

### Opportunities in Europe

#### Collegiate Trainees' Committee Working Party on the Implications of a Single European Job Market for Psychiatry

We present the findings of this report at a time when there are many changes taking place within Europe which will have long-term implications for us all. The political situation in Europe is changing so fast that this report is likely to be out of date by the time it comes to press. The concept of a single market economy is seen as a stabilising factor against the unpredictable changes which will shape the Europe of 1992 and beyond. The Delors plan has a vision of a federation of European states which will provide a strong sense of European identity, both economic and cultural. Such a federation is seen as being essential to stabilise Europe against the uncertainties created by the emergence of new economic giants around the Pacific rim, the demise of the politics of 'superpower' states, and the destabilisation of the post-war alignment of nations as Eastern Europe emerges from the grip of the USSR. The demise of empires within Europe has previously led to a resurgence of narrow nationalism, often resulting in various forms of warfare. A comprehensive social and economic plan to avoid a recurrence of such conflicts would seem desirable.

Any process which encouraged greater understanding and communication between member states should be encouraged. Freedom of movement of labour, one of the most important basic principles of the Common Market, is a key element in this.

The implications and opportunities for psychiatry for the free movement of doctors are many, both within the EC and Europe as a whole. It would imply the harmonisation of standard of medical practice. This process has been started by the European Commission, which has set up a Committee on Medical Training. The Committee is as yet only looking at medical training in general, and has not considered higher psychiatric training.

#### *Aims of study*

To ascertain the training requirements in member states of the EC for career psychiatrists.

#### *Methodology*

As our starting point, we felt it necessary to review the training required in each of the member states

of the EC before a doctor is able to hold the title of 'Specialist' in Psychiatry. We contacted the Embassies of all the member states. In all cases they, in turn, referred us to training organisations in the country concerned, which were then duly contacted. In addition we also wrote to the Commission of the EC; this body reviewed medical training in member states in the early 1980s.

Three inter-related questions were asked.

- (1) What organisations exist in your country for the training and supervision of psychiatrists? For instance, is there an equivalent to the Royal College of Psychiatrists?
- (2) What is the nature of specialist training in psychiatry, if any, in your country? For instance, we would like to know how long the specialist training is. What form does the specialist training take? e.g. an apprenticeship, work in approved posts for a specified length of time, following a set number of courses, etc.
- (3) What training requirements have to be met before a doctor is approved as a specialist in psychiatry? e.g. the studying for and passing of a specialist exam, the submission of a piece of original research in the speciality, etc.

Training organisations in the northern member states were most helpful with providing information whereas those in Mediterranean states, such as Greece or Portugal, did not reply. This may be a reflection of the nature of the organisation of training in those countries.

We found that both the training requirements in the British Isles are more stringent than elsewhere in Europe and the evaluation of training posts is more rigorous.

#### *Individual member states*

##### **Denmark**

Denmark accords specialist status to both psychiatry and child psychiatry. Training involves a total of 66 months, of which 54 months are in psychiatry based in an approved post. The first year is in general psychiatry in a supervised capacity. Thereafter a further

two years of supervised training is spent in subspecialties, before a final 18 months working in a chosen specialist post as equivalent to senior registrar. The whole of the training must take place in at least two separate hospitals. The trainee must also spend a one year period working in neurology or neurosurgery.

During training in Denmark, the trainee must take six obligatory courses over the initial three year training. Each of these courses runs for about three days. In addition, a set number of courses from a variety of options must be completed. There is no examination process during the training, but the number of training posts is tightly regulated.

### Holland

The Dutch guidelines for training in psychiatry are laid down by the 'Central College for the Recognition and Registration of Specialists'. The aims are that, over 54 months, the trainee gains practical experience and a theoretical training while in full-time employment as a psychiatrist. The training must include three years of in-patient and out-patient care, six months of community psychiatry and one year of specialist medical placement – the latter is generally in neurology. During the initial three years a number of theoretical seminars must be attended and practical sessions undertaken. At the end of three years, a period of training in a subspecialty is undertaken. This period may last from six to 18 months, and at this stage specialisation in psychotherapy or child psychiatry might begin. Subspecialties are supervised by trainers recognised as specialists in that field.

All training must take place in an approved institution with supervision by an approved trainer. (The requirements of the hospital make it similar to the District General Hospital in Britain, when a Department of Psychiatry with a liaison service exists on site). Approval for training lasts for five years. No examination in psychiatry is undertaken. The trainee must give one public lecture or publish an article which satisfies the trainer. Such work need not be original.

### Belgium

The guidelines for training to become a specialist in psychiatry in Belgium are similar to those for Holland. The training period is four years in psychiatry, with a further year in neurology. During the four years, two years must be spent in acute psychiatry, with one of these years being in an approved post. A number of other placements in related medical disciplines may contribute to the training period. Throughout the training period, the candidate must maintain a log book and is regularly supervised by an

approved trainer. The conditions referring to the size and facilities of the hospital are similar to Holland.

While there is no final examination, the trainee must present a scientific paper in a formal setting before the title of specialist is granted.

### Luxembourg

We have not received any details of a training programme in Luxembourg. The EC report stipulates a training period of four years, and it would seem likely that requirements are similar to the neighbouring Low Countries. Given the small size of the country, there may well not be any training scheme.

### West Germany

The situation in West Germany is very complicated owing to the different regulations operating in the many states which compose the Federal Republic. Overall, the period of training must not be less than four years, of which one year must be in neurology and three in psychiatry. Two years of psychiatry practice must be ward based but only one year of training must be supervised by an approved trainer. At the end of the training period the candidate is able to sit an examination set by the Specialist Board of the Regional Medical Association. A series of guidelines about the content of the training scheme are laid down by national scientific and medical societies.

### France

The guidelines for specialist training in psychiatry in France require the individual to spend four years in both clinical work and to undertake a theoretical course. Guidelines as to the content of both these components are laid down by the Health Department. Additionally, the individual must submit a thesis before the title of 'specialist' may be used.

The theoretical course is tightly defined by the number of hours to be lectured, stipulating 250 hours of basic sciences (neurobiology, psychopathology, etc) and other optional attachments such as psychogeriatrics, forensic psychiatry and epidemiology. All practical experience must occur in approved places of work (no approval criteria are given) and consists of six terms: four in general adult psychiatry and two in child and adolescent psychiatry. In addition there are two free placements in which some form of speciality training should be undertaken. Further control of the number of training specialists is achieved by limiting the total number of training slots, although the exact nature of this control is not clear since both the Ministry of Health and the individual universities appear involved. It is also unclear as to what is meant by a thesis and what happens to this piece of work.

### Spain

In order to commence in higher training in psychiatry in Spain, it is first necessary to sit a national examination which is common to all specialties. Thereafter, the candidate is eligible to enter one of the 50 training schemes. The training lasts for four years, and at the end of this period specialist status is granted. The first two years of the training involves a mixture of general adult psychiatry, psychiatric emergencies and a four month placement in either a neurology or neurosurgical unit. In the third and fourth years, subspecialty experiences are gained, with individuals wishing to specialise in child psychiatry following different guidelines for their training.

Throughout the training period it is expected that the individual follows the required number of hours of theoretical teaching as defined in the guidelines. At the end of the training period, specialisation is said to be complete; there is no examination or formal presentation of a thesis.

### Italy

We received no specific information from the Italian authorities; we understand that all psychiatric training is governed by individual universities. The EC Advisory Committee on Medical Training (1983) suggested that the training period in Italy was over four years, but we have no more details than these.

### Portugal

We received no information from the Portuguese Government, and since this country joined the EC after the report on medical training was compiled, we have no other source of information.

### Greece

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### United Kingdom and Republic of Ireland

The training schemes of both countries are monitored by the Royal College of Psychiatrists by approval visits which afford the possibility to be recognised as a centre for specialist training. The trainee must complete a period of at least three years in accredited posts (not exclusively in psychiatry) prior to being eligible to sit the membership examination set by the Royal College of Psychiatrists. Doctors then become eligible for consideration for a senior registrar post; this is considered as higher training and the College recommend that such posts be held for four years. The average length of training from junior doctor to consultant is seven years. UK doctors wishing to obtain a

certificate of Specialist Training should contact the GMC.

### *Conclusions of the working party*

(1) This is a provisional review based on limited information, and the authors would welcome corrections and additional comments.

(2) There is a need for more detailed exploration of psychiatric training in Europe.

(3) The immediate changes created by an open job market within Europe, which is in effect already with us, should facilitate the movement of trainees and trained psychiatrists – together with their varied perspectives on psychiatric illness and practice – throughout the member states. At the moment such movement is complicated by a lack of standardised training. We suggest that a designation of 'Specialist in Psychiatry' be adopted by all member states, and that this would imply eligibility to work at a consultant level. Any applicant for a job in a particular member state would have to demonstrate a degree of experience appropriate to the local requirements. At the training grades it seems desirable that a standardisation of training requirements and conditions of accreditation be achieved, since this would facilitate the movement of trainees throughout Europe, giving them an opportunity to experience the different approaches to psychiatric illness. As the movement of labour across Europe becomes easier, there will be a greater need for good liaison with the psychiatric services of other European countries, and psychiatric training should reflect this. As a first step, the College could give training accreditation to a number of placements in European centres of excellence, allowing trainees to spend part of their training period on the continent. A system of mutual inspection of the examination processes and training posts in member states should be established.

(4) There appears to be an over-production of doctors in Europe as a whole. By closely regulating the number of higher training posts available for psychiatric training in the United Kingdom, the College has avoided this problem. A similar approach is recommended for the rest of Europe.

(5) Looking further into the future, it seems likely that harmonisation of individual rights in Europe will lead to a review of legal statutes governing mental health. Such changes will have to protect the cultural differences of the member states, yet also guarantee the human rights of all citizens within the EC. The opportunity to be involved in the development of these provisions will present a major challenge to the psychiatric profession. We feel that the College needs to have a strong voice in any such developments, which is only possible by being part of an, as yet unformed, integrated European forum.

### **Recommendations**

(1) There appears to be an absence of a pan-European body which could begin to look at the problems of mutual recognition and standardisation of psychiatric training. There is a clear need for discussion in an open forum to look at this issue; a possible body could be the European association of monospecialists. The Committee on Medical Training to the EEC, which provides agreed advice to the European Commission, should be consulted.

We would argue that the College needs to take a pro-active role rather than a passive one in these developments, since it would appear that other bodies are less well placed to preserve the high standards of training of the Royal College of Psy-

chiatrists, and a dilution in the quality and quantity of training opportunities could occur.

The College is urged to actively pursue funding from the European Commission or other suitable bodies to facilitate such an organisation.

(2) The CTC should be an active participant in any European College activities.

(3) The College is urged to actively gather a data base on training of psychiatrists in the EC, both of official statements of policy as well as exploration of the actuality on the ground.

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*Collegiate Trainees' Committee*

*Approved by Executive and*

*Finance Committee, October 1990.*

## **ANNIVERSARY BALL**

As part of the celebrations to commemorate the  
150th Anniversary of its origins  
The Royal College of Psychiatrists  
is holding an

### **ANNIVERSARY BALL**

at

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