S61.3

Psychiatry training in Belgium and the European Training Charter

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The European Union of Medical Specialists (UEMS) "Charter on Training of Medical Specialists in the EU: requirements for training in psychiatry (http://www.uems.be/psyc-ch6.htm) and Child and Adolescent Psychiatry/Psychotherapy (CAPP) http://www.uems.be/childp-e.htm)" aims at harmonising European psychiatry training.

We examine the extent to which these standards are currently met in Belgium.

In general, requirements for access to training, duration and programme (Article 2) are fulfilled. However, the required amount of CAPP practical and theoretical training is not always reached. Theoretical training (Appendix 1) has improved, as an interuniversity course was introduced. Availability of daily supervision is variable, but often insufficient. Individual and life supervision are rarely provided. Psychotherapy training is not an integral part of psychiatry training as required (Appendix 2).

The recommendations concerning the logbook (Appendix 5) offer an opportunity to further develop the logbook currently used. Requirements for a central monitoring authority (Article 1), training institutions (Article 3) and teachers (Article 4) are similar to national regulations. Quality assurance, however, is problematic and recognition visits are very rare. The development of training assessment is needed to further improve the level of training.

S61.4

Prevailing status, training procedure and future perspectives of psychiatry in Turkey

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Specialization in Turkey starts after 6 years of medical education. The graduates in medicine willing to get a specialization have to pass an exam in Ankara which is held twice a year. There are limited quotas in all branches, only a few graduates have access to the training course.

Psychiatry has become very popular among graduates. In Turkey, there are 600–700 specialists in psychiatry and 600–700 trainees, 90% in adult psychiatry and 10% in child and adolescent psychiatry. The specializations in psychiatry and in child and adolescent psychiatry have been separated 10 years ago; both last 4 years, but general attitude is to extend education for one more year. Training in psychotherapy is not compulsory, but it is available for volunteers. At the end of specialization, the trainees have to discuss a thesis with a jury of 5 professors coming from different institutions.

It may be claimed that psychiatry in Turkey is at the threshold of a renaissance. With the establishment of consultation and liaison units in many hospitals, physicians are more aware of the importance of psychiatry. Our main expectations are an increase of psychiatric institutions and a decrease of psychiatric morbidity.

S61.5

2 grades, 2 exams, 6 specialties; psychiatric training: UK & Ireland

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Training in psychiatry in the UK and Ireland is overseen by the Royal College of Psychiatrists (RCPsych). Training structure is largely dictated by the Royal College's Membership Examination (MRCPsych) that is comprised of two parts, both taken in the basic training grade (senior house officer – SHO). Not until the second part of the MRCPsych has been passed can the trainee be admitted as a member of the College and progress to higher specialist training as a specialist registrar (SpR). SpR training lasts three or four years depending on the psychiatric specialty (adult, old age, child & adolescent, forensic, psychotherapy or learning disability). All trainees have one hour per week for non-clinical supervision, SHOs attend locally run courses for the MRCPsych, and SpRs have one day per week to pursue a special interest and one day per week for research. Once SpR training is complete (progress is assessed by a regular review system) the trainee can register as a specialist and practise as a consultant psychiatrist.

S62. Transcultural psychiatry: research in refugee mental health

Chairs: S. Ekblad (S), E. Hauff (N)

S62.1

Longitudinal study of recently resettled refugees

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The study was carried out in order to characterise health and ongoing life events among refugees 18–48 years of age. A longitudinal design with structured diagnosis of PTSD at baseline and follow-up at 3, 6, and 9 months was used.

Measurements: Self-rating scales and blood samples of cortisol, thyroxine, prolactin and DHEAs.

Findings presented:

- Trauma exposure and PTSD in the group.
- Important life events and their interaction with health in PTSD and non-PTSD subjects: Subjects were influenced mostly by events pertaining to next-of-kind, and a perception of excessive demands which lead in the longer term lead to increased cortisol and worsening of PTSD. Subjects with PTSD were more sensitive to specific events.
- DHEA-s was higher in PTSD compared to non-PTSD after correction for age, and changed with symptom load over time.
- Screening for PTSD; A screening interview yielded fair results compared to self-rating questionnaires for PTSD; a single screening question about difficulties concentrating was associated with a relative risk for PTSD diagnosis of 23.
- Secondary alexithymia in PTSD was was associated with increased scores of depression and dysphoric affects.

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