



## education & training

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### Psychiatry training in Europe: a brief history of the European Federation of Psychiatric Trainees

At a time of increasing European harmonisation this paper gives a brief history of the main European organisation for trainees in psychiatry (the European Federation of Psychiatric Trainees) and details the proceedings of the most recent European Forum held in Berlin.

The debate about the extent of the UK's involvement in European politics is rarely far from the headlines, but although many will be unaware of it, psychiatrists already have direct involvement in the process to harmonise European medical practice. Psychiatry trainees from the UK and Ireland have led the way in developing links with their European colleagues, and this paper provides an introduction to the European Federation of Psychiatric Trainees (EFPT). The Union of European Medical Specialities (UEMS) was founded in 1958, 1 year after the Treaty of Rome created the European Common Market. Its expressed aim was the advancement and harmonisation of the quality of specialist medical practice in Europe, and it was later responsible for drafting the European Directives allowing the mutual recognition of medical credentials throughout the European Community. This allowed free movement of doctors throughout the member states, and ultimately led to the creation of European Boards for each speciality within the UEMS (Vermeiren & Claes, 1999). Each medical speciality is organised into a section of the UEMS, and the Board exists as a working group to inform the section on training issues (Hohagen & Lindhardt, 1997). The section of psychiatry was established in 1991, and Dame Fiona Caldicott has served as both Secretary and President in the past 5 years.

The Permanent Working Group (PWG) of European Junior Hospital Doctors was established in 1976. It concerned itself with issues of unemployment among doctors, quality of medical training and working conditions throughout Europe (Vermeiren & Claes, 1999). Following a call from the PWG for specialist trainee representation at the European Board level, the Collegiate Trainees' Committee (CTC) convened a meeting of representatives from nine European countries in London in 1992 (Gribbin, 1999). The European Forum for all Psychiatric Trainees was officially formed at a further meeting in Utrecht in 1993, with the aim of facilitating

the exchange of ideas, improving training and developing national trainee organisations for psychiatrists. The second forum was held in Cork in 1994, where a formal constitution was written, establishing that the Forum would seek membership from all European countries.

The third Forum in Copenhagen in 1995 attracted 29 delegates from 14 countries, and new trainee organisations had been established in Sweden, Finland and Italy (Sheldon & Cornwall, 1996). Representatives had been invited to attend meetings of the European Board for (Adult) Psychiatry and the European Board for Child & Adolescent Psychiatry as observers, and others joined an inspection visit of a training scheme in Romania. Thus, the organisation was beginning to fulfil its aim of acting as an independent representative body for all psychiatric trainees with the aim of influencing training throughout Europe. By the time the fourth Forum was held in Lisbon in 1996 the organisation was self-financing (Cornwall & Sheldon, 1997). Finally, the sixth Forum in Ghent in 1998 produced a new structure for the organisation in the form of the EFPT, with an Executive (President, Secretary General and Treasurer) and new statutes (Gribbin, 1999).

A forum has been held in a different European country every year since 1992, and the steadily rising membership now includes all the countries of the European Union as well as Estonia, Hungary, Norway, Romania and Turkey. A clearly stated aim of the EFPT since its inception has been to support the formation of trainee associations in member countries. The UK and the Netherlands both have well-established organisations, but trainees in other countries have had to overcome considerable financial and organisational difficulties. For example, countries such as Spain and Belgium have more than one national association of psychiatrists, leading to fragmentation of trainee groups and difficulty finding support from senior colleagues.

UK trainees may be surprised to learn that many of the issues facing them are common to psychiatrists in training all over Europe. Each Forum has discussed particular issues relevant to training, producing consensus statements. These have included statements about the quality of supervision and training in psychiatry, training in child psychiatry, psychotherapy experience, quality



assurance in training, log books, research experience and part-time training.

## The Eighth EFPT Forum

The eighth forum was held in Berlin in September 2000, and consisted of a 2-day business meeting and a 1-day symposium considering developments in various therapeutic interventions in psychiatry. It was attended by 40 delegates from 17 countries, and a wide range of training issues were discussed.

## Approval of training schemes

The President of the EFPT now attends the European Board of Psychiatry as a full member, and was able to feed back specific training issues to the Forum. Much consideration has been given to developing uniformly high quality training in psychiatry throughout Europe. The European Board of Psychiatry has developed a Charter on Training, and has begun organising European 'approval visits', similar to those organised by the College in the UK and Ireland. These do not function in a regulatory way and have no sanctions, but provide advice on possible improvements to training problems detected during the inspection. Any country can apply to be visited, and one member of the visiting panel must be a trainee psychiatrist (drawn from the EFPT membership). Recent schemes visited include those in Budapest and Kraków. The European Board for Child & Adolescent Psychiatry also wishes to develop similar inspection visits.

## Assessment of competence in psychiatry

Many trainees were anxious to discuss their concerns about the development of postgraduate examinations in psychiatry within their own countries. The UK has probably the most developed and fully established system of examinations in psychiatry, with other countries in Europe adopting a range of assessment methods to establish competence to practise at a 'consultant' level. The UK appears to be the only European country in which an exam is a hurdle within training and that determines movement from one part of training to the next. Greece is to introduce exams both before and after specialist training, with ongoing assessment during training itself. Turkey has an examination at the end of training and the Netherlands is working on the structure of an exam to be introduced in the future. By contrast, a discussion across all medical specialities in Denmark led to the rejection of the idea of postgraduate examinations leading to specialist qualification, opting instead for anonymous tests carried out to allow monitoring of the overall quality of medical education.

## A European trainee exchange programme

The establishment of a European exchange programme for psychiatric trainees was discussed in the light of a

statement issued by the EFPT in 1995. This called for all trainees to have the opportunity to train in other European countries should they wish to, with easier methods of accrediting such training within their country of origin. The Forum resolved to ask the European Board to support the idea of an exchange programme and to consider the transferability of medical qualification and experience between countries. The problem of the need to develop a certain level of language skills was highlighted, not least for many British and Irish trainees!

## Psychotherapy training

There is a wide disparity between different countries in the availability of psychotherapy training, with some countries demanding that trainees organise and pay for their own training privately, even at the basic specialist level. There is also a lack of continuity between the basic and higher level of psychiatric training in some parts of Europe. The EFPT decided that a minimum standard of supervised clinical psychotherapy training should be available in at least two of three broad areas of psychotherapy (psychodynamic, cognitive-behavioural and systemic), with at least theoretical teaching in all three. The provision of this should be fully financially supported at basic training level by the appropriate body responsible for postgraduate education.

## The Future

The 2001 meeting took place in Naples with more countries than ever entitled to attend as full members, broadening the representation and influence of trainees at the European level. Contact between trainees that attended the Berlin and previous EFPT meetings has continued, and the EFPT has been a valuable source of information on training and practice in psychiatry for trainees across Europe in recent months.

## Conclusion

Psychiatry is unique among medical specialities in the UK and Ireland in having strong formal representation throughout the College structure. This is paralleled at the European level by the EFPT's input into the European Boards, and its facilitation of the development of national trainees' organisations throughout Europe. As psychiatrists training in Britain, attending the EFPT meeting was an extremely valuable experience. Not only did it provide us with the opportunity to learn about how training operates in other European countries, but we were also able to meet and exchange views with colleagues from vastly different backgrounds. Training problems in psychiatry in the UK and Ireland are made to seem insignificant when compared to difficulties faced in some European countries, and we are better able to appreciate the excellent structure to all aspects of training provided by the Royal College of Psychiatrists and the CTC's opportunity to influence this.



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A recent report produced by the College Overseas Working Group under the Chairmanship of Dr Robert Kendell (Royal College of Psychiatrists, 2001) identified the importance of forming stronger links with European psychiatry, and in particular persuading British or Irish trainees to spend part of their training in a continental 'centre of excellence'. The EFPT is taking up the issue of trainee exchanges, and the College Annual Meeting in July included a session held jointly by the CTC and the EFPT that considered some of the aspects of psychiatric practice that vary between European countries.

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