Eur Psychiatry 1998 ; 13 : 375-8
© Elsevier, Paris

Harmonisation of psychiatric training in Europe and the diversity of the selection, access systems and training programmes in the speciality of psychiatry

CT Kollias, M Margariti, D Pappa, VP Kontaxakis, GN Christodoulou

Department of Psychiatry, University of Athens, Eginition Hospital, 74 Vas Sophias Av, 11528 Athens, Greece

(Received 10 August 1998; final version 14 September 1998; accepted 18 September 1998)

psychiatry / training / speciality / EFPT

The need for "harmonisation" in the countries of the European Union and the EFTA countries is taken from the treaty of Rome (1958) and the Foundation Treaty of the European Market, now called the European Union. The term "harmonisation" of training contains the meaning of searching for and establishing common rules and training requirements in all European countries concerned. The European Board of Psychiatry has proposed specific requirements for the training of psychiatric trainees [1].

During the past meetings of the European Forum for all Psychiatric Trainees (EFPT) [3, 10, 11], the delegates of each country presented the training programmes of their own training centre, and the impression given was that although the European countries had different programmes, the goal of harmonisation was not unreachable, since in each country training programmes were similar. From a preliminary study, by former members of the Hellenic Association of Psychiatric Trainees [5, 6] presented in two congresses, it was shown that at least in Greece, there are differences in residential training from one training institution to the next [8, 9]. Thus, we decided to see whether this was also the case with other European countries, therefore, during the EFPT) meeting [4, 7], which took place in Athens on the 28th and 29th of March 1997, a questionnaire was given by the Greek delegates to the country representatives who participated in the Forum. Its goal was to determine whether the diversity in psychiatric training was common in the European countries represented in the Forum and to find out if any steps were made, from April 1996 (when the fourth EFPT took place in Lisbon) [3] up to March 1997 (when the fifth EFPT took place in Athens) [5, 6], in those European counties, in order to harmonise psychiatric training with the requirements of the European Board of Psychiatry.

Materials and methods

The questionnaire is shown as *table I*.

The questionnaires were given to the delegates of the seventeen countries which participated in the Forum. One questionnaire per country was given, which was completed by the representatives of each country. Thirteen questionnaires were completed. Of the countries which answered the questionnaire, five had two, four had one, two had three, one had five and one had four representatives in the Forum.

Although the sample is small, it is representative.

Table I. Questionnaire.

Please, mark with a cross the valid answer to each of the following three questions and give more details if possible, wherever they are asked

1) Which of the following is valid in your country today?

a The trainee chooses the training institution where he wants to be trained and he enters a waiting list, waiting for his turn to start

b The training institution selects the trainees who will be trained in it

If this is valid, in what way does the institution make the selection?

c The national authority makes the selection

If yes, in what way?

d There is another way of selection, different from the above mentioned ways

If yes, please describe it

2) Are there any differences from training institution to training institution, concerning the:

a rotation

If yes, what kind of differences?

b psychotherapeutic training

If yes, what kind of differences?

c hours or content of theoretical training

If yes, what kind of differences?

d There are no differences from training institution to training institution

3) Are there any changes in your National legal frame, concerning the psychiatric training, during the 1996 – 1997 period (April 1996–March 1997)?

a Yes

b No

If yes, please describe them

Results

The answers to the questions of the questionnaire are presented in *table II*.

Six countries (46.1%) answered that the training centre selects the trainees. In three of these six countries (Netherlands, Sweden, United Kingdom) the choice is made according to the trainees' curriculum and with an interview, in two only with an interview (Denmark, Germany) and in one after an exam which will take place in each training centre (Italy).

Two countries (15.3%) answered that the trainees select the training centre in which they want to be trained and enter a waiting list until their term comes to commence their training (Greece, Cyprus). Since Cyprus does not provide training in psychiatry but most of the Cypriot trainees get trained in Greek hospitals, the above mentioned method of selection for and access to the psychiatric training concerns only Greece.

https://doi.org/10.1016/S0924-9338(99)80706-8 Published online by Cambridge University Press

Table II. Answers per country, to the given questionnaire by the Hellenic Representative Committee, during the 5th EFPT meeting.

Questions	*Belgium*	*Denmark*	*Finland*	*Germany*	*Greece*	*Italy*	*Luxembourg*	*Netherlands*	*Portugal*	*Sweden*	*UK*	*Romania*	*Cyprus*
1a. Selection of the training institution by the trainees who enter a waiting list.					+								+
1b. The training institution selects the trainees.		+		+		+		+		+	+		
1c. The National Authority selects the trainees.													
1d. Other way of selection.	+		+				+		+			+	
2. Differences from training institution to training institution in: a.rotation	+	+	+	+	+	+	+		+	+	+	+	+
b. psychotherapeutic training.	+	+	+	+	+	+	+		+	+	+	+	+
c. theoretical training	+		+	+	+		+		+	+	+	+	+
d. No differences.								+					
3a. Changes in the National Legal Frame in Psychiatric Training during the 1996–1997 period.						+					+		
3b. No changes.	+	+	+	+	+		+	+	+	+		+	+

https://doi.org/10.1016/S0924-9338(99)80706-8 Published online by Cambridge University Press

There is no country (0%) in which national authority makes a selection.

Five countries (38.4%) have different methods of selection than the above mentioned. So, in Belgium and Luxembourg, which have a common training programme, the residents state the centre where they would like to be trained. If in 5 years their training has not started, they have to state once again if they want to be trained in the same or in another training centre.

In Finland, the trainees state where they want to be trained and according to their curriculum or after an interview, it will be decided by the training centre if they will finally be trained there. In Portugal, those who have higher scores in a national exam concerning all medical specialities have priority in the choice of their favourite speciality and training centre. In Romania, those who have higher rates in a national exam have priority in the choice of the training centre where they want to be trained.

It must be mentioned that the representative committee of one country expressed its doubts whether the selection procedure in its country is transparent.

Concerning the second question, the following information is given: with the exception of The Netherlands, where the training is similar in all the training centres and inspected every 2 to 5 years, the rest of the thirteen countries that answered have smaller or greater differences in training from one training centre to the other

Concerning the rotation, in Italy there is total lack of this. In Belgium, Luxembourg, Portugal and Sweden, the resident chooses the rotation programme. In Germany, Finland and Romania it is organised by each training centre. In Denmark, the rotation varies, depending on actual facilities. In the UK, it depends on the size of the training scheme and on the availability of training posts in certain sub-specialities. In Greece and Cyprus, the legal framework requires a rotation, which is more or less adhered to.

As for psychotherapy training, it is not always provided. In some countries it depends on the training centre, which may have a psychobiological or psychotherapeutic approach (Belgium, Luxembourg, Germany, Finland), while in other countries it is optional and is paid (Romania). In some countries, there is a minimum of psychotherapy education required by the National Authority (Denmark), while in others there are differences concerning the psychotherapeutic approach of each training centre (Portugal, Italy). In others, the given supervision varies from training centre to training centre (UK, Italy). In Sweden, the trainee selects the type of psychotherapy training.

As for the theoretical training, in The Netherlands, in Denmark and in Italy national authority supplies a common theoretical course. There are countries with small differences in their theoretical courses from one training centre to the other (England, Romania). In others, there are greater differences, which concern either the subjects of training and the hours or the approach (psychotherapeutic or psychopharmacological). In these countries, the theoretical programmes are organised separately in each centre, usually, by the existing trainers (Germany, Belgium, Luxembourg, Sweden, Finland, Portugal, Greece, Cyprus).

As for the third question, changes took place during the time period 4/1996–3/1997 in the legal framework of the UK and Italy concerning psychiatric training. In the UK the changes have to do with the further specialisation of the medical doctor, who, in order to be further specialised, must pass an exam and then he must follow a 3 year course, after which he will receive a certificate of completion of specialist training. In Italy, the legal framework has been entirely changed but the requirement of the Board for 5 years' training is not followed and the training lasts only 4 years. On the other hand, the theoretical programme contains very specific and detailed requirements concerning the hours and the subjects of theoretical and clinical training, as well as seven optional areas in which the residents can be trained, of which the three at least are compulsory.

Discussion

From the above mentioned facts, while keeping in reserve the accuracy of the given information, the following conclusions are reached: first, there is a diversity in the selection and access of medical doctors who want to have psychiatric education in each European country, as well as in the various training centres (eg, Germany). It must be mentioned that the only requirements of selection for and access to the psychiatric training, recommended by the European Board of Psychiatry, are the completion of the basic medical training and the transparency of the selection procedure. Each country can have its own system of selection and assessment of the candidates in which universities and heads of training play a part. So for the time being, diversity is permitted in the selection for and access to the psychiatric training by the European Board [1, 2].

Second, in all those countries, with the exception of The Netherlands, there are smaller (eg, Denmark) or greater differences from one training centre to the next in their training programmes.

Third, changes in the legal framework, concerning psychiatric education, from April 1996 to March 1997, took place in two counties (UK, Italy). The changes of the UK legal framework did not have to do with the requirements of the European Board of Psychiatry.

Of course, 11 months is a short time to reach conclusions and that is the reason that so few changes are mentioned here, but it seems that efforts are made for the "harmonisation" of the psychiatric training programmes in European countries. Studies of registration of the diversity of psychiatric education in each European country, elaborated by members of the EFPT or other bearers, would be useful in order to determine the distance which separates each country from the realisation of the requirements of the European Board of Psychiatry [8, 9].

1 Christodoulou GN. Charter on Psychiatric Training in the European Union. Charter on training of medical specialists in the EU. Requirements for the speciality Psychiatry. *Psychiatriki* 1995 ; 6 : 270-9

2 Christodoulou GN, Lykouras E, Stefanis CN. Selection of the speciality of psychiatry and personality. *Psychiatriki* 1991 ; 2 : 288-92

3 Cornwall PL, Gribbin N. The Fifth European Forum for all Psychiatric Trainees. *Eur Psychiatry* 1998 ; 13 : 53

https://doi.org/10.1016/S0924-9338(99)80706-8 Published online by Cambridge University Press

4 Cornwall PL, Sheldon L. The Fourth European Trainees Forum. *Psychiatr Bull R Coll Psychiatr* 1997 ; 21 : 117
5 Kontaxakis VP. Psychiatric News. Hellenic Association of Psychiatric Trainees (H.A.P.T.). *Psychiatriki* 1995 ; 6 : 380
6 Kontaxakis VP. Psychiatric News. Hellenic Association of Psychiatric Trainees (H.A.P.T.). Goals and activities. *Psychiatriki* 1996 ; 7 : 75
7 Kontaxakis VP. Psychiatric News. The Fifth meeting of the European Forum for all Psychiatric Trainees (EFPT): The Hellenic Association of Psychiatric Trainees as contact between EFPT and the Psychiatric Trainees of the Balkan Peninsula. *Psychiatriki* 1997 ; 8 : 1
8 Margariti M. Compatibility of the psychiatric educational programs with the requirements of the European Board of Psychiatry. *Fifteen Panhellenic Congress of Psychiatry-Programme*; 1998. p 18
9 Margariti M, Politis A, Mellos E, Gournelis R. Report on the present status of psychiatric education today. *Fourteen Panhellenic Congress of Psychiatry-Programme*; 1996. p 20
10 Sheldon L, Cornwall PL. The Third European Trainees Forum. *Psychiatr Bull R Coll Psychiatr* 1996 ; 20 : 106
11 Van Beinum M, Castle D, Cameron M. The European Forum for All Psychiatric Trainees. *Psychiatr Bull R Coll Psychiatr* 1993 ; 17 : 679-80

https://doi.org/10.1016/S0924-9338(99)80706-8 Published online by Cambridge University Press