UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

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Accreditation of European Training Schemes in Psychiatry

The Union Européenne des Médecins Spécialistes through its Sections and Boards has responsibility for European aspects of training, qualifications, CPD and accreditation. Many specialities have recognised the necessity for a Europe-wide assessment of training schemes and examination of individual practitioner abilities. As a result, several specialities (notably those in surgery) have established accreditation and examination procedures which are recognised throughout the European Union. The processes will have wider influence as the number of countries in the Union expands.

Psychiatry currently lags behind both in formalised national and internationally recognised procedures. Whilst many European countries rely on teaching centres of psychiatry to complete locally based assessment procedures, few have a national system of accreditation. Even fewer have national postgraduate examinations based on a detailed curriculum. Most rely on the completion of a prescribed training programme of attendance and clinical experience. Assessment of specialist knowledge via an independent national examination is considerably more straightforward to organise than assessment of clinical skills.

The UEMS Board and Section of Psychiatry has attempted to delineate a European process of accreditation but has met with difficulty. In particular, the diverse cultural, social and political contexts of psychiatric care systems and the variety of training programmes within them have proved daunting. Defining the constitution of a training scheme has also proved problematic. Is this to be regarded as that of university training centre only or can it include a wider training environment incorporating regional hospitals, outpatient clinics and community care? What sanctions can an international committee bring to bear if training in a specific centre proves inadequate?

After much debate, UEMS-Section of Psychiatry has recognised that development of national training accreditation processes must precede international accreditation. It is also aware that this must involve the major issue of assessment and examination of individual practitioner skills and knowledge.

UEMS-Accreditation of Training Schemes Questionnaire

As a first step, the UEMS-Section of Psychiatry has developed an agreed assessment protocol, now circulated to all national psychiatric organisations. This attempts to specify what must be taken into consideration. It includes, for example, an enquiry into supervision, training rotation, areas of particular experience (such as the psychotherapies), safety of work environment, practicalities of study and access to academic facilities. In order to pilot whether such a protocol can be used effectively across national borders, UEMS representatives of the Netherlands Psychiatric Association and Royal College of Psychiatrists have each participated as observers in Approval Visits in the other country.

In both countries, there is recognition that extensive preliminary preparation is needed prior to undertaking a visit. Before a visit, the tutors are invited to complete documentation outlining facts and figures pertaining to training. They also identify strengths and weaknesses affecting local training experiences. In the Netherlands, this is further developed than in the UK, with detailed written assessments of the training experience expected from trainees prior to the visit. There then follows a preliminary visit of a local team and then a visitation by the National Panel. As in the UK, there is a convenor for each National Panel. But in the Netherlands the visiting team consists of multiple independent subgroups, each with a consultant chair. Senior trainees are represented on the assessing panels, in both countries and independently meet with trainees in the Scheme visited.

From observing these visits, the UEMS found a preoccupation with very similar training issues in both countries. Tensions are apparent in both between service demand and training needs. Adequacy of supervision and access to psychotherapy training were also commonly discussed. Conditions of training, most notably safety and adequacy of office provision, also arose as general issues.

Both national psychiatric organisations have committees which consider reports, identify strengths and problems and recommend any necessary changes. This clearly allows for a unity of approach to national training strategies within these two countries. An area of marked contrast, however, is the position of national examinations. In the UK, examinations are contributory to completion of a CCST. The yearly Dutch examination, in contrast, is utilised to give trainees an opportunity for peer comparison only. It is not, as in the UK, regarded as essential to gaining a CCST. The difference this makes is evident in the Dutch training programmes, which are not preoccupied with examination curricula and exam practice. None the less, a national comparison between these two countries shows many areas of common experience and concern.

Conclusions

The UEMS pilot found that its international protocol for accreditation of training schemes could be successfully utilised without notable modification, albeit when tested in countries with already established processes of nationally agreed professional review by peers. UEMS-Board of Psychiatry now faces the major challenge of encouraging all its national psychiatric organisations to engage in formalising assessment of training programmes in line with the protocol and assisting the further development of internationally recognised accreditation processes, including the assessment of individual specialist practitioner's skill and knowledge through examination.

Psychiatric associations, not currently familiar with nationwide assessment procedures, may wish to convene a symposium of training scheme organisers to consider implementation. The UEMS Board of Psychiatry are in a position to offer consultative assistance in taking a variety of aspects further.

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