



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif International non-profit organisation

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
www.uems.eu

T +32 2 649 51 64
F +32 2 640 37 30
info@uems.eu

UEMS 2017/ 08

CHARTER ON TRAINING OF MEDICAL SPECIALISTS IN THE EU

TRAINING REQUIREMENTS FOR THE SPECIALITY OF PSYCHIATRY

Preamble

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 37 national associations and operating through 43 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

It is the UEMS' conviction that the quality of medical care and expertise is directly linked to the quality of training provided to the medical professionals. Therefore the UEMS committed itself to contribute to the improvement of medical training at the European level through the development of European Standards in the different medical disciplines. No matter where doctors are trained, they should have at least the same core competencies.

In 1994, the UEMS adopted its Charter on Post Graduate Training aiming at providing the recommendations at the European level for good medical training. Made up of six chapters, this Charter set the basis for the European approach in the field of Post Graduate Training. With five chapters being common to all specialties, this Charter provided a sixth chapter, known as "Chapter 6", that each Specialist Section was to complete according to the specific needs of their discipline.

More than a decade after the introduction of this Charter, the UEMS Specialist Sections and European Boards have continued working on developing these European Standards in Medical training that reflects modern medical practice and current scientific findings. In doing so, the UEMS Specialist Sections and European Boards did not aim to supersede the National Authorities' competence in defining the content of postgraduate training in their own State but rather to complement these and ensure that high quality training is provided across Europe.

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At the European level, the legal mechanism ensuring the free movement of doctors through the recognition of their qualifications was established back in the 1970s by the European Union. Sectorial Directives were adopted and one Directive addressed specifically the issue of medical Training at the European level. However, in 2005, the European Commission proposed to the European Parliament and Council to have a unique legal framework for the recognition of the Professional Qualifications to facilitate and improve the mobility of all workers throughout Europe. This Directive 2005/36/EC established the mechanism of automatic mutual recognition of qualifications for medical doctors according to training requirements within all Member States; this is based on the length of training in the Specialty and the title of qualification.

Given the long-standing experience of UEMS Specialist Sections and European Boards on the one hand and the European legal framework enabling Medical Specialists and Trainees to move from one country to another on the other hand, the UEMS is uniquely in position to provide specialty-based recommendations. The UEMS values professional competence as *“the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”*¹. While professional activity is regulated by national law in EU Member States, it is the UEMS understanding that it has to comply with International treaties and UN declarations on Human Rights as well as the WMA International Code of Medical Ethics.

The UEMS Section of Psychiatry in consultation with National Associations of psychiatrists and other stakeholder organizations, including the European Federation of Psychiatry Trainees, developed the Training Requirements for the Specialty of Psychiatry. The content of the Training Standards was based on earlier documents produced by the UEMS Section and Board of Psychiatry, including The Profile of a Psychiatrist (2005), The European Framework for Competencies in Psychiatry (2009), Training in Psychotherapy as part of Training in Psychiatry (1995), Psychotherapy (2004), Supervision in Psychiatry (2002) and Psychiatry services focused on a community: challenges for the training of future psychiatrists (2004).

I. Training Requirements for Trainees

b. Content of Training

- a. Knowledge**
- b. Skills**
- c. Professionalism**

1.1.1 The training process must include practical clinical work and relevant theory, covering biological treatment modalities, psychological and social treatment modalities.

¹ Defining and Assessing Professional Competence, Dr Ronald M. Epstein and Dr Edward M. Houndert, Journal of American Medical Association, January 9, 2002, Vol 287 No 2

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1.1.2 The training process should ensure development of all aspects of the knowledge, skills, attitudes and personal attributes in the roles as medical expert, health advocate, communicator, collaborator, and team-worker, scholar, administrator and manager as described in the European Framework for Competencies in Psychiatry (see Appendix)

1.1.3 Training should at least include practical experience of different areas of psychiatric practice including: exposure to psychiatric conditions throughout the life span, community psychiatry, consultation-liaison and psychotherapy.

1.1.4 Psychiatry is an integral part of medicine. Trainees should acquire and maintain adequate knowledge and skills to recognize relevant medical conditions and refer to other medical specialists when appropriate.

1.1.5 Trainees should have formal teaching about critical appraisal of literature, scientific data and evidence-based medicine, and have opportunity to participate in research related activities.

1.1.6 Trainees should have an active role in teaching, including the teacher of medical students, other members of the healthcare team, other healthcare professionals and the general public.

1.1.7 Training should foster general aspects of medical professionalism to enable the doctor to act in the best interests of patient and the public

1.1.8 The training process should ensure an increasing degree of independent responsibility as skills, knowledge and experience grow and this should be defined explicitly for each stage of training.

1.1.9 Trainees are expected to behave as adult learners and to take responsibility to fully engaged in the learning process. Each trainee must have a training log-book, training portfolio or similar document that is maintained throughout their specialty training in which, they record their learning experiences

1.1.10 Trainees should be involved in the formulation of mission and outcomes statements of the training programmes

II. Organisation of Training

a. Assessment and evaluation

2.1.1 The training must include a process of assessment and the competent authorities must define and state the method used for assessment of trainees, including the criteria for passing examinations or other types of summative assessment. Assessment systems must include formative in-training methods.

2.1.2 The training should be directed and the trainee guided by processes of supervision and regular appraisal and constructive feedback from trainers, supervisors and teachers. This should include a minimum of one hour a week personal supervision for each trainee delivered by their trainer and a formal evaluation of the trainee's progress by the trainer and trainee twice a year.

2.1.3 The Chief of Training should ensure that each trainee's progress is formally reviewed against the relevant curriculum requirements at least once a year.

2.1.4 There should be a procedure that is consistent with the legal requirements of the nation concerned to remove an unsuitable trainee from training. Participation of trainee

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organisations in developing this procedure is desirable. There should be an effective and independent appeal procedure for the trainee.

b. Schedule of training, (including access to specialty training)

2.2.1 Candidates for specialty training in psychiatry should have completed the study of medicine at one of the universities of the EU or associated countries or an EU recognised equivalent

2.2.2 The competent authorities and the medical professional organisations must agree on a policy on the criteria and process for selection of trainees and must publish and implement it

2.2.3 The trainee should have sufficient linguistic and communication skills to communicate with patients, their families, and other health professionals and the understanding of scientific literature

2.2.4 The overall composition, structure and duration of training and professional development must be described and must demonstrate how the training programme will meet its stated outcomes which should be sufficient to enable independent practice in psychiatry.

2.2.5. The minimum duration of training will be five years.

2.2.6. The training can take place in different institutions, either inside or outside the EU, as long as the training is recognized by a competent authority. Experience of a different training and mental health system as an observer (e.g. exchange programmes) should be promoted as a means to gain further skills.

2.2.7 Part-time (ie less than full-time) training should be possible in every EU member state and should be facilitated by general regulations.

III. Training Requirements for Trainers

1. Process for recognition as trainer

a. Required (requested) qualifications and experience

3.1.1 Responsibilities for the professional leadership for the psychiatry training programme must be clearly stated

3.1.2 The Chief of Training should have been practicing as a psychiatrist for at least five years after specialist accreditation as a psychiatrist and must also have five years experience of holding an educational role.

3.1.3 Trainers, supervisors and teachers must be officially recognised in their training institution. Therefore there should be transparent procedures for the appointment of trainers, supervisors and teachers. These must specify the expertise required and the responsibilities and duties of each post.

b. Core competencies

3.1.4 Trainers must understand the structure and purpose of and their role in the relevant training programme and they must be able to give constructive feedback on performance.

3.1.5 Trainers, supervisors and other personnel who are involved in the assessment of trainees both in the workplace and in formal examinations must be trained in the use of the assessment method and be clear as to what is acceptable performance.

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3.1.6 Trainers must have training in adult learning theories, and demonstrate competencies in setting learning objectives, monitoring trainees' progress and in understanding the process to be followed in dealing with a trainee whose progress gives cause for concern.

3.1.7 Trainers must be trained in how to use logbooks, training portfolios or equivalent documents to support the learning of trainees. Where a specific e-portfolio is used, trainers must be trained in its use.

3.1.8 Psychotherapy supervisors are required to have a recognised training in psychotherapy and must be trained in supervision methodologies. The director of the psychotherapy training programme for psychiatrists must be a psychiatrist.

2. Quality Management for Trainers

3.2.1 Trainers, supervisors and teachers should receive regular feedback on their performance of these roles and must demonstrate reflection on this feedback. This feedback should include commentary from trainees

IV. Training Requirements for Training Institution

1. Process for recognition as a training centre

4.1.1 The training locations must be selected and recognised by the competent authorities which maintain a set of published standards for the approval of training institutions and a transparent process for taking approval away from institutions that fail to meet the standard

2. Requirement on clinical activities

4.2.1 Training locations must have sufficient clinical/practical facilities to support the delivery of training and sufficient number of patients and an appropriate case mix to meet training objectives. The training must expose the trainee to a broad range of experience in psychiatry and, when relevant, include both inpatient and outpatient care and on-duty activity.

4.2.2 The apprenticeship nature of professional development must be respected to ensure that the integration between training activities and service provision (in-service training) is assured. Clinical training should be complementary to and not subordinated to service demands.

4.2.3 The training must take place in a range of settings, in particular in community settings that are relevant to mental health services in that country. Trainees should receive training in a full range of specialist psychiatric services, including outpatient clinics, community mental health centres and day care, and emergency services including acute in-patient units and on-duty activity. The residents should also receive training in more differentiated mental health services focusing on specific problems such as eating disorders, addiction problems, early intervention services, assertive community treatments, a variety of vocational training programmes, as well as alternatives to both acute hospital beds (crisis and home treatment teams) and to those needing long term care (hostels and residential homes). Training personnel in primary care will continue to be an important task for psychiatrists, and trainees should receive training in this as well as in consultation-liaison services.

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4.2.4 Psychiatrists in training need to have opportunities to develop skills at multidisciplinary practice and in multidisciplinary team-work and in working with other agencies.

4.2.5 Programmes must include theoretical and practical exposure to psychotherapy, including supervised practice. The quantity of such training should be defined and should consist of at least 120 hours of theoretical teaching and 100 hours of supervision of which at least 50 hours should be individual. The definition should include the number of cases to be included. At the minimum, the training must be sufficient to ensure that trainees can demonstrate acquisition of the relevant competencies in the European Framework for Competencies in Psychiatry. The experience should be gained with a broad range of diagnoses, including psychosis and with individuals, groups and families. It should include assessment and evaluation of outcome as well as research methodology as applied to psychological therapy. As part of this, a personal psychotherapeutic experience is highly recommended, but not mandatory. Where this experience is not available, there must be some provision of a learning experience in which the trainee has the opportunity to explore the impact of his/her thinking and feeling as part of the interpersonal contact with patients and to use this therapeutically. Training in psychotherapy should be in working time and should be funded as part of the training programme.

4.2.6 Acceptable standards of performance should be explicitly specified and conveyed to both trainees and supervisors

4.2.7 Trainees must have access to competent clinical supervision at an appropriate level to the trainee, from a named person at all times when the trainee is providing clinical services. This includes supervision in psychotherapy

3. Requirement on equipment, accommodation, facilities, etc.

4.3.1 There should be sufficient additional teaching personnel (trainers, supervisors and teachers) to enable the safe and effective delivery of all aspects of training

4.3.2 The time required for providing training, supervision and teaching should be included as responsibilities in the work schedules of trainers and their relationship to work schedules of trainees must be described

4.3.3 The trainee must have space and opportunities for practical and theoretical study and have access to adequate national and international professional psychiatric literature as well as equipment for training of practical techniques

4.3.4 There should support and resources for trainees in helping to ensuring that their logbook, learning portfolio or equivalent is kept up to date. This should include access to appropriate IT resources if an e-portfolio is used.

4.3.5 Trainees should work in a safe environment, there should be systems in place to ensure their safety and they should have training in personal safety

4.3.6 When trainees are expected to stay in hospital accommodation, it should be safe, comfortable and socially appropriate

4.3.7 Training institutions must have administrative staff of sufficient numbers and expertise to support the implementation of the programme

4.3.8 Every trainee should have access to educational advice that should include appropriate guidance on professional, training and career development matters

4.3.9 Appropriate services should be made available to ensure doctors in training seek help if they become unwell. They should be supported and not feel stigmatized or punished in

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doing so.

b. Quality Management within Training Institutions

4.3.10 There must be evidence that training is adequately resourced, including evidence that trainers, supervisors and teachers have access to resources to ensure that they up to date in educational matters.

4.3.11 There should be a clear line of responsibility and authority for the budgeting of training resources.

4.3.12 The number of trainees in a Training Institution must be proportionate to the clinical/practical training opportunities, supervisory capacity and other resources available

4.3.13 There should be regular internal review of the quality of training provided. The internal review should be informed by a wide range of quality data, including systematic feedback from trainees, survey results, results of summative assessments of trainees, feedback from employers and evidence of impact of training on patient care. The data should provide assurance that each trainee receives one hour of timetabled educational supervision per week and should also measure the quantity of psychotherapy teaching and supervision delivered. The results of the review will be reported to all stakeholders, both internal and external. There should be evidence that the findings from the quality review are acted upon.

4.3.14 There should be an effective and independent procedure for the trainee who wishes to express complaints or appeal decisions about training matters.

4.3.15 Trainees should participate in local quality management processes

4.3.16 When visits to training institutions are conducted, they must follow explicit guidelines, such as those produced by the UEMS Section of Psychiatry

Glossary of terms

Chief of Training

Sometimes known as Training Programme Director. This is the senior member of the faculty who is responsible for organising the training programme. Among other things, this person will be responsible for arranging the allocation of training posts. They will take a strategic and long term view of the training needs of the trainees for whom they are responsible.

Director of Psychotherapy Training

This person allocates and coordinates the psychotherapy training for psychiatrists engaged in a training programme. In some programmes this may be a senior psychotherapy supervisor; the role may be fulfilled by the Chief of Training.

Supervisor

A clinician, which may or may not be a medical doctor, who takes responsibility for supervising an element of a trainee's work. This may be psychotherapy or another element of clinical work, or the trainee's research, teaching or leadership activities.

Teacher

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This is usually a clinician, which may or may not be a medical doctor, who delivers theoretical teaching to psychiatrists in training.

Trainer

A clinician, usually a medical doctor, who oversees a trainee's development within a placement. This person is responsible for the trainee's one hour per week of individual supervision. In some places, this role is referred to as educational supervisor

Training Programme

A training programme is a formal alignment or rotation of posts, which together comprise a coherent programme leading to completion of specialist training