

Introduction to the 16th ECAP Newsletter

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The diversity of training programs in child and adolescent psychiatry across the various European countries has been addressed repeatedly in previous ECAP newsletters. Although this diversity reflects important cultural roots and national identities it is also hindering communication and geographical mobility of European child and adolescent psychiatrists. As in other scientific, administrative, and economic areas, the development of European unity has also started to affect our own discipline. Harmonization of training curricula will, certainly, facilitate the installation of a common frame of understanding, assessment, and treatment of child and

adolescent psychiatric disorders among European specialists in the field. Thus, it has to be highly welcomed that the European Board of Child and Adolescent Psychiatry Psychotherapy (EBCAPP) as a section of the Union of European Medical Specialists (UEMS) has taken initiatives in developing a training logbook for our speciality. The following document is provided to ECAP readers by A. Rothenberger, President of EBCAPP. For the various national societies it may serve as a means in which to adapt national standards to common European standards in the upcoming years.

The Training Logbook of UEMS Section/Board on Child and Adolescent Psychiatry (CAPP) Progress concerning European harmonization

Aribert Rothenberger

Introduction

The UEMS Specialist Section 'Child and Adolescent Psychiatry/Psychotherapy' (CAPP) establishes the 'European Board of Child and Adolescent Psychiatry / Psychotherapy' (hereinafter called EBCAPP) as a part and working group of the UEMS Section. Members of the Board should be eminent representatives of national organizations representing the member countries of UEMS on a professional, scientific and university basis. In general (because of economic reasons) these representatives should be the same as the elected delegates from the national scientific and professional organizations of the CAPP Section.

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According to the EU Training Charter the monitoring authority for CAPP training is the UEMS section of child and adolescent psychiatry/psychotherapy. In UEMS member countries the specialty exists under various names: child and adolescent psychiatry/psychotherapy, child and adolescent psychiatry, child and adolescent neuropsychiatry, child psychiatry, child neuropsychiatry. All these different names are considered equivalent. At national level, the training of CAPP specialists is regulated by National Authorities which set standards in accordance with national rules and EU legislation as well as with the requirements from the UEMS Section of CAPP.

One objective of the EBCAPP is to assess the content and quality of training in the European countries which are full members of the UEMS. Therefore a Training Logbook was developed and approved during the EBCAPP meeting in Nicosia (Cyprus) October 28, 2000. Its full text is available via the UEMS website (<http://www.uems.be/childpsy.htm>) or directly with the website of Child and Adolescent Psychiatry, University Göttingen (<http://www.gwdg.de/~uky>). The essential information is given to the reader with this ECAP-newsletter.

Foreword

The charter on training medical specialists in the EU defines the requirements for child and adolescent psychiatry/psychotherapy (CAPP) training. This charter was adopted by the UEMS specialists section on CAPP in October 1994. Within the framework of the general aspects of training in CAPP the charter includes information on the training program and asks for a training Logbook (Article 2, point 4). This Logbook should be understood as a guideline for CAPP training in Europe, which should have a minimum duration of 5 years postgraduate training (of which 4 years should be pure CAPP). After that an independent practice activity of CAPP should be possible.

The structure of the Logbook should be derived from the daily practical approach to diagnosis and treatment of child psychiatric problems. Therefore, it is recommended that the mentioned issues and topics should be included in the CAPP training of each European country as a *golden standard*. Nevertheless, there may be some minor national variations depending on the possibilities and objectives of the individual country.

Hence, this document is an attempt to bring together the different focuses of CAPP in the different EU countries.

The fulfilling of the Logbook contents should enable the medical trainee to become a competent CAPP at all levels of child and adolescent functioning; with a biopsychosocial developmental model in mind. It seems to be of utmost importance to reach this goal, as a holistic approach to children and adolescents with psychiatric problems has proven to be best for their future development in society. Thus, the well trained CAPP will be the only professional who can overview, handle and (if necessary) adequately delegate and co-ordinate multilevel healthcare needed for the psychiatrically disturbed child and adolescent.

The best way to use this CAPP training Logbook would be to develop it as a steady interactive link between CAPP trainer and CAPP trainee with up-to-date literature available (e.g. textbook, casebook, guidelinebook for disorders, multiaxial classification scheme, journals). Based on this procedure the CAPP training Logbook could contribute to a successful national examination in CAPP.

Finally, following the lines of the CAPP training Logbook would allow the trainee (*after* his national certification as CAPP) to go on with a *deeper training*, depending on his/her interests (e.g. psychotherapy, child neurology). Duration and contents of the latter have to be defined by the national bodies/associations.

Description of goals

The *general goals* include a specialty profile, mentioning of internal and external collaborations, knowledge, skills and professional attitudes, supplementary education and training in pediatrics and adult psychiatry, theoretical education and quality assurance.

Specific objectives in CAPP refer to ICD-10 categories, developmental and psychosocial aspect, psychotherapy, drug treatment, child neurology, working with the family etc. etc. Included are specific objectives in adult psychiatry (e.g. psychotic conditions) and pediatrics (e.g. organ transplantations).

General aspects of training

Teachers and training institutions or other responsible bodies select and appoint trainees who are suitable for CAPP in accordance with an established selection procedure. This selection procedure should be transparent, and application should only be open to persons who have completed basic medical training.

A minimum duration of 5 years postgraduate training (of which 4 years should be pure CAPP) is required for independent practice of CAPP. Training should by preference take place in a full-time appointment. For part-time training an individually tailored program should be approved by the National Authorities.

CAPP specialty training in fundamental knowledge and skills should include:

- Specialty training (48 months):
- at least 24 months in child and adolescent psychiatric outpatient care
- at least 12 months in child and adolescent psychiatric inpatient/day care
- there must be a balance between experience with children and adolescents
- full time research work can be included within the specialty training; the research must be in child and adolescent psychiatry

- Complementary specialty training (12 months):
- 12 months in adult/general psychiatry
- training in pediatrics or neurology is recommended but optional

Theoretical and practical training will follow an established program approved by the National Authorities in accordance with national rules and EU legislation as well as with these requirements from the UEMS Section of CAPP.

Theoretical training should include 720 hours of structured teaching over the 4 years of CAPP training.

Practical training must include, alongside the normal clinical work

- clinical supervision which is an integral part of all practical training, and

- clinical co-operation with relevant institutions and professionals (e. g. Liaison work).

Psychotherapy training must include training in psychotherapy for individuals, groups of families according to psychoanalytic/dynamic, behavioral/cognitive or systemic methods. The psychotherapy training should include theoretic seminars, supervised treatment techniques, and individual or group self-awareness.

The different stage of training and the activities of the trainee should be recorded in a training Logbook.

To build up his/her experience, the trainee should be involved in the treatment of a sufficient number of in-patients and outpatients (ambulatory) and perform a sufficient number of practical procedures of sufficient diversity.

The trainee should have sufficient linguistic ability to communicate with patients and to study international literature and communicate with foreign colleagues.

The trainee must keep his/her personal training Logbook or equivalent up to date according to national rules and these requirements from the UEMS Section of CAPP.

The National Authorities together with the teachers and training institutions must implement a policy of quality assurance of training. This may include visits to training institutions, assessments of the training, monitoring of the Logbook and any examination of CAPP training.

Recommended contents of training

To give a realistic picture of what has to be done in detail the number of hours and cases are listed in the full text. Here, only the basic structure of the training will be presented:

■ Institutions

Trainee and trainer should have special meetings at least every month.

■ Diagnostic Training Issues

Theory and Practice should consider the following assessment approaches and integrate them:

Sensorymotor level

(e. g. *psychiatric neurobiology, neurodynamics, child neurology*)

Cognitive level

(e. g. *neuropsychology, neurodynamics*)

Emotional level

(e. g. *psychopathology, psychodynamics/neurodynamics*)

Social level

(e. g. *social psychiatry, sociodynamics*)

■ Therapeutic Training issues

Theory and Practice should include and coordinate: Psychotherapy

(e. g. *psychodynamic, cognitive-behavioral, systemic*)

Neuropharmacotherapy

(e. g. *pharmacology, drug handling*)

Functional Training

(e. g. *sensory motor, cognitive, social*)

Self-help Groups/Counseling and Mental Health Prevention

(e. g. *parent organizations of ADHD and autism*)

■ Forensic CAPP

is recommended with a 10 hour theoretical seminar and a practical part with 10 cases.

■ Research

includes a 40 hour seminar/year with Journal Club and Projects/Studies.

■ Documentation

should be done with all own cases and include a seminar with 40 hours/year.

Conclusion

The present training Logbook reflects the consensus of all EU-countries how we should proceed in CAPP training. Nevertheless, not only the trainee has to fulfill certain requirements to become a qualified specialist. Also, the training institutions and each single teacher must implement a policy of quality assurance of training. The EBCAPP started already with visits to training centers which may be characterized afterwards as *UEMS Approved*.

In sum, the European harmonization process in CAPP has reached an important goal but others like establishing a credit point system for continuous medical education have to follow.