



Did European guidelines on training in C-L psychiatry and psychosomatics contribute to reduce diversities in training throughout Europe?

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The logo for EACLPP, featuring the text "EACLPP" above a stylized map of Europe with a gear-like border.

Conflicts of interest

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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.

The logo for EACLPP, featuring the text "EACLPP" above a stylized map of Europe with a gear-like border.

Overview

- Survey on training in C-L 2005
- Development of European Guidelines on training
- Survey on training in C-L 2010
- Did the European Guidelines contribute to reduce diversities in training throughout Europe?


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Introduction

- Since the 90' the number of C-L services increased in most European countries
- Multicentre trials on care delivery and quality management in C-L were conducted by the ECLW. They showed
 - vast differences in the C-L experience of residents at different sites;
 - serious shortcomings and unacceptable variations of the standards of training in C-L across Europe;
 - a lack of training guidelines in most European countries

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Survey on training in C-L 2005

- **EACLPP Workgroup on Training** in C-L psychiatry and psychosomatics
- Homepages and publications of national C-L societies/working groups investigated.

- **Semistructured questionnaires** filled in by 16 national representatives of EACLPP in (Western) Europe including items on
 - Existence
 - Organisation
 - Contents
 - Didactics
 - Implementation
 - Accreditation of training

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Survey on training in C-L 2005: Identified problems

- Lack of clear objectives and lack of guidelines
- Very heterogeneous quality of teaching programs
- Lack of well-structured C-L units that can provide training
- Lack of full-time senior C-L psychiatrists who can teach/supervise trainees
- Lack of clear requirements for teachers
- Lack of training posts for rotation to C-L units
- Problematic rotation inside the C-L unit (continuity of care)
- Lack of clarity regarding the role of experienced C-L nurses and psychologists in training programs
- Lack of evaluative research
- Concern on how the costs of vtraining will be covered


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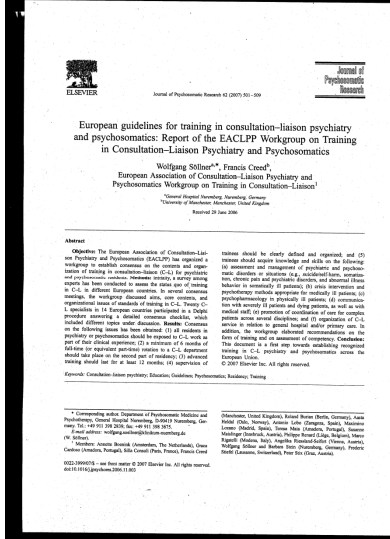
Developing European guidelines on training in C-L: Methods

- Three expert meetings at EACLPP conferences
- **Formal Delphi procedure** with a panel of 20 experts from 14 European countries
- Expert advisors from the U.S. (Tom Wise) and Australia (Graeme Smith)
- 1st Delphi round: Experts agreed/disagreed on a preliminary consensus protocol which was prepared in the experts' meetings
- 37 items concerning the objectives, contents and organisation of (a) training for residents and (b) advanced training in C-L psychiatry/PSM (high overall agreement 75-100%)
- 2nd and 3rd Delphi round: Revised consensus protocol and final consensus report (>90% agreement on the 37 items)

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Developing European guidelines on training in C-L: Recommendations I



- All residents in Psychiatry should be exposed to C-L work as part of their clinical experience
- Minimum of 6 months FT rotation to a C-L unit in the second part of **residency**
- Specialised **advanced training** should be provided in a C-L unit or PSM unit (at least 12 months)

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European guidelines on training in C-L: Training for residents - Recommendations II: Knowledge and skills

- Assessment and management of psychiatric and psychosomatic disorders or situations** (e.g. suicide/self-harm, somatisation, chronic pain, abnormal illness behaviour)
- Crisis intervention and psychotherapy methods** appropriate for the medically ill
- Psychopharmacology** in physically ill patients

- Psychological problems in specific clinical areas** (e.g. psycho-oncology, transplant, ICU)
- Communication** with severely ill patients and dying patients, as well as with medical staff
- Promotion of **coordination of care** for complex patients across several disciplines
- Organisation** of C-L service in relation to hospital and/or primary care
- Ethical & medicolegal issues**


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**European guidelines on training in C-L:
Training for residents - Recommendations IV:
Organisation of the training**

- The principal training site should be the general hospital (broad range of pts)
- **Liaison activities** should be included.
- **Supervision** of trainees should be clearly defined and organised with a named supervisor
- The ratio between regular C-L team members and trainees should be fixed.
- **Number** of supervised consultations attended
- **Feedback of tutors** (checklist based on above curriculum); competency measures should be developed


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**European guidelines on training in C-L:
Advanced training: Knowledge and skills I**

- Advanced training of **psychopharmacology and psychotherapy** methods in the medically ill
- Assigned to different medical specialty areas with clinical responsibility incl. **liaison activities**
- Exposure to **primary care setting** is encouraged
- Advanced methods of the assessment and care co-ordination of the **complex patient** (case management and planning)
- **Special interventions** for patients seen in units of cardiology, oncology, chronic pain, gynaecology, geriatrics, paediatrics, AIDS, Intensive Care Unit etc.
- Understanding **unconscious systemic and psychodynamic aspects** of the referral
- Skills necessary for **effective team performance**
 - skills to clarify and resolve conflicts between patients, relatives and staff
 - advising the medical team concerning the psychosocial aspects of physical illnesses and treatments
 - debriefing to relieve staff after severely distressing situation

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European guidelines on training in C-L:

Advanced training: Knowledge and skills II

Ethical issues: counselling teams in case of ethical dilemma

Management/organisational skills:

- how to run a C-L service
- lead a multidisciplinary team
- quality management
- care management
- funding mechanisms
- major incident planning

Research in C-L (methodology)

Teaching C-L (becoming a tutor)

Assessment of competency

- Examination for advanced training

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Survey on training in C-L 2010


- Survey in **Eastern European countries:**
Joanna Rymaszewska & Agnieszka Kudrynska



Training in Consultation-Liaison Psychiatry in Eastern Europe


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- New survey in **Western European countries:**
Wolfgang Söllner, Barbara Stein
- Both using the same methodology as the 2005 survey
- Homepages and publications of national C-L societies/working groups investigated
- Semistructured questionnaires filled in by the national representatives of EACLPP


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2005-2010: Was there a change? Training in C-L for residents

2005	2010
<p>Knowledge and skills in C-L Psychiatry /PSM are mandatory part of many psychiatric training curricula in Western Europe</p> <p>Rotation to a C-L service</p> <ul style="list-style-type: none"> • mandatory in 3 countries (Greece: 3 mo, Portugal: 6 mo FTE, Spain: 4 mo FTE) • recommended in 3 countries Germany PSM & PSY, Norway, U.K. 6 mo) 	<p>Knowledge and skills in C-L Psychiatry /PSM are mandatory part of most psychiatric training curricula in Western and some curricula in Eastern Europe (Bulgaria, Croatia, Poland, Romania, Ukraine)</p> <p>Rotation to a C-L service</p> <ul style="list-style-type: none"> • mandatory in 6 countries plus Croatia (3 mo); Poland, Turkey (6 mo) • recommended in 9 countries plus Austria (6 mo), Netherlands (6 mo 0.2 FTE), Norway (up to 12 mo), Bosnia-Herzegovina, Romania, Serbia


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2005-2010: Was there a change? Training in C-L for residents

2005	2010
<p>Number of supervised consultations (minimum):</p> <ul style="list-style-type: none"> • Germany: 20 • Greece: 36 • Italy: 20 <p>Seminars/courses in C-L psychiatry/PSM:</p> <ul style="list-style-type: none"> • Mandatory in Germany PSY (20 hrs), PSM (40 hrs), Greece • Recommended and provided locally in many countries (10 to 128 hrs) 	<p>Number of supervised consultations (minimum):</p> <ul style="list-style-type: none"> • plus Austria (24), Croatia (20) <p>Seminars/courses in C-L psychiatry/PSM:</p> <ul style="list-style-type: none"> • Mandatory besides Germany and Greece in Austria (50 hrs), Croatia, Portugal • Recommended and provided locally in many countries especially in Eastern Europe

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2005-2010: Was there a change?

Training in C-L for residents

2005	2010
<p>Assessment of competency</p> <ul style="list-style-type: none"> • Written feed-back from trainers (Germany, Greece, Italy, U.K.) • Checklist (U.K.) • Written case presentation (Germany, Greece, U.K.) • Formal examination (U.K., Italy) • Work-place based assessments (Germany, U.K.) <p>Requirements for teachers</p> <ul style="list-style-type: none"> • U. K. only (Train-the-trainer courses) 	<p>Assessment of competency</p> <ul style="list-style-type: none"> • Written feed-back from trainers: plus Austria, Croatia, Norway, Portugal • Checklist: plus Norway • Written case presentation: plus Austria, Croatia, Norway • Formal examination: plus Austria <p>Requirements for teachers</p> <ul style="list-style-type: none"> • See 2005

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2005-2010: Was there a change?

Training in C-L for residents

2005	2010
<p>National Practice Guidelines</p> <ul style="list-style-type: none"> • Germany (S2) <p>National guidelines for training in C-L</p> <ul style="list-style-type: none"> • Germany, Spain, U.K. 	<p>National Practice Guidelines</p> <ul style="list-style-type: none"> • Germany (upgrade S3 in progress) • Netherlands (S3) <p>National guidelines for training in C-L</p> <ul style="list-style-type: none"> • plus Finland, Norway, Romania, Switzerland, (Croatia work in progress)

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EACLPP  **Survey on training in C-L 2005 in 16 European countries:
Advanced training**


2005	2010
<p>Special competence:</p> <ul style="list-style-type: none"> • Finland: 2-year approved training „Special competence in GH Psychiatry“ • U.K.: „Special endorsement in C-L Psychiatry“ as part of specialised training; 1-year training in C-L unit <p>Subspecialty (CLP or PSM):</p> <ul style="list-style-type: none"> • None <p>Specialty (CLP or PSM):</p> <ul style="list-style-type: none"> • Germany: Specialisation in „Psychosomatic Medicine“; 3 years in PSM unit; focus on psychotherapy for the medically ill 	<p>Special competence: additionally</p> <ul style="list-style-type: none"> • Germany PSY: 1-year FTE or 2-year part-time incl. 60-hrs. training course, 150 documented consultations • (Greece, Portugal: training in preparation) <p>Subspecialty (CLP or PSM):</p> <ul style="list-style-type: none"> • Switzerland: 2-years training in a C-L service at least 0.5 FTE; 300 documented consultations; 120 hrs clinical supervision; 40 hrs training course; 10 counsellings for teams <p>Specialty (CLP or PSM):</p> <ul style="list-style-type: none"> • Germany: see 2005

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EACLPP  **Special courses in C-L**

2005	2010
<ul style="list-style-type: none"> • Only one 'centre of excellence' (1-week European training course, Manchester) 	<ul style="list-style-type: none"> • Training courses besides Manchester in Germany, Austria, Italy, Norway, Sweden

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Requirements for training units/teachers: e. g. Switzerland

Category B (1-year training certified):

- Defined department of C-L psychiatry;
- Chair of the unit is an expert in C-L
- Each consultant conducts >100 consultations/year
- Liaison work (>5 team consultations/year/consultant; Balint groups, case discussions)
- Ratio residents:specialists<2,5:1

Category A (2-year training certified):

- Defined department of C-L psychiatry;
- Chair of the unit is an expert in C-L with **teaching tasks in C-L psychiatry**
- Each consultant conducts >200 consultations/year
- Liaison work (>10 team consultations/year/consultant; Balint groups, case discussions)
- **Multidisciplinary team** (incl. psychologists, nurses)
- Ratio residents:specialists<2,5:1
- **Interdisciplinary consulting hours**

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2005-2010: Was there a change? Advanced training

2005

C-L subsections of national Psychiatric Associations:

- U.K.

C-L working groups in national Psychiatric Associations:

- Germany PSY & PSM, Greece, Italy, Sweden, Switzerland

2010

C-L subsections of national Psychiatric Associations:

- plus Italy, Sweden, Switzerland

C-L working groups in national Psychiatric Associations:

- plus Bulgaria, Hungary

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Did the European Guidelines influence the development of national training programs?


NO

- **Finland and U. K.:** Advanced training in C-L organised before European guidelines were developed; however national experts plan to cross reference and 'harmonise' advanced training with the European Guidelines.
- **Austria, Italy** (national consensus finding parallel to the development of European Guidelines; Austrian and Italian experts took part in the European process)
- **Netherlands** (*„At this stage, the Dutch Psych. Assoc. is not interested in developments abroad“*)

YES

- Guidelines gave general instructions: **Austria, Croatia, Germany PSY, Greece, Norway, Portugal, Sweden, Switzerland, Turkey, U.K.**
- (partly) adopted the Guidelines: **Croatia, Germany PSY, Greece, Poland, Romania**
- Guidelines supported the development of national training programs: **Croatia, Germany, Norway, Poland, Romania, Sweden**

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Conclusions

- There is still enormous diversity throughout Europe
- However, during only 5 years we can observe substantial progress in
 - number of mandatory and defined training programs for residents and for specialised training,
 - Nr. of national associations of C-L psychiatry /PSM,
 - one subspecialty
- European Guidelines on training in C-L seem to have substantial impact on the development of training programs

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Survey on training in C-L 2005 - 2010: Identified problems

- Lack of clear objectives and lack of guidelines - **IMPROVEMENT**
- Very heterogeneous quality of teaching programs - **IMPROVEMENT**
- Lack of well-structured C-L units that can provide training – **IMPROVEMENT IN SOME COUNTRIES**
- Lack of full-time senior C-L psychiatrists who can teach/supervise trainees – **ONGOING PROBLEM IN MANY COUNTRIES**
- Lack of clear requirements for teachers - **ONGOING PROBLEM IN MOST COUNTRIES**
- Lack of training posts for rotation to C-L units - **ONGOING PROBLEM IN MOST COUNTRIES**
- Lack of clarity regarding the role of experienced C-L nurses and psychologists in training programs - **ONGOING PROBLEM IN ALL COUNTRIES**
- Lack of evaluative research - **ONGOING PROBLEM**
- Concern on how the costs of training will be covered - **ONGOING PROBLEM IN MANY COUNTRIES**

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