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CHARTER ON TRAINING OF MEDICAL SPECIALISTS IN THE EU

REQUIREMENTS FOR THE SPECIALITY OF PSYCHIATRY

ARTICLE 1. CENTRAL MONITORING AUTHORITY FOR PSYCHIATRY

1.1. Monitoring Authority
At EU level the monitoring authority for the speciality will be the European Board of Psychiatry, which was established in October 1992, from the members of the UEMS Specialist Section. At a national level the training of psychiatrists is regulated by national authorities, which set standards in accordance with national rules and EU legislation as well as according to the requirements of the European Board of Psychiatry.

1.2. Recognition of Teachers and Training Institutions
The standard for recognition of training institutions or schemes and teachers are matters for national authorities, in accordance with national rules and EU legislation, as well as the requirements of the European Board of Psychiatry. The latter will make recommendations for the optimum requirements to be met. There must be an identified chief of training at each training institution or scheme.

1.3. Quality Assurance
Although the national authorities are responsible for setting up a programme for quality assurance of training in psychiatry, the European Board of Psychiatry will create a programme of requirements which will have to be taken into consideration by the national authorities.

1.4. Recognition of Quality
The national authorities are responsible for implementing at a national level a system of recognition of the quality of psychiatrists in accordance with national rules and EU regulations as well as with the requirements of the European Board of Psychiatry.

1.5. Manpower Planning
The national authorities are responsible for developing a manpower planning policy at a national level which aims at balancing demand and training of psychiatrists in the EU member state concerned. The European Board of Psychiatry's role will be to examine this problem in order to make recommendations.

ARTICLE 2. GENERAL ASPECTS OF TRAINING IN PSYCHIATRY

2.1. Selection and Access to the Training of Psychiatrists
Candidates for training should have completed the study of medicine at one of the universities of the EU or associated countries or an EU recognised equivalent. Each state has its own system of selection and assessment of candidates, in which universities and heads of training play a part. The selection procedure should be transparent.

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2.2. Interruption of Training

Each national professional organisation should have a procedure to remove an unsuitable trainee from training. Participation of trainee organisations in this process is desirable.

2.3. Training Duration

The minimum duration of training will be 5 years in psychiatry. The training can take place in different institutions if they are recognised nationally as training institutions. Part-time training should be possible in every EU member state and should be facilitated by general regulations.

2.4. Definition of Common Trunk

Within the national training programme in psychiatry there is a common trunk of fundamental knowledge and skills which is required of all candidates. The common trunk is compulsory. This common trunk includes training in in-patient psychiatry (short, medium and long stay), outpatient psychiatry (community psychiatry, day-hospital), liaison and consultation psychiatry, and emergency psychiatry. Psychotherapy training is also part of the common trunk.

Training should cover general adult psychiatry, old age psychiatry, psychiatric aspects of substance misuse, developmental psychiatry (child and adolescent psychiatry, learning difficulties and mental handicap) and forensic psychiatry.

The training programme can include not more than one year of flexible training (e.g. research or other related subjects to be approved by the head of training).

2.5. Practical Training

Practical training should evolve around routine clinical work under supervision. As training progresses there should be an increasing level of responsibility. During the period of training rotation within different sections of an institution should be compulsory. Rotation to different institutions should be facilitated.

2.6. Supervision

Clinical supervision should be available on a daily basis. In addition to clinical supervision and psychotherapy supervision individual educational supervision (dealing with such subjects as attitude, growth in the profession etc.) is compulsory for a minimum of 1 hour per week, at least 40 weeks per year.

2.7. Implementation of Training Programme / Training Log-Book

The theoretical and practical training will follow an established programme approved by the national authorities in accordance with national rules and EU legislation as well as with the requirements and recommendations of the European Board of Psychiatry.

Theoretical training, psychotherapy training, training in community psychiatry and training in biological psychiatry are described in appendices 1 to 4. The different stages and the activities of training and the activities of trainees should be recorded in a training logbook (Appendix 7).

2.8. Numerus Clausus

The number of trainees should not exceed the number of approved posts in a training programme. In the present state of psychiatry there is no need to institute a numerus clausus of trainees.

2.9. Training Abroad within the EU

Trainees should have the opportunity to be trained in recognised training institutions in other EU member states during the training with the approval of their training programme by the national authorities of their country of origin. National authorities can recognise training in non-EU countries.

2.10 Funding

All mandatory components of training should be fully funded by the training scheme.

ARTICLE 3. REQUIREMENTS FOR TRAINING INSTITUTIONS

3.1. Recognition of Training Institutions

Training institutions shall be recognised by the appropriate national authorities. There should be a professional authority (or another authority advised by a professional body) responsible for recognising training institutions and teachers.

3.2. The Size of Training Institutions

A distinction should be made between very specialised or monospecialist institutions (e.g. day hospitals, centres for mentally handicapped, for drug addicts etc.) where only part-time training and/or training limited in

time can be achieved (e.g. periods of 3-6 months) and institutions able to provide full-time and/or complete training.

These institutions should provide activities including in-patient care and outpatient (community) training and possibilities of co-operation with other trainees and other institutions. Allied disciplines should be present to a sufficient extent to provide a trainee with the opportunity of developing his/her skills in a team approach to patient care.

The training staff will be sufficient in number and correlate with the number of trainees in the programme in order to provide for close personal monitoring of the trainee. The teacher/trainer ratio will not be more then two trainees per trainer.

The trainer and trainee will evaluate the progress in the training at least twice a year. The institution should possess a library with access to national and international professional literature. There should be space and equipment for practical training in psychotherapy and other clinical skills.

3.3. Quality Assurance of Training Institutions

A training institution should have an internal system of clinical audit or quality assurance. Furthermore various hospital activities in the field of quality control such as ethics committees and drug and therapeutics committee should exist.

Continuous Medical Education (CME) should be an integral part of this quality assurance system. There should be recognition visits in accordance with the Charter on Visitation of Training Centres, (UEMS Management Council, October 1997) utilising the European Board of Psychiatry Training Scheme Assessment Form.

The maximum interval between recognition visits should be 5 years. There should be independent consultation with the trainees.

ARTICLE 4. REQUIREMENTS FOR TEACHERS

4.1. Qualification of the Chief of Training

The training director should have been practising psychiatry for at least 5 years after specialist accreditation and should be authorised by national authorities. There should also be an additional staff of psychiatrists who participate in the training programme and who are experienced in the broad range of psychiatric practice.

4.2. Training Programme

The training director with the trainee and the educational supervisor, should develop an individual training programme aimed at meeting individual training needs reflecting the trainee's past experience, interests and career plans. This will also need to take into account the resources of the training scheme and comply with both national and EU training policies and follow training recommendations of the European Board of Psychiatry. Upon completion the national authority will certify satisfactory completion of training.

ARTICLE 5. REQUIREMENTS FOR TRAINEES

5.1. Experience

Trainees will build up experience in psychiatry on the one hand by following theoretical courses and by study of basic and clinical sciences and on the other hand by being involved in the treatment of a sufficient number and variety of hospital and community patients and by performing a sufficient number of diverse practical procedures.

5.2. Language

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

5.3. Subspecialisation / Special Fields of Interest

So far the European Board of Psychiatry has not recognised subspecialisations in psychiatry.

APPENDIX 1: **THEORETICAL TRAINING**

Training should include a structured training (lectures, seminars etc.) over 4 years, on average for 4 hours per week. The subjects to be covered are as follows:

I. Scientific basis of psychiatry: biological, social and psychological aspects.

II. Psychopathology. Examination of a psychiatric patient. Diagnosis and classification. Psychological tests and laboratory investigations.

III. Specific disorders and syndromes.

IV. Child and adolescent psychiatry. Mental handicap. Psychiatric aspects of substance misuse. Old age psychiatry.

V. Diversity in psychiatry: gender, cultural and ethnic aspects, disability, sexual orientation.

VI. Legal, ethical and human rights issues in psychiatry.

VII. Psychotherapies. Psychopharmacology and other biological treatments. Multidimensional clinical management. Community psychiatry. Social psychiatric interventions.

VIII. Research methodology. Epidemiology of mental disorders. Psychiatric aspects of Public Health and prevention.

IX. Medical informatics and telemedicine.

X. Leadership. Administration. Management. Economics.

APPENDIX 2: TRAINING IN PSYCHOTHERAPY

Psychotherapy is an integral part of training in psychiatry. Psychotherapy is the psychological understanding and a method of treatment of mental disorders. It is essential for assessment and treatment of all patients with mental disorders.

Psychotherapy is based on a systematic theory, and good clinical practice. It must be based on established theory and empirically supported.

The aim of training in psychotherapy as part of training in psychiatry is to ensure that the trainee has sufficient knowledge and experience to:

- Establish the initial contact with the patient
- Maintain the contact within therapeutic relationship
- Establish and maintain the therapeutic alliance
- Establish a diagnosis of the mental disorder and of the psychotherapeutic assessment
- Establish the treatment plan most appropriate to the diagnosis and personality
- Assess which psychotherapeutic method is most appropriate
- Gain experience with the psychological process of the disorder
- Gain experience with the psychotherapeutic treatment processes and development
- Gain experience with the role of psychotherapy as part of integrated treatment
- Evaluate outcome
- Maintaining the boundaries of the professional relation in an ethical way
- Gain experience with impact of own thinking and feeling as a part of the interpersonal contact with the patient and of how this can be explored and used therapeutically

The following content is considered essential for training in psychotherapy as part of training for psychiatry:

- A mandatory part of the training curriculum that takes place within working hours.
- Practical application of psychotherapy should be conducted in a defined number of cases.
- The Theory of psychotherapy should be delivered over at least 120 hours.

- Supervision should be provided on a regular basis for at least 100 hours. Individual but preferably also group supervision should be applied. At least 50 hours of supervision should be conducted on an individual basis.
- Experience should be gained with a broad range of diagnostic categories including psychosis.
- Assessment and evaluation of outcome are integral part of training.
- Experience in psychotherapy should be gained with individuals as well as family and groups.
- As a minimum, psychodynamic, CBT and systemic theory and methods should be applied, but integrative psychotherapies are highly recommended.
- Personal therapeutic experience / feed-back on personal style is highly recommended.
- Research methodology should be included.
- Training should if possible take place within different parts of mental health services.
- Supervisors should be qualified.
- Training should be publicly funded.

APPENDIX 3: TRAINING IN COMMUNITY PSYCHIATRY

Clinical training in community psychiatry should include at least 6 months under supervision of a psychiatrist and as a member of a multidisciplinary team. There must be co-working with agencies caring for mentally ill people (including primary care and social service) and consultations with patients outside the hospital wards, for example home assessments, day care. It is necessary to gain experience in evaluation of treatment programmes and community services including working with diverse populations. The co-ordinator of the training programme in community psychiatry should be a psychiatrist with at least five years experience in community psychiatry and social interventions.

APPENDIX 4: TRAINING IN BIOLOGICAL PSYCHIATRY

Biological Psychiatry involves everything relating to the patho-physiological substrate of the speciality. It should be noted that ‘common trunk’ and mandatory training in psychiatry require that equal emphasis is given to biological, psychological and social aspects of the patient’s condition. Theoretical training should cover essential aspects of the field. Clinical experience must include psychopharmacology and those forms of treatment and management important in every day practice. This is such a rapidly developing field that psychiatric training must be updated regularly.

APPENDIX 5: OLD AGE PSYCHIATRY

Placements in psychiatry of the elderly should give opportunities to both community and hospital based aspects of practice. In particular, experience of home and primary care based assessments, and of joint working with physicians in medicine for the elderly should be offered. Trainees should have experience of teamwork with other disciplines such as occupational therapy, nursing and social work. Experience of interviewing family members and other carers of dependent older people is also important. Learning objectives for trainees in these placements should include:

- competence in cognitive assessment
- competence in diagnosis and management of the common mental disorders of old age (emphasising the features which differ from similar conditions in younger people)
- understanding of ethical and legal issues relevant to old age
- understanding of the interdependence of mental physical and social factors in older people
- understanding of the double stigmatisation of people who are old and have mental health problems
- the fostering of positive attitudes towards old age
- understanding of the principles of prevention and health promotion in old age

APPENDIX 6: TRAINING IN LEADERSHIP AND MANAGEMENT

Training in clinical leadership should be offered at all levels of the psychiatric organisation at inpatient (emergency services and short-, medium- and long-stay services), outpatient, and community levels.

Leadership skills involve presenting and discussing facts, goals and methods, and their purposeful differentiation and integration. These skills also encompass how to motivate patients and team members, how to plan treatment, and how to delegate, supervise and evaluate the treatment process during clinical round and in team meetings. Management training involves planning, organising, administration and economy steering at various levels.

APPENDIX 7: THE LOGBOOK

At the start of training trainees should receive a package containing:

- The national guidelines on training
- The Charter on Training of Medical Specialists in the EU
- The logbook

Introduction

The logbook is a personal training file to help the trainee to direct and obtain the maximum benefit from his or her training. The logbook is owned by the trainee. The responsibility to keep it updated should be shared with the clinical supervisor. The logbook is a means to develop commitment between trainer and trainee to improve the quality of training. We believe that these recommendations will help to improve and harmonise psychiatric training at national and European level.

The main purpose of the logbook is to provide documented support of the educational process of the trainee through agreed learning objectives. Secondarily, the logbook will verify the fulfilment of the training programme by the trainee and on the part of the training centre. The logbook should not be used for evaluating the trainee. Separate forms should be developed to this aim.

The logbook should include:

1. A description of training activities reflecting the basic compulsory training requirements set by the national authority. Every standardised learning task mentioned in the national training programme (both theoretical and practical) should be reflected, specifying the elements involved. At the completion of each training stage, the corresponding part of the logbook should be filled in, stating the dates, the name of the department, the name of the trainer and the tasks carried out, and should be signed by both the trainer and the trainee. This description of training activities will help to establish throughout the course of training whether the trainee is fulfilling the requirements of the training programme put forward by the national authority, and it will also provide monitoring of the implementation of the training programme by the trainers and the training centre.
2. Specific “educational objectives”. The logbook is not just a record of the compulsory training activities as required by the National Training guidelines. Within the national training guidelines there must be a scope for the trainee to pursue different aims according to his/her particular needs and preferences. He/she may choose to do more training in particular aspects of forensic psychiatry, of addictions or say, in neuroimaging in schizophrenia. These so-called specific “educational objectives” should be agreed between the trainer and the trainee at the beginning of each stage of training and recorded in the logbook to determine training activities during that stage. The active participation of the trainee in the identification of his/her training needs, in establishing the educational objectives to fulfil those needs and in the design of the best training strategy to satisfy them is thought to be essential in achieving the maximum motivation to learn. The trainer should provide the trainee with the opportunity to do so. From this point of view training is seen as an interactive process between trainer and trainee. Progress in achieving the agreed educational objectives and the final level of attainment should also be agreed on and noted down in the logbook at regular intervals. Trainees should be part of a working group which agrees the logbook and monitors its use.

Contents of the Logbook

For each area and/or training post, as well as for psychotherapy training, the following should be noted:

- Department, duration, number of cases, tasks and the name of supervisor.
- Educational objectives as agreed between trainer and trainee at the beginning of the stage, and the corresponding evaluation at the end of it.

I. Compulsory Elements of Training

1. Areas (Adult, Old Age, Psychiatry of Substance misuse, Developmental Psychiatry, Forensic, Administrative):
    a) In-patient facilities: acute, medium and long stay
    b) Outpatient and Community Psychiatry, Day-hospital

c) Liaison and consultation psychiatry
d) Emergency psychiatry

2. Supervision
   a) Clinical Management (Patient-oriented)
   b) Educational (Trainee-oriented)

3. Psychotherapy training
   a) Theoretical training
   b) Supervision

4. General theoretical training

II. All Other Clinical Training

1. Laboratory, Psychological testing

2. Other

III. External Courses and Workshops

IV. Research Practice

V. Posters, Oral Presentations and Publications

VI. International Exchange

VII. Other Training Experiences

APPENDIX 8: SUPERVISION IN PSYCHIATRY

Introduction

In psychiatry, the term 'supervision' can have different meanings. There is the day-to-day *clinical* supervision of staff by senior doctors which takes place, for example, in ward-rounds or team discussions. The senior doctor offers guidance, is responsible for maintaining clinical standards and carries specific medico-legal responsibilities. There is also *educational* supervision, where much of the content may be clinically related, but in which the focus is different. It should be noted that, while the term 'supervision' can also refer to the overseeing of psychotherapy or research undertaken by trainees, these activities are outside the scope of this document.

In *educational* supervision, the aims include:

- Providing training in specific clinical skills
- Evaluating the trainee's progress
- Providing professional mentoring
- Offering personal support and guidance (where appropriate)

There is potential conflict in these various aims and both the trainer and the trainee should be aware of this. Indeed, it could be appropriate for the teaching and evaluative roles to be taken by one individual and the mentoring and counselling (sometimes known as the 'tutor' role) by another. Trainers undertaking any of these roles usually require training in order to deal with these issues effectively.

The responsibilities of the supervisor

The supervisor is clearly the 'ambassador' for psychiatry with a responsibility for encouraging the trainee's interest. A variety of skills are required. These include an ability to set and monitor standards and, following evaluation, to give constructive (both positive and negative) feedback. The supervisor should always respect the trainee's autonomy whether dealing with clinical or more rarely personal problems. S/he may also be required to act as an advocate for the trainee in terms of professional development.

Supervisors require skills in assisting trainees plan for their educational needs and to structure supervision time appropriately. In particular, advance consideration may be needed concerning common problems inherent in the training process and how best the supervisor can help meet remedial training needs. Supervisors need to ensure training meetings are uninterrupted and held in an atmosphere of mutual trust. Both participants need to be sensitive to such matters as the use of defensive strategies to avoid discussion of real areas of concern.

Time allocation
To undertake all these responsibilities, the supervisor should ensure that s/he and the trainee are protected from clinical and managerial tasks during the time allocated for supervision. At least one hour time-tabled each week seems necessary for this task. This 'protected hour' should be within the normal working day. Supervision is preferably 'one-to-one' but joint discussion with two or three trainees may be appropriate for some sessions.

The structure and context of supervision
Notwithstanding the importance of the 'protected hour', there are several other contexts in which supervision will take place. These include:

- The supervisor observing the trainee at clinical work (e.g. interviewing patients or during team discussions) and providing immediate feedback
- The trainee observing the supervisor at work
- Visits where these are part of the supervisor's routine clinical work

The protected hour
For the 'protected hour' it is probably best to establish a structure. The supervisor and trainee should plan and agree the content and ground rules for their meetings in advance in order for the trainee to have confidence in the process and legitimate expectations of its outcome. The content of supervision is protected by professional confidentiality. The supervisor has two roles. S/he will both appraise the trainee (that is to give informal and constructive feedback) and formally assess the trainee's performance. This may be a difficult balance to achieve. Dealing constructively with poorly performing trainees presents particular problems.

Trainees are usually good judges of their own training needs and shortcomings. Supervision sessions will need to have clear learning objectives set in advance which are realistic and achievable. These learning objectives will need to be linked to the trainee's current needs in clinical and associated work as well as examination preparation. They should reflect the degree of clinical sophistication and experience of the trainee. In addition to meeting learning objectives within supervision sessions, part of the process of supervision is to discuss and set learning objectives which will be met outwith supervision.

Experience suggests that a written record of supervision sessions, including their timing and content, the concerns felt by trainee or supervisor, and a summary of the clinical cases discussed, is useful both for trainees and supervisors. Such a record can form part of a trainee logbook.

The content of supervision
The range of potential topics for supervision is obviously wide. It includes:

- Discussion of clinical cases
- Exploration of the implications of the doctor/patient relationship
- Teaching intervention techniques in psychotherapy
- Review of trainee's written case-notes and correspondence
- Critical review of scientific literature
- Supplementing teaching on a particular topic
- Planning and monitoring the trainee's research or audit projects
- Practising examination technique
- Career guidance
- Feedback, both formal and informal
- Management/administrative/organisational issues

Conclusion
In summary, educational supervision should be seen as an essential element in psychiatric training and assessed as part of the quality assurance monitoring of training schemes. Regular protected time should be set aside for it, clear and pre-planned learning objectives are required and a record of content should be kept. The majority of the discussion ought to be led by the trainee and relate to the training agenda rather than service need. For supervisors, providing supervision requires considerable skill and motivation. In order to acquire the skills to provide supervision, supervisors require training and support as aspects of their own continuing professional development.

APPENDIX 9: QUALITY ASSURANCE IN SPECIALIST TRAINING IN PSYCHIATRY

Good quality in terms of training of a psychiatrist means that every training programme should have a defined goal, appropriate requirements for the training process and appropriate means for evaluation.

- The aim of training is to achieve the necessary knowledge and clinical experience required to work as a specialist in psychiatry. It should enable subsequent CME, which is a life long learning process, concerned with a professional as well as a personal development.
- The national requirements for specialist training in psychiatry should be compatible with the UEMS Board of Psychiatry requirements.
- An individual training programme aimed at fulfilling the requirements should be developed in collaboration with, and be approved by, the trainee, the educational supervisor and the training co-ordinator.
- The national logbook compatible with the UEMS Board of Psychiatry recommendations is a tool to secure proper training. It should be used by the trainee to record clinical and theoretical training as described in the requirements. The educational supervisor and the training co-ordinator could use the logbook when assessing the trainee’s progress.
- The training co-ordinator is responsible for the annual assessment of the trainee’s progress as well as the final evaluation in the form of a written report.
- The training co-ordinator and the educational supervisor should have at least 5 years experience in specialist psychiatry and appropriate training for their task.
- Training institutions should be recognised by an appropriate national authority. A distinction should be made between institutions where complete training and where only partial training can be provided.
- There should be an effective and independent appeal procedure for the trainee who wishes to express complaints or appeal against the decisions about training matters.
- A national system for regular scheme inspections based on the UEMS Charter on Visitation of Training Centres should be in existence.

APPENDIX 10: GLOSSARY

Administrative Psychiatry: The management, organisational and financial aspects of psychiatric service delivery.

Allied Disciplines: The non-medical, professional disciplines working within the mental health sector.

Biological aspects (of psychiatry): Those aspects of psychiatry concerned with the patho-physiological substrate of psychiatric disorder.

Chief of Training: The psychiatrist with overall responsibility for the planning, organisation and delivery of psychiatric training. In this Charter, also referred to as Head of Training and as Training Director.

Cognitive/behavioural approach: A psychotherapeutic approach based on the recognition that cognitive activity affects behaviour, that cognition may be monitored and altered, and a desired change in behaviour can be achieved by changing cognition.

Common Trunk: That compulsory part of the educational input that is fundamental and shared by all trainees.

Community Psychiatry: A form of practice for all aspects of psychiatry that can be organised from such settings as, for example, day-hospitals, day-centres, community mental health clinics, polyclinics, hostels and hospital settings. It consists of a network of services, which offer continuing treatment, accommodation, occupation and social support, which together help those with mental illness keep or achieve an acceptable and suitable social role. Community psychiatry is informed by social psychiatry research, so that factors likely to cause relapse or disability are minimised, rehabilitation encouraged and quality of life improved.

Day Hospital: A free-standing unit, sited in or outside the hospital, for the non-residential assessment and treatment of patients along medical and nursing lines. It is used either as an alternative to in-patient admission or to shorten the in-patient stay.

Developmental Psychiatry: That area of psychiatry concerned with the normal and abnormal development of the child. It involves assessing and studying the interplay of biological, family, social and other environmental factors. Developmental Psychiatry is normally considered to apply until early adulthood. It is not a defined clinical subspeciality, but rather an area of research and theoretical understanding.

Emergency Psychiatry: The aspect of psychiatry dealing with urgent clinical presentations and urgent intervention. It is often offered as part of the consultation and liaison service to accident and emergency departments, hospital wards, crisis centres and primary care. It also refers to the psychiatric emergencies that arise within psychiatric hospitals and in other psychiatric settings.

Forensic Psychiatry: That aspect of psychiatry dealing with mentally disordered offenders (and in some countries other aspects relating to criminal law). Such patients may be assessed and/or treated in prison, in general psychiatric wards, in special secure units or special hospitals and in the community, e.g. under the probation services and community offender programmes.

General Adult Psychiatry: Psychiatry concerned with mainstream adult psychiatric disorder and excluding child and adolescent psychiatry, old age psychiatry, mental handicap (learning disability) psychiatry, substance misuse psychiatry and forensic psychiatry.

Head of Training: Has the same meaning as Chief of Training. In this Charter, also referred to as Training Director.

In-patient psychiatry (short, medium and long stay): This refers to that aspect of psychiatric treatment in which the patient spends the night in a hospital bed. Whereas, in the initial phase, the patient is likely to be constantly within the hospital, subsequently, the patient may spend variable periods of time 'on leave' outside the hospital, either so as to gradually reintegrate back into the community or, so as to avoid institutionalisation by allowing the patient short manageable periods out of hospital. Night hospitals, where the patient only sleeps within the hospital, but spends the day outside could be considered to fall under the in-patient heading.

Liaison and Consultation Psychiatry: A model or component of the psychiatrist's work that involves attending general hospital wards or outpatients, or alternatively primary care settings to see and/or discuss patients, so as to provide advice on the diagnosis and management of psychiatric disorder in such settings.

Manpower Planning: Activity to ensure that adequate numbers of professionals are trained to fill posts required in the future and that the trained professionals are appropriately distributed.

Medical Informatics: The whole range of methods available for the collection, storage, dissemination / transmission and retrieval of scientific and other medical information. It includes telemedicine, teleconferencing and electronic data exchange.

Mental Handicap: Disability associated with an impaired intellectual capacity through genetic or acquired causes. Usually requires an IQ of below 70 for this term to be applied. Mental sub-normality, mental impairment and global learning disability are other terms used to refer to such handicap.

Multidimensional Clinical Management: Treating patients with more than one therapeutic approach (i.e. not just pharmacology or psychotherapy), so as to address all of the therapeutic needs of the patient. Multidimensional clinical management normally implies a multidisciplinary team approach.

Old Age Psychiatry: The psychiatry of those over the age of 65, although this age boundary is arbitrary. Old age psychiatry may be better defined as the management of mental disorders arising in later life. (i.e., elderly patients whose disorder has arisen early in life could stay within the general adult services). In some countries old age psychiatry forms a separate sub-speciality or a special interest in psychiatry.

Out-patient Psychiatry: Also referred to as ambulatory psychiatry in some countries. The patient resides and sleeps in the community only attending the secondary care therapeutic service by day for assessment, treatment or monitoring. Such attendance could be for brief, periodic psychiatric or multidisciplinary team intervention, or the patient may be attending on a more frequent basis, spending a substantial part of the day at a day-hospital or day centre. Community psychiatry would fall under this heading.

Psychodynamic Approach: A theoretical approach which presumes the existence of unconscious conflict, forces or drives underlying the clinical manifestations of mental disorder.

Psychological Aspects (of psychiatry): Those aspects of psychiatry concerned with how mental processes interact in the modulation of behaviour, emotions and cognition, and how these psychological factors, are related to the causation and treatment of psychiatric disorder. Psychological, biological and social aspects complement each other towards a holistic understanding of psychiatry.

Psychopathology: The study of abnormal experience, abnormal cognition, and abnormal behaviour as products of a disordered mind.

Psychotherapy: A range of therapeutic interventions which utilise the interaction between patient/s and trained psychotherapist/s as the main therapeutic agent. They are based on a wide range of psychodynamic, behavioural and other theories, including psychoanalytical, cognitive/behavioural, interpersonal, family, systemic, group and others. Current practice favours the scientifically proven (evidence-based) approaches.

Quality Assurance: Quality assurance is a professional concept. It is the sum of the processes of assessing and stimulating the quality of practice by measuring outcome and comparing it with current criteria and demands in that field.

Scientifically Proven: Evidence based i.e., shown to be of benefit through well conducted random controlled trials (RCTs). In practice, it means that the RCT evidence of efficacy has been published in a peer reviewed journal and ideally, confirmed by a meta-analysis of other similar studies.

Social Psychiatry: The field of knowledge that focuses on the role of social factors in the aetiology, symptoms and course of mental disorders, whether in the hospital or outside hospital. Social factors vary from the broad: cultural variation and levels of employment, to the most intimate: relationships with spouse and family members.

Supervision (Clinical): Advice on routine management issues with a focus on the care of individual patients, e.g. as part of a ward round, community team discussion or out-patient clinic discussion of cases.

Supervision (Educational): Regular, weekly, individual or small group discussion of topics, relating to clinical work, professional development from a general prospective, interpersonal work-related issues, career advice, discussion of academic issues raised by routine clinical work and exam practice.

Supervisor: The psychiatrist responsible for the tuition, monitoring, reviewing and advising the trainee regarding his training progress. This includes the supervision of clinical, educational (individual) and psychotherapy aspects.

Telemedicine: The use of communication over the distance in the training, continuing education and practice of medicine.

Theoretical Courses: A programme of lectures, seminars, tutorials etc., which cover various aspects of psychiatry. Theoretical teaching may be didactic or interactive, but does not involve contact with patients.

Training Director: Has the same meaning as Chief of Training. In this Charter, also referred to as Head of Training.

Training Institution: The psychiatric establishment responsible for the planning, organisation and provision of psychiatric training. This may or may not be linked to a postgraduate university department.