



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

APPROVED
Ghent, Belgium, 18 October 2008

Due for revision: October 2011

Audit of European Training Schemes in Psychiatry

Background

Since its last report (See archived report: *Accreditation of European Training Schemes*, May 2003), the Board of Psychiatry of the UEMS has further encouraged EU Psychiatric Associations to improve the quality of training in psychiatry by a process of audit.

Several countries already have well established audit systems, e.g. UK, Norway, Denmark and the Netherlands. All employ similar processes. Repeat visits by the national association to training centres are used to audit how training is delivered, rotations are arranged, trainee safety guaranteed, etc. The visit is carried out by a team of senior colleagues from outwith the scheme under review. They are usually accompanied by an informed trainee, also from outwith that scheme. Recommendations are made and the process is repeated after a period of 1 to 5 years, with a focus now on the progress being made. This closes one audit cycle. Accreditation is finally for National institutions to determine and their criteria differ from state to state.

UEMS Board has taken this model as one of good practice and has encouraged its general adoption (Strachan and Schudel, 2004).

The UEMS and the Audit Process

Many EU Psychiatric associations have expressed an interest in developing their national training quality standards and matching these against European guidelines. There is, however, understandable anxiety. Will external agents come simply to find fault? This is certainly not the intention nor the aim. An effective audit needs to identify strengths as well as presenting challenges for future improvement. Experience has shown that the benefits derive from a review by experienced outsiders who have themselves undergone audit of their own schemes in the past and are therefore sensitive to such issues.

UEMS has accepted that it is not realistic to attempt an audit of all training schemes throughout Europe. It has neither the technical resources nor the manpower for this. It is appreciated furthermore that no one scheme can represent a national perspective. Much good training is also often delivered in settings other than within a university, which is all that has been currently considered. These would also merit involvement in the audit process. What is evident is that external recognition stimulates commitment and can provide backing to local initiatives for change.

Although it is recognised that national training organisers would like 'UEMS Accreditation', this is not something UEMS can deliver. Such recognition is a matter for each state to determine. An UEMS audit visit has to be for the purposes of demonstration and with the specific aim that the national association will then feel a commitment to take the process forward and use this to inform their accreditation national procedures.

An Example

The President of the German Psychiatric Association sought UEMS advice on initiating a national process of audit. To assist, the President and Vice-President of the UEMS Board accompanied by a German trainee from Berlin undertook to trial the process in Lübeck. This visit was subsequently described in a German psychiatric journal (Prinz, 2005). Although the outcome of the review was reported to both senior and trainee staff in Lübeck, its content was regarded as confidential. The visit then served as a model and the procedure was taken forward to Freiburg and other centres. The German Association has now audited seventeen

schemes and more are to follow, though there has not yet been opportunity to complete the audit cycle by a revisit to assess progress in implementing recommendations.

Organisation of Audit Visits

Any National psychiatric association can request a visit by contacting the European Board Officers, but there needs to be a specific commitment from that Association to take the audit further under its own auspices.

A training scheme needs to be identified which can serve as a model and a locally based senior psychiatrist contacted who will undertake the bulk of the organisation for the visit. It is envisaged that he/she will, with the support of her/his Psychiatric Association, make the undertaking to bring the audit process forward once the initial visit has been completed.

The UEMS Board webpage contains a *Training scheme Assessment Form* (2002). The visit organiser will be expected to complete the form as it provides the audit team with basic factual data on the scheme to be considered. Once this has been received, an audit team can be convened and a programme developed in agreement with the local organising psychiatrist. This requires considerable local energy in preparation and completion of documents. Visits usually take 1-2 days. The national association will also have to identify a national trainee (perhaps the EFPT Representative) to participate along with the visiting team. The UEMS team will then normally conduct meetings and interview trainees / training staff in English, so the trainee needs to be not only be fluent in the local language but also able to converse in English. The initial project needs to be relatively defined. In view of the limited time available, it would be unrealistic to involve the visitors in the assessment of multiple, large or complex schemes.

The responsibilities of the local organiser for the visit must extend to contacting senior colleagues and trainees, to engage them in the process. Visits usually entail interviews with the academic course leader, senior training staff and the trainees themselves. A closed meeting between the audit team trainee and his/her local peers is frequently arranged, when a frank but unattributed exchange of experience on local training is encouraged. Visits may also be made to any units where trainees are placed so as to review standards of medical clerking and basic trainee safety. Importantly, the same staff need to be invited to attend the feedback meeting so as to hear the views of the visiting team.

Costs and expectations

UEMS does not have the funds to finance this initiative. Costs will therefore have to be forthcoming from the host psychiatric association. These will include transport, e.g. air travel, subsistence and accommodation (3-4 days) costs relating to the visit. Medical colleagues have in the past been willing to participate on the basis of professional good-will and have not expected compensation for the loss of clinical or academic practice time.

Local senior staff and of course all local trainees need to lay aside time to meet with the Panel and later to attend the feedback session. Dedicated time is also needed from a senior figure to complete the pre-visit questionnaire and to liaise with the visitors on any issues of local sensitivity, as well as to organise practicalities, such as the visit timetable, hotels, local transport etc. Accommodation will need to be identified where the audit team can meet in private and they may need some secretarial assistance in presenting their visit report.

It is expected that the National Psychiatric Association will be committed to the whole process, as ultimately it will be for that organisation to then undertake arrangements to extend the audits nationally.

References

Strachan, J and Schudel, W (2004) Accreditation of European training schemes in psychiatry *Psychiatric Bulletin*, 28, 19-20.

Prinz,R (2005) Erste deutsche Klinikvisitation durch die UEMS. *Nervenartz*, 76, 371-372.
www.uemspsihchiatry.org/board/reports