

The majority of Indian specialists recruited through the Department's international recruitment process are International Fellows and are using the opportunity to sample living and working in England for a relatively short period. The programme pays for interview expenses, registration expenses and an enhanced relocation package. There is also, very importantly, support to return to India at the conclusion of the Fellowship.

The feedback we have received shows that the Fellows value the opportunity to work in a different health system, acquire new skills, get wider work experience, pursue research interests and develop their teaching skills. Our *International Recruitment Case Studies* publication shows that international recruits are placed in appropriate clinical environments that offer significant benefits both for the doctor appointed and for managers and colleagues.

We have worked very closely with all the Royal Colleges, including the Royal College of Psychiatrists, to make this programme a success. We discuss regularly with the Colleges issues that they are concerned about, including ethical issues. We are working with the College to try to open up more opportunities for well qualified psychiatrists from the USA to get on to the specialist register and work in the UK.

It is also vital that we try to support the health systems of developing countries. In fact, there are many examples of NHS trusts putting a great deal back into developing countries. Much of this work is voluntary and receives little publicity. Many NHS volunteers devote considerable time and resources developing and providing diverse services in countries such as India, Ghana, Uganda, Iran and China. In India, for example, volunteers are providing services in mental health, leprosy prevention, neonatal resuscitation, women's health, sexually transmitted infections and HIV.

More examples are given in the *Compendium of the NHS's Contribution to the Developing Nations*.

We have also recently implemented a Support for Humanitarian Aid Fund. This is funded by the Department of Health and is administered through the British Medical Association. Grants from the Fund have been allocated to multi-disciplinary teams, or individuals, who reflect the range of skills and experience within the NHS. Reports received from recipients of the Fund have already indicated the value of their work in developing areas of the world.

In addition, the Department has a programme to support refugee health professionals in the UK. Over the past 3 years, £1.5 million has been made available to support training for refugee health professionals. This funding covers a range of services, including training for English-language testing, communication and clinical training, curriculum vitae and interview skills, mentoring and job clubs. An additional £500 000 will be made available in 2004/05 for refugee health professional projects. This investment is increasing the confidence and success of refugee doctors taking the Professional and Linguistic Assessment Board (PLAB) test and the International English Language Testing System (IELTS).

To suggest that the NHS recruits medical staff solely from developing countries is incorrect. We have successfully recruited doctors from Europe, from the USA and from Australia. There is a long tradition of doctors from other countries coming to the UK at some time in their medical careers. This is something we in the NHS are proud of. The doctors have an excellent learning opportunity, which in turn enhances treatment and care in their country of origin when they return home. The NHS benefits from a highly skilled and well trained workforce.

To receive a copy of *International Recruitment Case Studies*, write to Department of Health Publications, PO Box 777, London SE1 6XH or call 08701 555 455.

ASSOCIATIONS AND COLLABORATIONS

Can we – and should we – have a 'Euro-psychiatry' for children and adolescents? The work of the UEMS Section and Board for Child and Adolescent Psychiatry/Psychotherapy

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Since 1994, child and adolescent psychiatry has been a distinct specialty, separate from psychiatry, within the Union of European Medical Specialists (UEMS). It has a slightly curious title, of which more later. It has proved a successful arena for promoting training, and this in turn has led to a developing European view of what exactly child and

adolescent psychiatry is, and how it can be practised. This article tries to reflect this.

In the previous issue of *International Psychiatry*, Lindhardt *et al* (2004) explained the composition of the UEMS. One can take various views as to what the UEMS is for. At first sight it is an advisory body to the Council of Ministers and the European Parliament. Because it draws

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its members from nominations made by national medical associations, one view is that it is effectively a trade union, promoting the interests of its members. Yet it also draws its delegates from national scientific or academic societies, which indicates that it is rather more than this. It can point, in its policies, to an evidence base for practice and includes both the trainers and the trained. This is a potent source of information and advice on training, and the development of policies on training has been the main success of the UEMS.

It can be argued that another function of the UEMS is as a network of doctors with shared interests yet different traditions, which provides opportunities for fertile discussion of problems and solutions. This occurs both within and outside formal meetings. Within meetings, the UEMS tradition of attempting to obtain consensus first rather than an early resort to voting means that there is considerable open discussion.

Why a separate section and board?

Within the UEMS, child and adolescent psychiatrists used to be part of psychiatry. Yet it became apparent that, as is the case in all children's medical specialties, it was adult-oriented physicians who tended to occupy the positions of power. It was sometimes difficult for the child-oriented specialists to be understood or heard. They were in a minority, often used a different knowledge base, had different work patterns and in some countries had separate training from their colleagues in practice with adults.

A small number of child and adolescent psychiatrists, particularly Reinhard Schydlo, made the point that the structure of the UEMS allowed a separate section and board for child and adolescent psychiatry because most European countries recognised child and adolescent psychiatry as a distinct specialty. Accordingly, child and adolescent psychiatry established itself independently within the UEMS in 1994.

One of the first resolutions to be adopted was that the Section (professional interests) and the Board (academic and training) would have the same membership yet different Presidents. This has worked well and has been a protective measure against unhelpful splits.

Why the odd name (Child and Adolescent Psychiatry/Psychotherapy)?

The formal title of the child and adolescent mono-specialty within the UEMS is Child and Adolescent Psychiatry/Psychotherapy (CAPP). The last part does not refer to non-medical psychotherapy, nor to psychotherapy with adults. It was chosen because of the difficulty child and adolescent psychiatrists in some countries (particularly Germany) were experiencing in obtaining appropriate reimbursement for psychotherapy with children. It was necessary to make a statement that psychological methods are particularly important in the psychiatric treatment of the young and that they need a degree of medical supervision to prevent inappropriate use by some non-medical practitioners. Whether to

retain the 'Psychotherapy' tag is a topic of current debate within CAPP. It has caused a little confusion but it is not the only area in which it is necessary to make the point that child and adolescent psychiatry incorporates a variety of concepts and treatment approaches. For instance, neuropsychiatry is a prominent part of the specialty, especially in Austria and Italy, something which requires emphasis for training purposes.

Well before the existence of the UEMS there was discussion in most countries as to whether child and adolescent psychiatry should be primarily associated with paediatrics or adult psychiatry. This issue came to the fore when medical specialties had to be sorted into groups within the UEMS, so that there could be representation at the Management Council. Taking the views of child and adolescent psychiatrists within the section revealed different opinions. It seemed that those who spent most of their time with pre-adolescent children tended to favour links with paediatrics, and those who treated mainly adolescents saw benefit in close ties with psychiatry.

As it happens, CAPP sends a representative to meetings of each of the two sections and exchanges minutes with both. For the last 2 years CAPP has been one of the leads for representation at the Management Council for a group of specialties including psychiatry.

Training

In common with other Boards within the UEMS, child and adolescent psychiatry has been particularly interested in the harmonisation of specialist training. The first task of the Board was to draw up recommendations and to establish standards, drawing on best practice and giving priority to evidence of effectiveness, independent of any national traditions. This important task has several consequences. First, if specialist training can indeed be harmonised, then there can be free mobility of both specialists and trainees within the European Union (EU) without prejudicing the mental health of children and adolescents. Second, establishing a European consensus as to what training should comprise leads to a definition of a certain sort of specialist. For example, the *Training Log Book* for CAPP, published by the Board and updated in 2000, is explicit that the trained specialist will have 'a bio-psychosocial developmental model in mind' (p. 5). Such a specialist will do more than investigate, diagnose and treat child and adolescent psychiatric conditions, but will include, for instance, preventive activities and advice on issues related to child rearing. Trainees will 'acquire knowledge of and insight into the leadership role of the physician'.

In virtually all European countries, experience in psychiatry with adults of working age is a necessary component of training in child and adolescent psychiatry. Similarly, experience of paediatrics is welcomed or required in many countries. Leaving the traditions of any particular country aside and working out an adequate yet realistic training that would incorporate such experiences led the Board to recommend specific experiences and a 12-month minimum period for training in adult psychiatry. Similar placement in paediatrics or neurology is recommended

but optional. Nevertheless, trainees are required to have knowledge of and practical experience in a number of paediatric clinical problems and situations.

The *Log Book* has been the most important document produced by the Board and has already proved important in helping new EU member countries to develop their own specialist training in CAPP. It can be obtained directly from Aribert Rothenberger.

The standards set in the *Log Book* are high and may well exceed those set by the relevant national authority on training. Nevertheless, they are aspirational. Although it may be the case that a country's training standards fall a little short of the *Log Book's* standards, there may be individual centres or schemes in that country that do meet them. Such a scheme can apply for Board approval and if a visit confirms that standards are met, the scheme can state that it has UEMS CAPP approval. This requires a visit by Board members, including a trainee, and an unresolved problem is how such visits should be funded. A few have been carried out and the estimated cost is €1000–1500.

Continuing professional development

The UEMS generally is currently concerned with continuing professional development (CPD) and CAPP is no exception. It includes CPD at its meetings but the uneven state of development of CPD across Europe has hampered progress towards harmonisation and the setting of standards. The European organisation established by the UEMS to provide accreditation for CPD events is EACCME and from time to time it asks the Board for advice. The principle adopted by the Board is whether the issues addressed in any CPD event have a scientific evidence basis, and approval hinges upon that. A particular problem for CAPP is that CPD includes contributions

from non-medical organisations, for example those concerned with family therapy, and a supranational clearing house for CPD approval needs to be able to accommodate this.

One aspect of CPD that has attracted considerable interest is distance learning. Unexpectedly, this may lead to a closer association with the USA, as there are US commercial programmes for CPD (e.g. in paediatrics) which would like to expand into Europe.

The nature of child and adolescent psychiatry

The point that setting standards and content for specialist training will also influence the type of specialist has already been made. Discussion at UEMS CAPP meetings frequently centres on what child and adolescent psychiatry actually is. Over the past few years, services have been required to provide a remarkable range of activities. At one extreme is finding a place in which illegal immigrant children can stay, while at the other is the need for a precise delineation from paediatric neurology. In order to try to provide an agreed definition of what child and adolescent psychiatrists should do or be required to do, a short statement has been sent out to all EU countries and affiliates. This centres on the specifically medical contribution to child and adolescent mental health and makes the point that the psychiatry as applied to young people is different in many important ways from that applied to adults. Which is, of course, where we came in.

Reference

- Lindhardt, A., Gomez-Beneyto, M. & Saliba, J. (2004) The Section and Board of Psychiatry of the Union of European Medical Specialists (UEMS): achievements and perspectives. *International Psychiatry*, no. 5, 19–21.

NEWS, NOTES, FORTHCOMING INTERNATIONAL EVENTS

News and notes

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Contributions of International Divisions to the College annual meeting, July 2004

Middle East

The Middle East contributions focused on some important cultural aspects of the doctor–patient and family relationships that pose complex issues concerning the therapeutic alliance and ethics when treating the individual. Professor El-Islam informed us of a range of specific cultural issues related to both gender and generation concerning expectations of the psychiatrist on the part of both patients and families. An area that I found particularly

interesting was Professor El-Islam's description of the culture-specific dilemmas encountered when working with younger persons with disturbances related to the establishment of their own identity and autonomy, and at the same time the psychiatrist needing the active cooperation of the family for continuation of treatment and the family provision of 'social' services.

Dr El-Dosoky from Egypt gave examples of the complexity of the near ubiquity of the family presence in the relationship with the psychiatrist – its importance and usefulness as well as problematic aspects, including confidentiality. I thought that Middle Eastern psychiatrists may have a great deal to teach UK psychiatrists, who often

Hamid Ghodse (p. 1) spells out the major developments of the College in its international functioning. The tremendous potential of the International Divisions is illustrated by the issues brought by overseas members to the programme of this year's College conference in Harrogate. Brian Martindale here gives a brief summary.