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## Review

# European Psychiatric Association (EPA) guidance on post-graduate psychiatric training in Europe



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## ABSTRACT

The European Union Free Movement Directive gives professionals the opportunity to work and live within the European Union, but does not give specific requirements regarding how the specialists in medicine have to be trained, with the exception of a required minimum of 4 years of education. Efforts have been undertaken to harmonize post-graduate training in psychiatry in Europe since the Treaty of Rome 1957, with the founding of the European Union of Medical Specialists (UEMS) and establishment of a charter outlining how psychiatrists should be trained. However, the different curricula for post-graduate training were only compared by surveys, never through a systematic review of the official national requirements. The published survey data still shows great differences between European countries and unlike other UEMS Boards, the Board of Psychiatry did not introduce a certification for specialists willing to practice in a foreign country within Europe. Such a European certification could help to keep a high qualification level for post-graduate training in psychiatry all over Europe. Moreover, it would make it easier for employers to assess the educational level of European psychiatrists applying for a job in their field.

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## 1. Introduction

Post-graduate training in psychiatry is highly diversified in the European Union (EU). Besides the differences in culture, language and the development of medical and university systems in Europe over the last centuries this is also due in part, to the dramatic changes in European politics during the last 70 years. For example, the Spanish training system was completely re-established and remodeled after the end of General Franco's regime by returning, formerly politically persecuted, psychiatrists mostly trained in Switzerland and the USA [1].

The European Union Free Movement Directive gives the chance for professionals to work and live within the EU, wherever liked and preferred and furthermore regulates the acceptance of qualifications [3,16]. In the European Union, a specialization in Psychiatry in one country is automatically recognized within all the other member countries, even there remain differences in the

training which can already be expected by the different official titles of the specialization (e.g. UK: "General Psychiatry", Germany: "Psychiatrie und Psychotherapie", Belgium "Adult Psychiatry"). Interestingly, the automatic qualification acceptance is mostly a matter of trust between the different medical societies/boards within the countries certifying the specialists. The only mandatory requirement for the recognition of a specialization in psychiatry is a minimum post-graduate training of 4 years. Although the same EU-Directive gives specific and very detailed requirements for other professionals such as midwives or veterinarians, the requirements for medical doctors are very unspecific.

## 2. Harmonization efforts in the past

The European Union of Medical Specialists (UEMS) was founded on July 20th 1958; one year after the Treaty of Rome 1957 had postulated free movement and employment within Europe. Aiming for harmonization of medical training within the European countries it developed charters to standardize training requirements.

In 1992, the UEMS Section of Psychiatry established a working group to develop a consensus on post-graduate training in

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psychiatry in Europe. This UEMS Board of Psychiatry approved a charter in 2000, with a final revision in 2003 [18]. This charter gives precise numbers of how many hours of training are recommended for the different fields of psychiatry for post-graduate training. For example: practical application of psychotherapy with individuals as well as family and groups, under a continuous supervision of at least 100 hours, and theoretical training in psychotherapy over at least 120 hours, are named as essential. The basics of psychiatry training should be taught as structured training (lectures, seminars, etc.) over 4 years, on average for 4 hours per week. Another aspect mentioned in the charter is the qualification of the Head of training. He/she should have been practicing psychiatry for at least 5 years after specialist accreditation and should be authorized by national authorities for this task. Additional psychiatric staff who participates in the training program should be experienced in the whole field of psychiatry.

However it is critical that the structure of training is similar although there may not be a possibility of achieving this due to variations in health care systems and resources. However certain principles such as rotational nature of training and exposure to different methods of therapeutic skills can be acquired readily. In this paper, we propose a set of recommendations being aware that these may take some time in fulfilment.

### 3. Publication review

#### 3.1. Method

Unfortunately there is no official website or systematic review available to compare the different curricula for post-graduate training in psychiatry in Europe. On some sites, some information on training programs was available. Official sources for the curricula, if available on the Internet, are written in the language of the country, which makes a systematic comparison difficult. Therefore we did a systematic review of the available publications on the topic post-graduate training in psychiatry in Europe. We used Medline for research of scientific articles using the following English keywords:

- “post graduate training psychiatry”;
- “residency psychiatry Europe”;
- “specialist training psychiatry Europe”;
- “UEMS psychiatry”.

Furthermore, we used google to search for published post-training curricula in Spanish, French, English and German and sent

e-mails to representatives of different professional medical societies to ask for access and translations of their curricula.

#### 3.2. Results

In total, we found 218 articles on the term “post-graduate training psychiatry”, 175 on “residency psychiatry Europe”, 340 on “specialist training psychiatry Europe” and 12 on “UEMS psychiatry”. We excluded all articles not published in English, French, German and Spain, those articles, which were older than 20 years and articles without a link to actual post-graduate training on psychiatry in Europe. In summary, only six papers out of Medline were about post-graduate training on psychiatry in Europe (Table 1).

Google and personal contact to representatives of different professional medical societies helped to access and translate the original post-graduate curricula of France, the Netherlands, Sweden, Belgium and Germany.

Since UEMS Section and Board of Psychiatry published their recommendations on post-graduate training several other surveys had been conducted to cover the differences in psychiatric training in Europe.

Lotz-Rambaldi, et al. [9] sent a survey to all representatives of the UEMS Section and Board of Psychiatry which was given to the national training institutes. Chiefs of training and trainee representatives were invited to download the survey and send it back. This survey with more than 900 participants showed several differences between the countries, e.g. concerning it being mandatory to treat own patients with psychotherapy, if there is a final exam to be officially certified and most importantly the duration of the post-graduate training. In opposition to the UEMS Charter only 82,5% of the heads of training have experience of more than 5 years and only 86% received training in psychotherapy. Comparing all 923-survey participants only 59% of the curricula complies with the UEMS Charter.

Another survey [14], based on questionnaires distributed to psychiatric trainees, show similar results. However, a recent survey [6] also based on questionnaires given out to psychiatric trainees, considers the training programs and assessment methods to be comparable, but complains of inadequate quality assurance mechanisms.

All these surveys are limited in several respects: firstly, they give a “non-official” overview, with a bias towards wrong answers. For example, in Germany it is compulsory to treat patients with psychotherapy for a minimum of 240 hours, with supervision after each fourth hour of treatment. However only 87% of the

**Table 1**  
Literature overview.

Authors	Title	Year	Magazine	Method	n	Conclusion
Lotz-Rambaldi, et al.	Specialist training in psychiatry in Europe – results of the UEMS-survey	2008	European Psychiatry	Survey sent to representatives and training centers of all European countries	409	Broad variety on post-graduate training
Kuzman, et al.	Psychiatry training in Europe: views from the trenches	2012	Medical Teacher	Survey sent to representatives of the national psychiatric associations	29	Structures of training similar, quality assurance vary significantly
Oakley and Malik	Psychiatric training in Europe	2010	The Psychiatrist	Survey during 16th European Federation of Psychiatric Trainees Forum 2008	22	Wide variation in length, content and structure
Hohagen	Training in psychiatry and psychotherapy in Germany	2008	Encephale	Description of the German curriculum	–	Description of the German curriculum
Jarved, et al.	The changing face of psychiatric training in the UK	2010	Indian Journal of Medicine	Review of the current curriculum in the UK	–	Review of the current curriculum in the UK
Gómez-Beneyto, et al.	The opinion of psychiatric residents on the training they receive	2011	Actas Esp Psiquiatr	Survey on Spanish trainees in Psychiatry	216	For a majority the satisfaction on the training is fair, however a small but substantial percentage did not comply adequately with the program

participants of a survey in Germany named psychotherapy as mandatory and gave an average of 144 hours as required [9]. Furthermore, the available published data are not sufficient to compare the training between countries. These responses may also be affected by health care systems and resources available for training.

To get an objective overview over the different training methods and requirements within psychiatry in the EU countries, it would be necessary to compare the official requirements for specialization issued by the national-institutions responsible for the certification of specialization. Moreover a translation in the three link-languages of the EU would also be necessary.

#### 4. Curricula overview

To give a systematic overview, we compared the official post-graduate curricula of those countries available on the Internet or through personal contact (Table 2).

##### 4.1. Germany [8]

In Germany, terms and conditions of post-graduate training in Medicine are defined by the National Board of Medical Professionals. Those requirements are a baseline for the state-branches of the Board to publish and determine a specific logbook. Even if each state-branch of the Medical Board publishes their own version of certification requirements, all of them are similar due to the requirements by the National Board.

Post-graduate training in psychiatry takes a minimum of 5 years (= 60 months) of training. A common core training of 24 months in general psychiatry is compulsory, as well as 12 months of training in neurology. Of the remaining 24 months, all can either be spent in general psychiatry (either in- or out-patient care) or 12 months in forensic psychiatry. An elective term of 12 months can be spent either in child- and adolescent psychiatry (an own specialization with also 60 months of training in Germany) or psychosomatic/psychotherapy. Instead of these 12 months, the trainee can complete a 6-month term in neuropathology, neurosurgery or internal medicine. The trainees have to participate in on-call duties during their training.

The acquisition of theoretical knowledge, which is defined in the curriculum is required in different fields of psychiatry and has to be confirmed by the chief of department. There are also minimum hours of training required in certain fields. German post-graduate students have to work 5 days per week, with theoretical training being either included in their work scheme or set after-work. Part-time working is possible, but lengthens the training to the same percentage as the working time is reduced.

Furthermore, it is mandatory to complete 240 hours of treating own patients by psychotherapy (either cognitive behavioral or psychodynamic therapy) with supervision after each fourth session. 150 hours of personal therapy are also compulsory, as is also joining a Balint-Group for 70 hours.

After certification, the medical professional has to prove their continuing education using a point system e.g. for attending lectures, solving tests or joining conventions.

The specialization programs are currently undergoing an extensive revision process to ensure the quality of medical education and to include current developments in medical specializations like neurology or psychology.

##### 4.2. The Netherlands [13]

In the Netherlands, terms and conditions of training for a medical specialization are defined by the Concilium of the responsible college.

These are certified by the College of Medical Specialization within the Royal Dutch Medical Association. Certification and re-Certification (every 5 years at the most) is regulated by the Medical Registration Body. In the Netherlands, certification as a medical doctor is issued by the state; all further certifications e.g. for specializations, are regulated by professional self-governance with regular supervision from the authorities.

The medical specializations are regulated according to the competences defined by the Canadian Medical Association. When all competencies required are met and certified, the resident can, with support from his/her trainer, ask for certification in that specialty. There is a continuous assessment and several tests, as well as biannual examinations, rather than one final examination.

The training programs for medical specialties are written by the Concilium, in this case Psychiatricum, which defines the requirements and specifies the length of the training. However these programs can be tailored, according to the knowledge and skills of the individual resident, who may acquire these skills at a faster or slower pace.

In the Netherlands, the average training time for specialization in psychiatry is four and a half years. The training comprises a country wide interactive tutor geared theoretical training program and nine 6-month rotations in different services. On average, trainees receive one day per week of theoretical training, paid for by the government and work as a resident (with on-call duties) in a service for the remaining four days a week. Residents are allowed to work on a part-time basis.

There is a common core training of two and a half years in which the resident is taught the basics of psychiatry and trains in clinical, outpatient and emergency psychiatry settings. After completing

**Table 2**  
Curricula overview.

	Germany	The Netherlands	Sweden	Belgium	UK	France
Name of specialty	Psychiatry and Psychotherapy	Psychiatry	Psychiatry	Adult psychiatry	Depending on the chosen special training	Psychiatry
Length of training	5 years	4.5 years	5 years	5 years	6 years	4 years
Compulsory training in internal medicine	No	0.5 years general hospital training	1 year Internal Medicine and neurology	No	0.5 years	1 year in any field of medicine
Compulsory training in neurology	1 year			No	0.5 years	
Compulsory training practicing psychotherapy	240 hours treating own patients under supervision	Yes	Yes	No information	2 cases	No
Exams during training	No	2/year	No	No	After 3 years core-training	Depends on the region
Final exam	After completed training	No	No	After 2 years of theoretical training	No	

the core training, the resident chooses a direction that appeals to his/her preferences/ambitions in:

- adult psychiatry;
- child and adolescent psychiatry;
- old age psychiatry.

For these two latter “areas of special interest”, there are countrywide curricula and residency rotations with different topics of clinical training. For the area of “adult psychiatry”, the resident can choose “à la carte” with curricula in different clinical directions, such as psychotherapy, addiction psychiatry, forensic psychiatry, etc.

All the residents must pass an examination twice a year in general psychiatry, the results of which are linked to their level of training. Finally, along with the competencies that have been accredited by their tutors and supervisors, the resident must show that she/he has passed all the tests linked to the different courses and has performed well on the bi-annual exam.

Every resident has to complete a scientific study on the level of a peer-reviewed article and present the results to trainers and peers.

There are strict rules for certification and re-certification. The latter are subject currently to a serious revision as to ensure the quality of medical professionals in all fields.

#### 4.3. France [10,17]

In France, accreditation to become specialized in Psychiatry (“*Diplôme d’études spécialisées [DES] de psychiatrie*”) is regulated in a National Bulletin. Each region of France is allowed to adapt these formal requirements to their own curriculum.

A 4-year curriculum is mandatory, with 24 months of training in an accredited psychiatric hospital, (6 months of which has to be spent in a university hospital or university affiliated hospital), 12 months training in child- and adolescent psychiatry and 12 months in any other field of medicine in a DES-accredited hospital.

To gain theoretical knowledge, 250 hours of classes are compulsory.

The formal requirements to become certified depend on the region, some regions only demand physical attendance, others have oral exams as a part of the curriculum.

#### 4.4. Belgium [5]

In Belgium, terms and conditions of training for a medical specialist specialization are defined by the Superior Health Council, under the authority of the Ministry of Health. Criteria for psychiatry training consist among others of a 5-year clinical training containing the relevant domains of psychiatry (different pathology groups, settings). Part-time training, at this point, is not allowed. In addition to the clinical training the (Flemish) trainees have to follow a two-year psychiatry theoretical course organized jointly by the different Universities. After this course, a trainee has to pass an exam. Also, the trainee needs at least one publication on a psychiatric topic in a peer-reviewed journal. After a successful training program (final evaluation by the national accreditation commission psychiatry), the title is awarded by Ministry of Health. Hereafter, up to now, no re-certification exam during the further carrier is required.

At this moment the whole training scheme, for all medical specialists, is subject to thorough revision. One of the major aspects of this revision is a better integration of the clinical and academic aspects of the training. This process is expected to be finalized in 2014.

#### 4.5. Sweden [12]

The latest regulations from the National Board of Health and Welfare in Sweden, concerning the clinical requirements and training necessary to achieve specialization in Psychiatry, Child and Adolescent Psychiatry and the sub specialisation in Forensic Psychiatry, are from 2008.

Medical Studies in Sweden last for 5.5 years and are followed by 21 months of internship, including 3 months of Psychiatry. After completing the internship and passing board exams, the physician is licensed to practice medicine and undergo a specialist training (residency) for which at least five more years of clinical duties, under supervision, in parallel with theoretical training are required.

The specialist training is set individually and the resident can start at any time of year. The residency usually starts with a year in an in-patient General Psychiatric clinic, followed by 1 year in an outpatient unit. Then residents rotate between child and adolescent psychiatry, forensic psychiatry, addiction and/or geriatric psychiatric clinics. A year of internal medicine and neurology is compulsory. The final year of residency is completed at the home clinic in a more senior position.

Psychotherapy training starts during early specialist training and lasts for 1.5–2 years. The psychotherapy courses, cognitive or psychodynamic, take at least 1 day per week. The residents have patients in psychotherapy under supervision during this time. The resident also attends several National and local courses in Psychiatry and participates in National and International Psychiatric meetings.

For specialization in child and adolescent psychiatry, in addition to the skills in general psychiatry, good knowledge of typical and atypical child/adolescent psychiatric conditions and knowledge of child and adolescent neurology is required.

For sub specialization in forensic psychiatry, the resident is required to conduct forensic psychiatric assessments of offenders with psychiatric disorders on behalf of Courts of Law and participate in Court cases and trials. Practice within forensic psychiatry may start before, during, or after clinical services within a specialization for General Psychiatry and can be integrated with this work.

#### 4.6. Training structure and supervision of competence development

The Head of Department must designate a supervisor with specialist skills to train a resident, who in consultation with the supervisor develops an individual training program. The program includes theoretical training modules and courses, which are “quality controlled” according to the Institute for Professional Development of Physicians in Sweden. The supervisor is responsible for ensuring that there is documentation detailing the specialists training progress and that there are regular assessments, so that a consistently high quality of education can be ensured. The Director of Specialist Training provides a support to the Head of Department and supervisor. All three are responsible for the quality of training.

The resident is trained in communicative skills characterized by an open, empathetic and trustworthy manner and the ability to inform and have a dialogue with the patient and their family as well as teach colleagues, employees and students. Diversity and gender aspects within psychiatric care are included in the training, as well as the patient's right to information, and their influence and participation in decisions.

Leadership training involving development of healthcare services, leading a healthcare team and supervision is provided. Knowledge of research methods, basic epidemiological concepts and evidence-based medicine, in health promotion and disease prevention activities must be demonstrated.

The training ends with a Certificate of Approved Clinical Service, with skills being assessed by a supervisor and the theoretical training is certificated by approved course leaders. The Head of Department decides when the trainee should apply to the National Board of Health and Welfare for a specialist diploma. There is no board examination. The Swedish Psychiatric system is characterized by its belief in freedom through responsibility.

#### 4.7. UK

The training is supervised by the Royal College of psychiatrists and lasts a minimum of six years. The first three years are called core training with six rotations of six months each two in general and community psychiatry and one in developmental psychiatry, which could be in learning disability or child psychiatry. Pre-set regular workplace based assessments are conducted regularly with feedback to the trainees. This is followed by taking the membership examination of the College after which the trainee commences one of the six higher or specialist training programmes in general and community psychiatry, child and adolescent psychiatry, old age psychiatry, forensic, medical psychotherapy or psychiatry of learning disability. In the three years of general and community psychiatry, one year can be spent in addictions, consultation-liaison or rehabilitation to gain specialism. The certificate of completion of training is in six categories only. The curricula are publicly available and describe contents and competencies as well as assessment methods.

## 5. Conclusions

Many efforts had been made during the last centuries to fulfil the European idea that ensures freedom of movement and freedom of working. The acceptance of post-graduate training in psychiatry is mostly a matter of trust between the different countries [16], as there is no systematic overview or official source to compare the different ways of training. The published surveys [9,14] are a first step but have limited value due to the quality of the information (e.g. misunderstandings of the official curricula by the participants of the survey).

Due to the historical and cultural differences in Europe, which caused different systems of university education and different healthcare systems, a harmonization and standardization process of post-graduate training in Europe has also the challenge to adapt the training curricula to the special needs of each country of the European Union. As migration of professionals within the EU increases [4], a simpler way to compare training is required and a standard should be established. For those who are recruiting and supporting psychiatry residents, an understanding of the diversity of post-graduate training for psychiatrists within Europe is essential. Right now, there is no easy access to the different training curricula. A project to ensure translation of the national legal requirements in the three link languages of the EU, or at least to English (as the international language of research and publication) should be started, with the aim to publish these requirements in an easy accessible way. This would also help to document efforts undertaken since the 2003 agreement of the UEMS Charter [18], which already called for further harmonization.

A harmonization of post-graduate training could also help to facilitate all European psychiatrists in keeping up-to-date with medical progress. Medicine and especially psychiatry are under constant influence of newly acquired knowledge from pathophysiology and treatment options for different diseases. Dementia for example is becoming a global burden for healthcare systems all over Europe, and since new mechanisms concerning the neuro-

biological and pathophysiological developments behind dementia are being discovered this traditionally typical “psychiatric-disease” becomes more and more of interest for neurologists. This demonstrates the necessity for broader training, which crosses the boundaries of general psychiatry, at present not compulsory in many EU-countries. It is well-known that the outcome and severity of several psychiatric diseases like depression [15], obsessive-compulsive disorder [7] or schizophrenia [11] is better, if pharmacotherapy is combined with psychotherapy. However, the surveys [6,9,14] undertaken to compare post-graduate treatment show that practicing psychotherapy is not compulsory in all EU-Countries. For these reasons, changes in psychiatric knowledge should be implemented uniformly in all EU-countries, to keep a high standard of treatment throughout the EU.

We abstained from providing a complete overview on all EU countries. The comparison of six different curricula presented in our paper shows substantial differences between post-graduate training in Europe and gives reason to the need for harmonization of training within the EU. Useful would be an approach considering both the cultural and/or social differences but also the necessity for harmonisation of key issues in the different post-graduate training systems. Moreover, is important to establish a standardized test to reach an approved European Qualification. Other UEMS Sections such as the UEMS Sections of Surgeons have already introduced a harmonized Qualification level, the “Fellow of the European Board of Surgery”. To become certified on this qualification level, it is compulsory to present a “logbook countersigned by an independent expert on every page. The logbook must include general information (surgeon, hospital) and for any item the type of procedure and patient initials or hospital admission number” [2] and besides other qualification requirements, the trainee has to pass a formal examination.

A similar system could help to harmonize post-graduate training in psychiatry, encouraging trainers and trainees to obtain an even higher quality and level of training and could be used as an objective measurement for healthcare providers to assess the qualifications of job candidates from different European countries.

A standardization and harmonization of post-graduate training, in psychiatry combined with an easy access to the official curricula in order to be able to compare them, could help to raise the quality of psychiatric treatment in Europe and facilitate smooth cross-European movement of highly trained specialists.

## 6. Recommendations

EPA must encourage sharing of information on curricula and assessment as well as patterns of training

Translation of the official post-graduate curricula for psychiatrists in the three link languages of the European Union and publication on an official website

Harmonization and standardization of the official post-graduate curricula for psychiatrists in accordance with the UEMS Charter and International guidelines

Establishment of a qualification “Fellow of the European Board of Psychiatry” tested by the UEMS Charter with a formal examination either in the candidates’ mother tongue or one of the EU link languages.

## Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

## References

- [1] de Rivera JLG. Psychiatry in Spain. *Psychiatric Times* 2002;19:34.

- [2] EBSQ General Surgery – Eligibility Criteria 2012, [http://www.bdc.de/bdc/uems/uems.nsf/0/30cfeaa50a94e660c12573a2003cdcd/\\$FILE/ATTNMGAV.pdf/EBSQ%20General%20Surgery%20Eligibility%202012.pdf](http://www.bdc.de/bdc/uems/uems.nsf/0/30cfeaa50a94e660c12573a2003cdcd/$FILE/ATTNMGAV.pdf/EBSQ%20General%20Surgery%20Eligibility%202012.pdf)
- [3] European Union, Consolidated version of the treaty on European Union. Official Journal of the European Union 2010; C 83/13.
- [4] Garcia-Perez MA, Amaya C, Otero A. Physicians' migration in Europe: an overview of the current situation. *BMC Health Serv Res* 2007;7:201.
- [5] Hermans M, de Witte N, Dom G. The state of psychiatry in Belgium. *Int Rev Psychiatry* 2012 Aug;24:286–94.
- [6] Kuzman MR, Giacco D, Simmons M, Wuyts P, Bausch-Becker N, Favre G, et al. Psychiatry training in Europe: views from the trenches. *Med Teach* 2012; 34:e708–17.
- [7] Lack CW. Obsessive-compulsive disorder: evidence-based treatments and future directions for research. *World J Psychiatry* 2012;2:86–90.
- [8] Landesärztekammer Bayern, Richtlinien über den Inhalt der Weiterbildung gemäß § 4 (4) der Weiterbildungsordnung für die Ärzte Bayerns. Bayerisches Ärzteblatt Spezial 2/2012.
- [9] Lotz-Rambaldi W, Schäfer I, ten Doesschate R, Hohagen F. Specialist training in psychiatry in Europe – results of the UEMS-survey. *Eur Psychiatry* 2008; 23:157–68.
- [10] Ministère de l'éducation nationale, de l'enseignement supérieur et de la recherche, liste et réglementation des diplômes d'études spécialisées de médecine ; Bulletin Officiel n° 39 du 28 octobre 2004. p. 2245–68.
- [11] Moritz S, Veckenstedt R, Bohn F, Hottenrott B, Scheu F, Randjbar S, et al. Complementary group metacognitive training (MCT) reduces delusional ideation in schizophrenia. *Schizophr Res* 2013;151(1-3):61–9.
- [12] National Board of Health and Welfare, Socialstyrelsens föreskrifter och allmänna råd (SOSFS 2008:17) om läkarnas specialiseringstjänstgöring, <http://www.socialstyrelsen.se/sosfs/2008-17>.
- [13] NVVP (Netherlands Psychiatric Association) Herziene Onderwijs en Opleidingsen Psychiatrie HOOP-de Tijdstroom Utrecht. <http://www.nvvp.net/publicaties/diversen/>.
- [14] Oakley C, Malik A. Psychiatric training in Europe. *The Psychiatrist* 2010;34: 447–50.
- [15] Pampallona S, Bollini P, Tibaldi G, Kupelnick B, Munizza C. Combined pharmacotherapy and psychological treatment for depression: a systematic review. *Arch Psychiatry* 2004;61:714–9.
- [16] The European Parliament and The Council Of The European Union, Directive 2005/36/EC of the European Parliament and of the Council. 2005/36/EC. Official Journal of the European Union, 30.9.2005, L 255/22- L 255/142.
- [17] van Effenterre A, Hanon C, Llorca PM. Survey among academic teachers about psychiatric training in France. *L'Encephale* 2013/09/03 [Epub ahead of print] <http://dx.doi.org/10.1016/j.encep.2013.05.001>.
- [18] UEMS Board of Psychiatry, Charter on training of medical specialists in the EU; <http://uemspsihiatry.org/wp-content/uploads/2013/09/Chapter6-11.10.03.pdf>.