EDITIORAL

Training in psychiatry and psychotherapy in Germany

Medical training

In Germany, medical students need six years before they are allowed to work as medical doctors or before they begin their specialist training.

The first two years are mostly devoted to basic training (e.g. anatomy, biochemistry, physiology). During the clinical years, only a limited time is devoted to psychiatry. In a compulsory psychiatry course, students learn the basics of diagnosis and therapy. This course with eight sessions of 4 h each and a final examination is similar throughout Germany. Additional courses vary greatly with regard to the time requirements. That means that 5–20% of the clinical training is devoted to psychiatry. In Hamburg, psychiatric training comprises eight seminars of 90 min each, five times 90 min of bedside teaching and the compulsory basic course. In addition, there are general seminars on psychosomatics, two times 90 min, and three times 90 min of bedside teaching.

Over the last five to ten years at most universities, there is a certain tendency to increase the time devoted to psychiatry.

After five years, the students spend four months in their last year in internal medicine, four months in surgery, and four months in another specialty. Around 2–5% of the students opt for psychiatry.

Psychiatric training

In 1992, the German Medical Association made an important decision regarding the development of psychiatry in Germany. It was decided that in the future, there would no longer be specialisation in psychiatry, but in psychiatry and psychotherapy. This decision reflects a profound change in the conceptualisation of psychiatry. Before the new regulations on psychiatry and psychotherapy, training in psychotherapy had to be acquired, mainly in private institutes, and had to be financed by the trainee. Now psychotherapy is, together with social psychiatry and biological psychiatry, an integral part of psychiatry and must be fully integrated in training programmes.

Diagnosis

The psychiatric training has to provide thorough knowledge, experience, and skills in the technique of anamnesis and case assessment, including consideration of biological, somatic, psychopathological, psychological, psychodynamic, and social aspects. During advanced training the trainee must carry out a minimum of 20 initial examinations per year. In addition, he or she should perform at least five test examinations, including neuropsychological methods of examination.

The somatic diagnostic methods include interpretation of laboratory findings, neuroimaging findings and assessment of electroencephalogrammes as well as interpreting the findings in the light of the clinical picture. This includes the taking of samples (e.g. at least ten lumbar punctures).

Planning, execution, and supervised success of integrative psychiatric–psychotherapeutic treatment

The practical part of training includes thorough knowledge of the treatment of mental disorders by defining treatment goals, including somato-, socio- and psychotherapeutic procedures, and follow-up of outcome. This must be demonstrated by a minimum of 40 documented and completed cases of therapy. Of these, three cases each should be selected from among the areas of personality disorders, neurotic disorders, schizophrenic disorders, affective disorders, and substance addiction.

Social psychiatry

In the field of social psychiatry, the trainee has to acquire practical knowledge of social psychiatric treatment and rehabilitation, including complementary community care structures and ergotherapy, as well as multidisciplinary teamwork and group work with patients and relatives. The trainee has to participate in a supervised group of relatives for at least two months.
Forensics

The trainee has to document psychiatric expert opinions in the most common and typical instances in criminal, civil, social, and voluntary jurisdiction, including questions of law relating to persons. He or she has to prepare 15 scientific expert reports in these areas and must take part in a 15-hour forensic psychiatric seminar.

Theoretical courses

Diagnosis and case assessment

The trainee has to participate in case seminars, of which a minimum of 20 h per year is required. In these seminars the candidate should present a total of at least 10 patients. The trainee has to acquire knowledge of the methods of analysing the data gathered according to standardised methods by attendance at a course of at least 10-hour duration.

Pathogenesis and treatment of psychiatric disorders

The fundamental aspects of the pathogenesis and the treatment of psychiatric disorders comprise 240 h of theory. Special emphasis should be given to the interaction of somatic, psychological, psychodynamic, and social factors. Other disciplines, for example, neuropathology and neuropathophysiology, should be included. Illness prevention, early diagnosis, and relapse prevention should be part of the theoretical training.

Psychopharmacology

The trainee must acquire thorough knowledge of the pharmacology of the drugs commonly used in the field (pharmacokinetics, pharmacodynamics, interaction, and side effects). This covers therapeutic effects (including cost-effect ratio) and the risk of drug abuse. The legal restrictions on prescription of the medication, the clinical testing thereof, and the ethical guidelines to be observed, should be learned. In addition to case-related advanced training, knowledge of the pharmacological and other somatic therapy procedures must be acquired in a 40-hour course covering, among other things, their interaction with psycho- and sociotherapy.

Social psychiatry

Knowledge of social psychiatry must be acquired in a 40-hour course.

Psychotherapy—psychotherapeutic consultative and liaison work

Participation in a theoretical course of at least 10-hour duration is required.

Psychotraumatology

Psychotherapy

Theory

The theoretical courses comprise at least 100 h. The theoretical fundamentals of psychotherapy include the general and specific theory of neurosis, the psychology of development and personality, the psychology of learning and psychodynamic psychology, group and family dynamics, psychosomatics, historical development and psychodynamic aspects of personality disorders, psychosis, addictions, and geriatric illness.

In addition, training in crisis intervention, supportive procedures, and counselling in a course of at least 20-hour duration are required.

Practical training

Practical experience in both primary and secondary methods must be acquired. There was great controversy as to which psychotherapeutic methods should be included. The German Psychiatric Association proposed inclusion of only those psychotherapeutic methods whose clinical efficacy has been proven in controlled evaluation studies. This is only the case at present for psychodynamic psychotherapy, cognitive-behavioural therapy and, within certain limits, client-centred therapy. At present, other therapeutic methods are excluded until they have been tested as efficient from a scientific empirical standpoint.

One hundred and twenty hours of therapy must be conducted in a primary method (psychodynamic psychotherapy or cognitive-behaviour therapy) with a supervision following every fourth session. In the case of the secondary method, 80 h of co-therapy, also supervised following every fourth session, or alternatively, participation in a 100-hour course on case presentation, are required. The secondary method will be restricted to psychodynamic psychotherapy, cognitive-behaviour therapy, and client-centred therapy.

In addition to this, training in a proven relaxation procedure (e.g. autogenic training, progressive muscle relaxation), which should be acquired in two courses, is required. The trainee also has to take part in 35 double hours of a continual Balint group or in a corresponding cognitive-behavioural therapeutic group with interaction-related casework. Psychotherapy training also includes self-encounter, which should accompany the period of advanced training. The candidate has to spend 70 double hours in an encounter group or 150 h in an individual self-encounter.

Duration

The total duration of training in psychiatry and psychotherapy is five years: one year of neurology and four years of psychiatry and psychotherapy, three years of which must be on the ward. Possible options are one year in child and adolescent psychiatry and six months in neurosurgery, neuropathology, neurophysiology or medical sociology. One year of training can be spent in a private practice.
Assessment

Upon completion of training there is a final examination carried out by the local health authorities.

Concluding remarks

The principal aim of the training requirements in Germany is to achieve a multidimensional approach to the diagnosis and treatment of psychiatric disorders as is appropriate to the complex nature of psychiatric illness. A special challenge is to offer psychotherapy training and to introduce psychotherapy into the classical spectrum of pharmacological and sociotherapeutic tools. In an age when funding is scarce, not every hospital is able to provide a complete training programme including psychotherapy training. Thus, many hospitals aim at cooperative models providing a joint training programme for several psychiatry departments. Additionally, the German psychiatric and psychotherapeutic association has organised 1-week training courses in several parts of Germany where trainees can fulfil elements of their psychiatric—psychotherapeutic curriculum.