

Konrad Michel · Jacques Besson

## Psychiatric training in Switzerland

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### Introduction

#### General outline

In 1993 the Swiss Medical Association issued new regulations for the postgraduate training of Swiss Medical Doctors (FMH). In this connection, the Swiss Psychiatric Association (SGP/SSP) had established a working group in 1989, charged with the task of developing a new curriculum for the training of psychiatrists in Switzerland. The new training programme came into effect in January 1996. It was decided to retain the title “Specialist in Psychiatry and Psychotherapy”, as this combined title has a long tradition in Switzerland.

The minimum duration of training is 6 years, of which 1 year must consist of work in another (clinical) medical discipline. It was decided that the training should include psychological, social and biological aspects of psychiatry. Training and assessment should take account of three areas of competence: attitudes, skills and knowledge.

The head of each training institution is responsible for the organisation of the theoretical and practical training of his or her trainees. Training institutions are classified (a) according to the nature of their services (patient population) and (b) according to the range of theoretical training offered to the trainees. A maximum of 3 years is possible in the same institution (i.e. under the same clinical director). A minimum of 1 year's experience in inpatient care and a minimum of 2 years in outpatient care is required. Training in child and adolescent psychiatry for 1 year is accepted. The Swiss Medical Association is responsible for a re-evaluation of the training institutions at least every 7 years.

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#### Historical note

The combined title “Medical Specialist in Psychiatry and Psychotherapy” owes much to the fact that psychotherapy has traditionally played an important role in Switzerland. It is the only recognized title in psychiatry and is a result of the influence of eminent Swiss psychiatrists such as E. Bleuler and M. Müller, who held the view that psychoanalytical theory could not be separated from institutional psychiatry and that therefore all psychiatrists should have training in psychodynamics and psychotherapy. In 1948 the Swiss Medical Association of Psychotherapy was founded, which requested the creation of a subspeciality within psychiatry for specialists in psychotherapy. Instead, in 1960, the Swiss Psychiatric Association opted for the combined title. The aims of the combined title were:

1. To emphasize that psychotherapy has its place in medicine
2. To ensure the importance of psychodynamic thinking in psychiatry
3. To give psychiatrists an instrument by which to counsel non-psychiatrists in psychological matters (doctor-patient relationship, psychosomatic illness, etc.).

Since its introduction the issue of the combined title has been critically discussed on several occasions, but it was always felt that training psychiatrists without an emphasis on psychotherapy should be avoided, and that psychotherapy should continue to be an integral part of a psychiatrist's professional identity. Originally, the requirements for training in psychotherapy were very modest. They were increased in 1977, and recently, even more upon the introduction of the new curriculum.

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### Practical training

The doctor/patient relationship and therapeutic skills are given special weight in the training programme. A distinction was therefore made between (a) the general psychiatric interview, (b) the general psychiatric/psychothera-

peutic process, and (c) specific psychotherapeutic techniques. A minimum of 300 h supervision are necessary, of which a minimum of 125 h must consist of psychiatric/psychotherapeutic supervision, while another minimum of 125 h has to be reserved for supervision in one of the acknowledged specific psychotherapy techniques. Half of these hours can consist of supervision groups, but only if the candidate is an active participant.

In addition to these requirements the candidate has to participate in practical courses including seminars and case presentations. A minimum of 10 court reports and 10 further reports (for insurance purposes, etc.) are required.

As it is required that the candidate must gain experience in social psychiatry, he or she is expected to work in community psychiatry, rehabilitation and general hospital psychiatry.

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### Theoretical courses

Theoretical training must consist of at least 4 h per week. Courses are offered in regional postgraduate courses and should cover the entire field of psychiatry. A specific list of topics to be covered is currently being worked out.

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### Psychotherapy

As mentioned above, psychotherapy training is considered an integral part of training in psychiatry. A minimum of 125 h supervision in one of the acknowledged specific psychotherapeutic techniques is required. Theoretical courses must include training in psychotherapy. The recognised psychotherapy methods are psychoanalysis (psychodynamic psychotherapy) and cognitive therapies. Personal psychotherapeutic experience is required, but the duration is not specified. This personal psychotherapy is normally financed by the candidate, while psychotherapy supervision should be offered by the institution. Psychotherapy supervision is normally carried out by practising psychiatrists not linked with the training institution. Apart from psychiatrists with adequate training, non-medical psychotherapists can supervise the candidate.

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### Logbook

A logbook containing a comprehensive list of all the training experience required accompanies each candidate through his or her training years. Its introduction has, however, been postponed.

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### Duration of training

Training lasts 6 years in all, including 1 year in another clinical discipline.

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### Assessment

The training programme makes a distinction between "formative" and "summative" assessment. In addition, the institutions have to be evaluated.

"Formative" (ongoing) assessment is based on at least yearly evaluations by the clinical tutor. Specific assessment forms with a list of relevant items must be completed in a joint meeting between trainer and trainee, and goals for the next assessment period have to be formulated in writing. In addition to this, the head of the institution has to complete a yearly assessment form which includes evaluation of theoretical training and psychotherapy provision. Proof of the yearly assessment has to be sent to the training office of the Swiss Medical Association, which keeps track of the training of each candidate.

At the end of each psychotherapy supervision, the supervisor has to fill out an assessment form together with the candidate. The completed form remains with the candidate and the supervisor, but the training office receives proof of each such assessment.

"Summative" assessment consists of:

- (a) An examination which may be taken after 3 years of training in psychiatry; this consists of a multiple choice questionnaire of 100 questions, of which 40 must concern general knowledge in psychiatry, 20 must be on systemic and social aspects, 20 on biological, and 20 on psychological and psychodynamic aspects
- (b) A thesis on a topic freely chosen by the candidate, which has to be presented to the training committee in the last year of training

For each training year, the candidate completes a form assessing the institution and the quality of the training. This form, too, has to be sent to the training office of the Swiss Medical Association. These assessments by the candidates are later used in the assessment visits to the institution.

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### Concluding remarks

This is a new and comprehensive training scheme in psychiatry and psychotherapy. Several aspects are of importance. Firstly, it should be noted that the number of psychotherapy and supervision hours was considerably increased from what was previously required, because it was felt that the double title of psychiatry *and* psychotherapy is a commitment to adequate training requirements in psychotherapy. This was not without controversy. The general assembly of the Swiss Psychiatric Association voted against the introduction of subtitles for subspecialties, and consequently, some colleagues did not agree that psychotherapy deserves a special position in the title of specialist (double title). Thus, the new regulations are a compromise between numerous tendencies within the Psychiatric Association. Secondly, assessment of candidates is now based on structured ongoing assessment by the clinical trainers as well as on a final examination, be-

cause there was strong opposition against assessment by examination only. Thirdly, the new requirements in teaching, assessment and supervision of the candidates will increase the demands in terms of time (and funding) set aside for training, on the part of the trainers as well as on

that of the trainees. Some colleagues believe that it will be difficult for training institutions to adapt to the new demands. The first years after the implementation will show how, in a period of budget restrictions, these problems can be solved.