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Becoming a child and adolescent psychiatrist in Spain: trainees' perspectives

Child and adolescent psychiatry (CAP) is generally recognized as an independent specialty from adult psychiatry, and most countries require specialist training in CAP [1]. In Spain, CAP as a specialty was only legally recognised in 2014 [2]. Developing specific training in CAP will require a global change in the Spanish medical training system; however, proposed plans to do this were recently rejected in court [3]. The lack of specific training in CAP may make it more difficult to accomplish the particular competencies of this field. Little is known about the experience of trainees interested in CAP in countries where there is only a general psychiatry training [4]. Thus, we performed a study in Spain aiming to evaluate the current situation of trainees interested in CAP involved in general psychiatry training.

A cross-sectional observational study was performed through an online survey. We included Spanish Psychiatry Trainees in their last year of training and first year Psychiatry Consultants interested in working as Child and Adolescent Psychiatrists. We identified the target population from the Spanish correspondent official summons [5, 6]: 496 subjects (243 and 253 Psychiatry Trainee posts offered in 2010 and 2009, respectively), distributed in 115 training schemes.

We used the snowballing sampling to contact all potential subjects identified. Using social media we contacted 304 trainees and consultants from 78 training schemes. Of those who responded, 94 subjects identified themselves as interested in working in Child and Adolescent Psychiatry. They were sent a link by email to fill an anonymous online survey (available for 1 month in March 2016). They were asked to describe their own training process in CAP. We used a mix of quantitative (i.e. age, number of mandatory

months in CAP or elective placements) and qualitative questions (i.e. to explain their experience during the external rotation). Data was collected anonymously and analysed with Stata 13.1.

Fifty-five subjects out of the 94 filled in the online survey (59% response rate). Most of them were women (85.45%) with a median age of 29.5 years old (range 28.5–45.5 years). The 4-month mandatory training in CAP within the general psychiatry programme took place mainly in 3rd year of the training (49.1%), sporadically 2nd (27.3%) or 4th (21.8%) and only one participant did the training during 1st year. The clinical placements for the mandatory period were mainly outpatient and inpatient units and scarcely in liaison, emergencies or day hospital. In addition to the mandatory CAP placement, the participants had a clinical elective rotation; the duration of which depended on each scheme. Taking into account the mandatory months in CAP training plus the elective ones, the participants spent a median of 8 months in CAP (range 3–20 months). This equates to 16.7% of the 4 years of training most psychiatrists undergo in general Psychiatry. Also, sixty percent of the participants did a placement in other hospital in Spain or abroad during their training.

In the open questions regarding what was missed during the training, the participants reported they would have been interested in longer placements in CAP and in more in depth training in neurodevelopment, safeguarding and psychotherapy. Regarding the latter, only 46% of participants reported receiving specific training in psychotherapy during their training, including mainly cognitive-behavioural therapy (27.3%), 3rd generation therapies as mindfulness, motivational interview or dialectic-behavioural therapy (27.3%), psychoanalysis or psychodynamic therapy (12.7%) and systemic therapy (10.9%).

In a post hoc analysis, we examined when participants reported first becoming interested in pursuing CAP. We found that 38.2% were interested before training, 56.4% became interested during training, and 5.5% after training. Thus, the median time they spent in CAP was 11, 8 and 4 months, respectively. Those participants with an earlier interest in CAP spent significantly more months in CAP ($p = 0.0001$).

Our findings highlight the heterogeneity in the current CAP education during Psychiatry Training in Spain. Apart from the 4 mandatory months, the duration of the training in CAP usually depends on the elective rotation of each scheme. Our results show a wide variability, from trainees being in CAP placements for 3 months to others being there for almost 2 years. This may lead to large differences in the acquired experience and knowledge in CAP, as well as variance in the clinical practice. We also reflect on whether spending only 4 months in a CAP placement is enough to become a competent child and adolescent psychiatrist. To prevent this, most countries have implemented a unified core curriculum and competency-based learning in CAP [1]. Among these competences, some knowledge in psychotherapies should be covered during the training; especially considering that they are the first line of treatment for most of mental disorders in children and adolescents [7].

In addition, there are other relevant topics in CAP, which are usually neglected or superficially treated in general psychiatry trainings, as reflected in our survey. As it happens in other countries, in order to cover subjects such as neurodevelopment in depth, it is necessary to organize a structured academic programme that combines teaching of these areas and personal clinical supervision to achieve the basic competences [7, 8].

Apart from that, our survey reflects that those trainees who developed an earlier interest in CAP could manage to spend more time in placements related to it. Therefore, supervisors should be aware of trainees potentially interested in CAP in order to offer them the possibility of having wider experience during training.

The main limitations of our survey are related to the sample selection and the computation of qualitative outcomes. Nevertheless, to our knowledge this is the first study showing the experience of trainees interested in CAP in Spain.

Conclusion

In conclusion, the current situation and the personal experiences of the trainees show the need of a standardized programme to train in CAP in order to maximize the education experience to make it more homogeneous. In Spain,

the legal recognition of CAP is the first step of a unique opportunity, as well as a responsibility, for professionals in the field to build a high quality programme for the current trainees. After all, they will be the future child and adolescent psychiatrists.

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Compliance with ethical standards

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