The profile of a psychiatrist

Introduction

This is a revision of UEMS 2005 document developed on behalf of the UEMS Section of Psychiatry Standing Committee on Training (SCT). The Committee gratefully acknowledges the great amount of work of the EFPT working group the members of which were: Liene Berze, Natalija Berzina, Krista Bruna, Nadezda Kokina, Ekin Sönmez, Sonila Tomori and Livia De Picker.

This document has been influenced by a number of other sources, including the 2005 version. A full list of sources is found in the Bibliography.

Aim and Objective

Increased specialization and the functional division of psychiatric teams may have led to a change in the roles and responsibilities of the psychiatrist. It has been suggested that doctors should redefine their role in society and renegotiate their responsibilities in consultation with society.

This report describes the necessary competences and tasks of the European psychiatrist. We also aim to provide definitions of concepts related to the work of a psychiatrist. This document is aimed towards a target audience of non-psychiatrists:

1. Medical professionals
2. Members of multidisciplinary team
3. Patients and their families
4. Educators
5. Politicians
6. General public
7. Social media

Concepts of mental health

- Mental health is defined as a state of wellbeing in which every day the individual realizes his or her own potential, copes with normal stress of life, can work productively and fruitfully, and can make contribution to her or his community
• Mental health is defined as the absence of disease, as a state which allows the full performance of all functions, as a state of balance within oneself and one’s physical and social environment

• Mental health is a state of equipoise and balance; where the individuals are at peace with themselves, able to function effectively socially, and look after their own basic needs as well as higher function needs

**Definition of mental illness**

• Mental illness is the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions

**Definition of psychiatry**

• Psychiatry is that branch of medical profession which deals with the origin, diagnosis, presentation and management of mental disorders, emotional and behavioural disturbances.

More definitions can be found in the appendix.

**Competencies of the psychiatrist**

The European Psychiatric Association (EPA) in 2015 describes the roles and responsibilities of the psychiatrist as follows:

• Psychiatrists must be professionals with a distinct body of knowledge, skills and attitudes dedicated to better health care;

• Psychiatrists must can diagnose and manage psychiatric disorders in a multiplicity of settings, working with teams and being advocates for their patients and families;

• Psychiatrists should take the lead in service planning, development, and delivery and as part of this responsibility they should work with stakeholders including policy makers to ensure that proper resources are made available;

• Psychiatrists should be technically competent in their field and be up-to-date in their knowledge and be able to follow research developments;

• Psychiatrists must have good listening skills, empathy and high levels of probity and integrity;

• Psychiatrists must be good communicators not only with the patients, their families and stakeholders but also be able to lead on public education and have good advocacy skills;

• Psychiatrists should have high levels of managerial skills in managing resources and teams;
Psychiatrists must engage in reflective practice and actively pursue life-long learning.

In order to meet the needs of contemporary psychiatric practice these roles may be amplified so the necessary competencies and supporting competencies can be described and placed in a framework that is recognised by educators and administrators. The UEMS Competency Based Framework for training in psychiatry has been organised around the seven core competencies or physician roles defined by the Canadian Royal College of Physicians and Surgeons’ framework (CANMEDS, 2015) and we propose to continue using this as an organising system:

1. Medical expert
2. Communicator
3. Collaborator
4. Leader
5. Health advocate
6. Scholar
7. Professional
1. Medical expert

**Definition**

Psychiatrists deal with the prevention, diagnosis and treatment of patients with mental disorders. To manage this, psychiatrists possess a defined body of medical and psychopathological knowledge and a defined set of procedural skills that are used to collect and interpret data, make appropriate clinical decisions and carry out diagnostic and therapeutic procedures using a combination of biological, psychological, and sociological methods, providing high quality, safe and patient centred care.

**Description**

Medical experts perform diagnostic and therapeutic activities involving the management of situations where medical prioritization and decisions are required. The distinctive features of healthcare services are that they are often complex and unpredictable. In some cases, priority setting and decision-making take place based on inadequate information and uncertainty about evidence and best practice. Medical experts’ work requires the mastery of creative solutions based on health-scientific knowledge, skills, and abilities and ability to handle uncertainty. The role of the medical expert is central to the function of specialist psychiatrists and draws on the competencies included in the roles of communicator, collaborator, health advocate, manager, scholar and professional.

**Competencies** of the psychiatrist as a medical expert are listed below:

1. Demonstrate diagnostic skills within defined clinical scope of practice to investigate describe and define psychopathological and other clinical findings.
2. Demonstrate therapeutic skills for effective and ethical manage the spectrum of patient care problems diagnosed. The therapeutic skills include especially:
   2.1. Biological treatment
   2.2. Psychotherapy
   2.3. Community psychiatric intervention
   2.4. Ability to integrate treatment modalities to optimize treatment, establishing goals of care and optimal patient centred management plan based upon a comprehensive biopsychosocial formulation of relevant aetiological factors.
3. Demonstrate skills in utilizing the social context as a tool for rehabilitation and recovery.
4. Demonstrate medical expertise in situations other than in direct patient care.
5. Demonstrate skills in developing a psychobiosocial formulation for patients with a mental health problem
6. Recognize personal limits of expertise.
2. Communicator

**Definition**

As communicator, psychiatrists form therapeutic relationships with patients and their families. It is vital to ensure and facilitate effective gathering and sharing of essential information regarding a patient’s mental condition and general health condition. In addition, the psychiatrist must develop communication skills in relation to colleagues.

**Description**

Psychiatrists enable patient centered therapeutic communication by exploring the patient’s symptoms, and by active listening to the patient’s experience of illness. Communication in clinical settings means exploring the patient’s perspective, including fears, ideas about the illness, feelings about the impact of the illness, and expectations of health care professionals. The psychiatrist as a communicator integrates knowledge and shares decision-making by finding common ground with the patient in developing a plan and health goals in a manner that reflects the patient’s needs, values, and preferences. This plan should, when possible, be made according to evidence and guidelines. In the revised CanMed version, the communicator role includes both oral and written communication as well as visual media to optimize clinical decision-making, patient information, confidentiality and privacy. As communicators, psychiatrists convey medical problems and solutions through respectful rapport with involving patients, their relatives, colleagues and other collaboration partners. The psychiatrist must also be able to communicate constructively with patient/consumer organizations, policy makers and media as well as legal and social authorities.

**Competencies** of a psychiatrist as a communicator include ability to:

1. Establish therapeutic relationships with patients and their families foster an environment characterized by understanding, trust, empathy, and confidentiality.
2. Elicit and synthesize relevant information from patients, their families, and their communities about patients’ problems; this is done through obtaining information systematically.
3. Listen effectively.
4. Discuss appropriate information with patients, their families, and other healthcare providers to facilitate optimal healthcare for patients, while also maintaining clear, accurate, and appropriate records.
5. Use available means to handle the challenges to effective communication posed by differences in language, culture and other factors.
6. Document and share, including providing written reports and electronic information when appropriate to do so, about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.
7. Demonstrate effective consultation skills in non-clinical settings.
3. Collaborator

**Definition**

Psychiatrists do not work in isolation: as all medical specialists, a psychiatrist works as a partner within a system involved to provide optimal, safe, and high-quality care for patients. For most psychiatrists this will also involve working within a multi-disciplinary team and therefore it is essential that a psychiatrist is able to effectively work in such settings.

**Description**

The psychiatrist as a collaborator works in partnership with others who are involved in the care of their patient, including other physicians, health care professionals and patients’ family. Collaboration involves the effective negotiation, and solution of interpersonal conflicts.

Successful collaboration requires relationships based on trust, respect, and shared decision-making among a variety of professionals involved in health-care system. Professional culture and practice style play an important role in developing effective collaborative care for patients. Collaboration process requires understanding of the roles of others, pursuing common goals and outcomes, and managing differences. Psychiatrist need to collaborate with patients, their families and healthcare team members to develop a personalized plan of care to promote health and wellbeing that incorporates integrative approaches.

**Competencies**

The psychiatrist as a collaborator is able to:

1. Establish and maintain positive relationships with patients, colleagues, other medical and non-medical specialists in order to support a collaborative culture.
2. Negotiate overlapping and shared responsibilities with other medical specialists and other colleagues in episodic and ongoing care.
3. Engage in respectful shared decision-making process with patients and health care professionals.
4. Determine the appropriate time for transferring patient care to another health care professional or setting and provide safe handover during a patient transition.

4. Leader

**Definition**

A psychiatrist as a leader is someone who engages in shared decision-making and takes responsibility for the operation and ongoing evolution of the health care system. The psychiatrist is also able to handle different aspects of their practice and make every day systematic decisions involving resources, co-workers, tasks, policies and their personal life in the settings of individual patient care, practice organizations and in the broader context of the healthcare system.
**Description:**
It is expected from psychiatrists to function as individual health care providers, as members of teams, and as participant and leader in the relevant health care system.

Leadership is based on several values, among which are: providing understandable, personalized care for the patient, in continuity and confidentiality; adapting care to meet the needs of the population, maintaining one's own physical and mental health, submitting one's daily practice to peer review, engaging in continuous improvement of one's practices in response to new requirements, and recognizing that research and instruction are part of psychiatrists’ professional obligations.

As healthcare is increasingly focused on multidisciplinary teams and working in partnership with consumers, and other physicians, leaders should be able to lead effectively within the diversity that characterises an effective system.

**Competencies**

The psychiatrist as a leader is able to:

1. Demonstrate personal qualities based on values and self-awareness, in order to deliver high standards of care and professionalism.
2. Encourage improvement and innovation of health care services and medical education.
3. Utilize time and resources effectively to balance patient care, learning needs, outside activities and personal life
4. Allocate finite healthcare and health education resources effectively
5. Demonstrate effective administrative and managerial skills
6. Adapt leadership style to changing healthcare contexts

**5. Health advocate**

**Definition**

A psychiatrist as a health advocate represents the needs of psychiatric patient in terms of preventive measures of psychiatric illness as well as improving the general health and well-being of people who have mental illness. A psychiatrist should advocate with integrity, showing the challenges to mental health represented by social, environmental, and biological factors. Psychiatrists should contribute to efforts to improve the health and well-being of their patients, and promote anti-stigmatization of psychiatry in society, and the prevention of psychiatric disorders

**Description**

Psychiatrists should see advocacy as an essential and fundamental component of mental health promotion that occurs at the level of the individual patient, the practice population, and the broader community. In the definition advocacy, involves promoting public discussion, making the community aware of important issues and guiding the decision makers toward a solution.
One of the main goals for a psychiatrist in order to be a good health advocate is to help change society’s perceptions of people who suffer from psychiatric disorders. A key skill of a psychiatrist like all doctors is the ability and the need to be empathic and engage patients in both short and long terms. For patients who are receiving treatment from primary care physicians and/or other mental health professional, the psychiatrist must act as an advocate and set the standards for high quality care.

Psychiatrists advocate the right of their patients to be treated equally, receiving health care and social integration processes.

Advocacy often requires engaging other health care professionals, community agencies, administrators, and policy-makers. A psychiatrist may need to influence policy changes through presenting the challenges faced by people who use mental health services

**Competencies**

The psychiatrist as health advocate is able to:

1. Identify the determinants of mental health that affect the patient and community.
2. Be aware of the factors that affect the physical health and well-being of people who have mental illnesses and be able to intervene appropriately.
3. Recognize and respond to those issues, settings, circumstances, or situations in which advocacy in collaboration with and on behalf of patients, professions, or society are appropriate to ensure the best interests of patients.

**6. Scholar**

**Definition**

The psychiatrist as a Scholar is a person who commits to lifelong learning, continuously improving their own skills and using knowledge to achieve excellence in practice as well as teaching patients, colleagues, doctors in training, medical students, and others.

**Description**

The Scholar is a learned or erudite person, especially one who has profound knowledge of a subject and who studies in great details. A psychiatrist as a Scholar should engage in a lifelong pursuit of mastery of their professional expertise. A psychiatrist should recognize psychiatry as a science which develops, changes and gets more and more enriched by evidence-based information. A psychiatrist should recognize the need to continually learn and inspire the education of colleagues, as well as patients, doctors in training, medical students, and others, including, when appropriate, the general public.

The active role of scholar ensures that a psychiatrist arrives at clinical decisions that are informed by evidence while taking patient values and preferences into account. Using the abilities of a Scholar, a psychiatrist shows excellence in their professional work and provides high quality mental health care. The Scholar also invests time, energy, and personal knowledge in assisting the growth and development of colleagues, doctors in training and medical students which may involve the use of supervision and mentoring.
**Competencies**

The psychiatrist as a scholar is able to:

1. Develop, implement, and document a personal and continuing education strategy.
2. Use the best source and relevant evidence based medicine for clinical decision making in daily work.
3. Be familiar with general scientific principles and methods, contribute to research and to the development of new knowledge.
4. Contribute where appropriate as an effective teacher, to the learning and development of others including medical students, doctors in training and other health professionals.

**7. Professional**

**Definition**

A psychiatrist is expected to work together with patients and with all relevant stakeholders in order to achieve best outcomes for the patient. This is done by reference to ethical frameworks, maintaining high standards, showing integrity and respect to all, by demonstrating a commitment to continuous professional development and by being aware of one’s limitations.

**Description**

The psychiatrist as a Professional is dedicated to the health and care of others. The role of the Professional incorporates contemporary society’s expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards and values.

The fundamental principles of professionalism are primacy of patient welfare, patient autonomy, social justice with commitment on the part of physicians to professional competence, honesty with patients, confidentiality, improving quality of and access to care, just distribution of finite resources, scientific knowledge and professional responsibilities including values such as integrity, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest.

Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that physicians are accountable to those served, to society, to their profession, and to themselves.

**Competencies**

The psychiatrist is able to:

1. Deliver the highest quality care with integrity, honesty and compassion.
2. Exhibit appropriate personal and interpersonal professional behaviours.
3. Practice medicine in an ethically responsible manner that respects the medical, legal and professional obligations of belonging to a self-regulating body.
Bibliography

1. UEMS Section of Psychiatry/European board of Psychiatry (2009): European framework for competencies in psychiatry.


Appendix 1: Definitions

- **Psychotherapy**

Psychotherapy is a specific, scientifically based form of treatment that is used to treat emotional problems and mental health conditions. [1,2] Psychotherapy is a form of treatment for emotional problems in which a mental health professional establishes a relationship with an individual for the purpose of modifying unrewarding patterns of behaviour and promoting positive personality growth and development. It is undertaken to obtain personal development through gain of self-knowledge and change.

There are routes to psychotherapy - including cognitive-behavioural, interpersonal, psychodynamic, and other kinds of talking therapies that help individuals recover from emotional difficulties, particularly anxiety and depression. [3]

- Cognitive behavioural therapies: In general, this type of psychotherapy focuses on the way people think and behave, in other words, their cognitions, and behaviours. In general, it is a short-term, structured therapy that uses active collaboration between patient and therapist to achieve its therapeutic goals, which are oriented toward current problems and their resolution. Therapy is usually conducted on an individual basis, although group methods are sometimes helpful. [4]
- Psychoanalytic and/or psychodynamic therapies: This type of psychotherapy specifically focuses on past experiences and how they shape the current psychiatric status of the patient, including affect, emotion expressions, behaviour, and interpersonal relations. Therapeutic relationship is used as a source to explore the unconscious processes of the patient. Psychodynamic psychotherapy can be short or long-term, on an individual basis or as group therapy. [4]
- Systemic and family psychotherapy: This type is practiced within couples, families, entitling the problem or symptom of the individual as generated by the dynamics of the whole system. Therefore, each member is considered responsible for the problem and its solution.
- Interpersonal Psychotherapy: IPT focuses on developing more effective strategies while coping with interpersonal relationships and related problems. Evidence has shown that IPT is effective especially for depressive symptoms.
- Group psychotherapy: It is a treatment in which carefully selected persons who are emotionally ill meet in a group guided by a trained therapist and help one another effect personality change. By using a variety of technical manoeuvres and theoretical constructs, the leader directs group members' interactions to bring about changes. [4]
- Dialectical behavior therapy (DBT): DBT is the psychosocial treatment that has received the most empirical support for patients with borderline personality disorder. [3]
- Humanistic and integrative therapies (with a focus on self-development and growth)
- Arts therapies (using the creative arts in a therapeutic way)
- Play therapies
- Hypno-psychotherapy
- Experiential constructivist therapies
- Other therapies (includes all other therapies such as mindfulness). [3]

References
1. [http://www.nhs.uk/Conditions/Psychotherapy/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Psychotherapy/Pages/Introduction.aspx)
3. [http://home.earthlink.net/~carolbeth/page7.html](http://home.earthlink.net/~carolbeth/page7.html)

- **Trainee in Psychiatry**
  A trainee in psychiatry is a medical doctor specializing in psychiatry to become certified in treating mental illness as a specialist. In most European countries, postgraduate psychiatry training schemes are developed and evaluated by national bodies in accordance with national legislation. In order to harmonize training in psychiatry across Europe, the European Union of Medical Specialists (UEMS) issued a number of recommendations for effective implementation of training programs in psychiatry. In the European region, trainees in psychiatry are represented by the European Federation of Psychiatric Trainees, an independent federation of psychiatric trainees’ associations.

- **Subspecialties/branches in psychiatry:**
  
  - **General Adult Psychiatry**
    General Adult Psychiatry is the branch of psychiatry that is devoted to the diagnosis, prevention, study and treatment of mental disorders in adults.
  
  - **Old Age psychiatry**
    Old Age Psychiatry or Geriatric Psychiatry deals with the study, prevention, and treatment of mental disorders in elderly people. A psychiatrist should have experience of home and primary care assessments. It is also vital to collaborate with physicians in medicine for the elderly.
  
  - **Child and Adolescent Psychiatry**
    Child and adolescent psychiatry is a branch of psychiatry that specialises in the study, diagnosis, treatment, and prevention of psychopathological disorders of children, adolescents, and their families. Child and adolescent psychiatry encompasses the clinical investigation of phenomenology, biologic factors, psychosocial factors, genetic factors, demographic factors, environmental factors, history, and the response to interventions of child and adolescent psychiatric disorders. (Kaplan and Saddock).
  
  - **Forensic Psychiatry**
    Forensic Psychiatry is a specialised branch of psychiatry where there is a significant interface between mental health and the law. It involves assessment and treatment of mentally disordered offenders in prisons, secure hospitals or in the community.
  
  - **Addiction Psychiatry**
    Addiction Psychiatry is a medical subspecialty within psychiatry that focuses on evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders. A special challenge is individuals with dual diagnosis of substance-related and other psychiatric disorders. Addiction psychiatrists are substance abuse experts.
• **Liaison Psychiatry**

Liaison Psychiatry is the branch of psychiatry that specializes in the interface between other medical specialties and psychiatry. Liaison psychiatry is the sub-speciality which provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards. Therefore it deals with the interface between physical and psychological health. Liaison psychiatry services operate in a number of different settings and clinical environments, carrying out a wide range of different activities in support of patients suffering from many different types of clinical problems.

*References:*

http://www.rcpsych.ac.uk/pdf/FRLP02.pdf
Liaison psychiatry for every acute hospital Integrated mental and physical healthcare December 2013.
http://www.rcpsych.ac.uk/files/pdfversion/CR183.pdf

• **Psychiatry of Learning Disability**

Psychiatry of Learning Disability is the subspecialty which provides treatment for people with learning disabilities. It offers treatment for severe mental illnesses, but also for a wide range of other mental health conditions such as the autistic spectrum disorders and anxiety disorders. Because people with learning disability may have less internal resources to cope with mental distress, more minor disorders can have a severe effect, so services usually have a much lower threshold for referral than mainstream mental health services.

• **Community Psychiatry**

Community Psychiatry refers to a system of care in which the patient’s community, not a specific facility such as a hospital, is the primary provider of care for people with a mental illness. It consists of a network of services, which offer continuing treatment, accommodation, occupation, and social support, which together help those with mental illness keep or achieve an acceptable and suitable social role. Community psychiatry is an approach that reflects an inclusive public health perspective and is practiced in community mental health services for example, day-hospitals, day-centres, community mental health clinics, polyclinics and hostels.

• **Emergency Psychiatry**

Emergency psychiatry is the clinical application of psychiatry in emergency settings. Treatments in psychiatric emergency service settings are typically transitory in nature and only exist to provide dispositional solutions and/or to stabilize life-threatening conditions. Psychiatric emergency services are rendered by professionals in the fields of medicine offering psychiatric interventions for the conditions such as: attempted suicide, depression, psychosis, violent behaviour, substance dependence, abuse and intoxication, hazardous drug reactions and interactions, personality disorders, anxiety, infringement (physical, sexual) and crisis reactions in case of Natural Disasters (which can cause severe psychological stress in victims surrounding the event)
Global Mental Health

Global Mental Health is the international perspective on different aspects of mental health. It is ‘the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide. Taking into account cultural differences and country-specific conditions, it deals with the epidemiology of mental disorders in different countries, their treatment options, mental health education, political and financial aspects, the structure of mental health care systems, human resources in mental health, and human rights issues among others.

Reference:

Military Psychiatry

Military psychiatry covers special aspects of psychiatry and mental disorders within the military context. A military psychiatrist is a psychiatrist — whether uniformed officer or civilian consultant — specializing in the treatment of military personnel and military family members suffering from mental disorders that occur within the statistical norm for any population, as well as those disorders consequent to warfare and other stresses associated with military life.

A special issue is the care of veterans suffering of PTSD or other traumas needing in-patient or ambulatory care in addition to social rehabilitation.

Reference:

Social Psychiatry

Social psychiatry is a branch of psychiatry that focuses on the interpersonal and cultural context of mental disorder and mental well-being. Social psychiatry combines a medical training and perspective with fields such as social anthropology, social psychology, cultural psychiatry, sociology and other disciplines relating to mental distress and disorder. Social psychiatry has been particularly associated with the development of therapeutic communities, and to highlighting the effect of socioeconomic factors on mental illness.

(Cross-)cultural psychiatry

(Cross-) cultural psychiatry a branch of psychiatry concerned with the cultural and ethnic context of mental disorder and psychiatric services. Cultural psychiatry is concerned with the social and cultural determinants of psychopathology and psychosocial treatments of the range of mental and behavioural problems in individuals, families, and communities. Cultural psychiatry looks at whether psychiatric classifications of disorders are appropriate to different cultures or ethnic groups. It often argues that psychiatric illnesses represent social constructs as well as genuine medical conditions, and as such have social uses peculiar to the social groups in which they are created and legitimized.