Consultation–Liaison Psychiatry: A new psychiatric subspecialty in Switzerland

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Although psychiatry has a long tradition in Switzerland, C–L psychiatry is a newcomer. The continuous reduction in recent years of the number of beds in psychiatric hospitals favored the development of C–L services. The results of a survey of C–L psychiatry showed that in Switzerland C–L services are provided in general hospitals, even in the small and rural ones [1]. An important step was achieved recently with the recognition of C–L psychiatry as a subspecialty of adult psychiatry. The following summarizes some of the milestones of this process.

In 1990 in the form of a study group. In 2001, the Swiss Society of Consultation–Liaison Psychiatry (SSCLP) was established. In 1995, psychosomatic medicine and C–L psychiatry were introduced into the psychiatric training curriculum [2]. The 1998 revision defined for the first time the knowledge, skills, and attitudes the resident should acquire during the facultative rotation to C–L psychiatry.

In parallel, a first loose gathering of Swiss C–L psychiatrists started in 1990 in the form of a study group. In 2001, the Swiss Society of Consultation–Liaison Psychiatry (SSCLP) was established. In the following year, the SSCLP was adopted as an affiliate society by the Swiss Society of Psychiatry and Psychotherapy (SSPP). In 2004, the executive board of the SSCLP concluded to seek the recognition of C–L psychiatry as a subspecialty. The development of Swiss C–L training requirements for general psychiatry residents as well as for C–L psychiatry candidates has been influenced by international developments, such as the recommendations made by the UEMS, the WPA and the EACLPP [3–5], and by the official recognition of the subspecialty in the USA. Based on the advocacy and the curriculum developed by the SSCLP, C–L psychiatry was quite rapidly recognized as a subspecialty by the Swiss Medical Chamber in 2008, thus being the second approved subspecialty field of adult psychiatry after old age psychiatry (2005). The C–L training program became effective in 2010.

The new subspecialty was designated ‘C–L Psychiatry’, which was preferred to the term ‘Psychosomatic Medicine’ in use in the USA. Indeed, psychosomatic medicine is seen as a discipline studying the relationship between biological, social, and psychological factors determining health and illness and the official denomination ‘Psychosomatic and Psychosocial Medicine’ designates in Switzerland an area of advanced training open to all medical specialists and leading to a proficiency certificate.

The C–L subspecialty training program [6] stipulates a minimum of 2 years full-time work (or equivalent part-time) at an accredited C–L training center. In addition to residency goals, fellows in C–L subspecialty should deepen and expand their knowledge and skills in several areas of clinical interventions.

The C–L subspecialty candidates have to perform during their training a minimum of 300 written and supervised referrals as well as at least 10 interdisciplinary team-counseling sessions in a general hospital or nursing home setting. In addition to tutorials, supervision, journal clubs and case conferences locally offered by the C–L departments, trainees in subspecialty have to attend at least 40 h of theoretical training. The theoretical course covers main contents such as models in C–L psychiatry, psychopharmacology and psychotherapy in the C–L context, as well as topics related to specific consultations or disorders (e.g. neuropsychiatry, oncology, transplantation, pain patients, eating disorders, and substance abuse). The course is centrally provided by the SSCLP and evaluated by the trainees. A minimum of 120 h of individual or group supervision offered by at least two certified C–L psychiatrists — one of them not serving in the department — is required. Learning outcome and competency assessment include a learning objectives based evaluation by the tutors and an examination consisting of a thesis (or a published paper) and an oral examination. The curriculum comprises also a definition of C–L psychiatry and a profile of the contemporary Swiss C–L psychiatrists.

A special feature of Swiss training programs is the procedure of accreditation of training institutions. In psychiatry, the curriculum revision of 1954 has seen the implementation of this accreditation. Since then, setting standards for training institutions to ensure that candidates will obtain the required training is one of the main aims of the training program. These standards have a strong influence on the development of psychiatric services [2]. For instance, the implementation of old age...