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Letter to the editor

C-L psychiatry in Switzerland: What's-up ten years after the implementation of a C-L subspecialty?



About ten years ago, C-L psychiatry was recognized in Switzerland as a subspecialty of adult psychiatry (beside old age, addiction and forensic psychiatry). In a previous paper we described the milestones of the process as well as the main structure of the curriculum [1]. Briefly, the C-L subspecialty training consists of a 2 years full-time work (or equivalent part-time) at an accredited C-L training center. Centers are accredited for two years training (Academic and large centers entailing a multidisciplinary C-L team as well as specialized consultations, e.g. psycho-oncology, transplantation, bariatric surgery) or for one year (smaller centers). At least one year takes place after the 6 year-post-graduate specialization in psychiatry and psychotherapy. In addition to tutorials and supervision offered by the C-L units, candidates for the subspecialty have to attend theoretical training. The theoretical course (60 h), provided both in German and French speaking areas, covers modules in C-L psychiatry, psychopharmacology and psychotherapy in the C-L context, as well as topics related to specific areas (e.g. neuropsychiatry, oncology, transplantation, pain patients, eating disorders, and substance abuse). During their training, candidates must perform a minimum of 300 written and supervised referrals as well as 10 interdisciplinary team-counseling sessions. A minimum of 120 h of individual or small group supervision offered by at least two certified C-L psychiatrists (one of them not serving in the department where the training takes place). Competency assessments include an examination consisting of a brief thesis (or a first author peer-reviewed paper) and an oral examination focusing on clinical cases (for details see www.sscplp.ch) [2].

Over the past ten years, more than 150 candidates obtained the C-L subspecialty, while about 200 candidates attended the theoretical courses (75% in German and 25% in French speaking area). The course, now in its fifth edition with a steady number of new candidates, will be shortly revised to slightly increase the number of hours and the scope of subjects; for instance ethical and legal considerations, palliative care, integrated care, will be newly included.

General landscape: in comparison to other European countries, Switzerland is characterized by a high density of regional general hospitals and C-L consultations are available in most of them, even small ones. There are currently about 30 recognized C-L centers, accredited for one or two years training, which represent an increase

compared to ten years ago; this number will probably continue to increase as some centers that would qualify for our criteria still have to undergo formal evaluation to be accredited. In the majority of centers, including university hospitals, clinical work include both psychiatric and psychosomatic aspects; in a few centers there is a separate psychosomatic unit in addition to the C-L unit, but most frequently it is not the case. In keeping with the latter, our society was renamed as the Swiss society for consultation-liaison psychiatry and psychosomatics. Integration of C-L psychiatry topics in the undergraduate medical curriculum is slowly progressing.

Over the past ten years two-days conferences were organized bi-annually at the national level with about 120 participants. These conferences bring together C-L clinicians coming from different linguistic parts of Switzerland and provide plenary lectures and small group workshops in both German and French; international speakers are always invited. We believe that the official recognition of our field contributes to the possibility of maintaining such events, and helps to recruit young psychiatrists who may candidate for the specialization and ultimately maintain good quality of C-L activities in the long term.

In spite of the strengthening of our field with the formal recognition of our sub-specialization, many challenges remain. Even though our country is among the wealthiest worldwide, there is an increasing pressure on costs. This translates for instance in a pressure to reduce length of hospitalization, which limits the possibility to properly take into account the complexity of patients in our interventions before discharge. Moreover, financial recognition of the *liaison* part of our work (team supervision, education, coordination) remains also very limited. In our experience, only large centers can really afford to maintain such liaison work, whereas smaller teams rather focus on “one shot” orientation consultations. Therefore, the society has to be active in starting and implementing research to strengthen the evidence and needs for C-L interventions as recently shown in an observational study at one of our University Hospital [3].

In conclusion, we observed that the implementation of an official curriculum in CL-psychiatry with a theoretical and clinical training, symposia, and a formal examination, meet the expectation of numerous new candidates each year and probably contribute to sustainability of good quality C-L interventions for the care of the patients.

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