
Letter to the Editor

ADDICTION PSYCHIATRY FELLOWSHIP TRAINING IN THE UNITED STATES: A MODEL FOR TURKEY

Dear Editor,

In order to become a psychiatrist in the United States (US), one must first complete a four-year pre-medicine college education, a four year medical school education (M.D. degree), and Accreditation Council for Graduate Medical Education (ACGME) approved four year post graduate residency training. There are currently one hundred and ninety six ACGME accredited psychiatry residency training programs in the US (American Medical Association, 2015a). Graduates of psychiatry residency programs are permitted to pursue ACGME accredited subspecialty fellowship training. In order to obtain a board certification in a psychiatric subspecialty, general psychiatry board certification is required (American Board of Psychiatry and Neurology Official Web Site 2015, Çamsarı 2013). American Board of Psychiatry and Neurology (ABPN) with the partnership of American Board of Medical Specialties (ABMS) established a committee in 1991, which established the criteria of “Added Qualifications” for the board certified psychiatrists. This was the first official recognition of the field of addiction within psychiatry. Following this significant step, ABPN eliminated “Added Qualifications” criteria and officially described the field as “Addiction Psychiatry” (American Board of Psychiatry and Neurology Official Site, 2015). In the year of 1997 when the subspecialty board certification examination was officially approved, there were

thirteen ACGME accredited addiction psychiatry programs and this number has gradually increased to forty six as of 2015 (American Medical Association 2015b, Pichot and et al. 1997, United States Accreditation Council for Graduate Medical Education 2015). The minimum training period for the addiction psychiatry fellowship set forth by the ACGME is one year. Following this training, graduates are considered to be board-eligible and qualified to take addiction subspecialty board certification examination implemented by ABPN.

The Liaison Committee for Graduate Medical Education (LCGME) was first established in 1972 and was restructured as ACGME in 1981. ACGME is an independent organization which provides accreditation and audits the Graduate Medical Education (GME) in the US (United States Accreditation Council for Graduate Medical Education 2015). Therefore curriculum oversight of the forty six accredited addiction fellowship training programs is under the responsibility of ACGME, which determines and maintains the training standards that are categorized as core competencies, required for all training fields, and specialty specific competencies. Each training program is directed by an Addiction Psychiatry board certified faculty member in that institution, also known as the “program director” (PD). Furthermore, PD is ultimately responsible for the operation of the training program. ACGME has stipulated that addiction psychiatry program directors should spend a minimum of ten educational hours for every two trainees and there should be at least one other addiction psychiatry board certified faculty member other than the PD (minimum of two board certified faculty in total). The training site should include a general hospital with inpatient services and it should employ at least one of each of the following specialists: anesthesiologist (including pain medicine expertise), family medicine specialist, gynecologist

& obstetrician, internist, pediatrician, surgeon, neurologist, and emergency medicine specialist. Furthermore, licensed alcohol and substance abuse counselors must be employed by the institution and available to the trainees. It is stipulated that a day hospital/partial hospital setting should be present within the training site in addition to inpatient services. In order to be eligible for an ACGME accredited addiction psychiatry training program, one must complete an ACGME accredited general adult psychiatry program within the US. ACGME also determines the number of available fellowship positions nationwide.

Curriculum is created within the scope of the common core competencies as described for all graduate medical education programs by ACGME. ACGME core competencies consist of patient care, medical knowledge, practice based learning and improvement, system-based practice professionalism, interpersonal skills, and communication. Addiction Psychiatry fellowship program requires a minimum of twelve months of training and the specific curriculum requirements for this field described in categories as theory and practice. The one-year program can be completed in a maximum period of twenty four months. It is required that clinical fellows treat at least five outpatients with addictive disorders that include a variety of diagnoses, requiring individual treatment for at least six months. Managing an opiate replacement therapy is also required, each fellow must have a minimum of two hours of faculty supervision weekly, one of which must be one-to-one supervision and one of which may be group supervision. Clinical fellow and the faculty must assess each other four times in a year in writing throughout the educational program. Clinical fellows must keep a log of all patients seen throughout the training period.

In Turkey, there is no structured or accredited Addiction Psychiatry fellowship program. In the early 1980s, the beginnings of addiction psychiatry training in Turkey commenced within the treatment units established in some of the academic institutions that offered training for the psychiatry residents. The first addiction treatment center in Turkey was opened in 1980 within Istanbul Bakırköy Psychiatric Hospital under the direction of Dr. Çetin Ersül. In 1983, this center was restructured under the direction of Dr. Mansur Beyazyürek and was named as AMATEM (Alcohol and Substance Addiction Treatment Center) which is currently the largest addiction treatment center in Turkey (Erkoç and et al. 2010, Uzbay 2011). Alcohol Addiction Unit of Ankara University School of Medicine was opened in 1984 under the direction of Dr. Yıldırım Beyatlı Doğan and Addiction Unit of Gazi University School of Medicine was opened in 1985 under the direction of Dr. Şahnur Şener. Formal addiction training of psychiatry residents was offered in these institutions as three to six month clinical rotations and first academics in the field of addiction psychiatry in Turkey were the graduates of the psychiatry residency programs within these institutions.

Alcohol and Substance Addiction Treatment Center, which was established within Ege University School of Medicine, started to render services in 1994. Bakırköy Psychiatric Hospital in Istanbul added UMATEM (Inhalant Substances Research and Treatment Center) to its available services in order to separate children from the adult patients in 1995. Furthermore, the scope of this center was expanded and named as ÇEMATEM (Child and Adolescent Substance Addiction Treatment Center). In 1996, Alcohol and Substance Addiction Treatment Center in Manisa Psychiatric Hospital began providing services. Approaching the late 1990s, the total number of treatment centers in Turkey reached eight in six different cities including the establishment of AMATEM services within both Elazığ and Samsun Psychiatric Hospitals (1997). In 2015, there were a total of thirty seven treatment centers in nineteen cities. These units include thirty AMATEMs, four ÇEMATEMs, and three Ambulatory Medical Centers. Inpatient Addiction Unit of the Gazi University School of Medicine, which was one of the first addiction units of Turkey rendered services for approximately thirty years, was closed in 2014 by the university administration and converted to an Ambulatory Medical Center. Currently, total bed capacity of the AMATEM and ÇEMATEM units altogether is seven hundred and eighty one, and three Ambulatory Medical Centers render services as part of Gazi University Hospital, Ege University Hospital (EGEBAM), and Malatya State Hospital. There are a total of thirty seven addiction treatment centers across Turkey and twelve of them render services within an university and twelve of them render services within a State Education and Research Hospital operated by the Turkish Ministry of Health (Ministry of Health, AMATEM Centers 2015). While all of the university affiliated treatment centers could participate in the psychiatry residency training programs, very few ministry of health operated state hospitals (Istanbul Bakırköy Psychiatric Hospital, Istanbul Erenköy Psychiatric Hospital, Ankara Numune Education and Research Hospital, İzmir Atatürk Education and Research Hospital, Konya Education and Research Hospital) have the capability to participate in training (Republic of Turkey Ministry of Health Data 2015). In addition to the treatment centers, a Substance Addiction academic department was established within Ege University Batı Institute (Substance Addiction Toxicology and Medicine Sciences Institute) in 2008 where undergraduate and Ph.D. programs are being offered in addictions (Ege University, Substance Addiction, Toxicology and Medicine Sciences Institute 2015).

Curriculum offered by the institutions participating in addiction psychiatry training in Turkey consists of approximately three to six month rotations. Training content mainly focuses on the approach to the addiction patient, motivational interview, cognitive behavioral therapy, psycho-education, addictive substances, concepts of substance intoxication and withdrawal, psychopharmacology of addiction, detoxification

and maintenance treatments, family interventions, support groups (Alcoholics Anonymous, Narcotics Anonymous), handling medical and psychiatric comorbidities. Supervision is carried out by faculty or academics practicing in this field. Current treatment centers in Turkey implement some of the modern treatment methods and provide theoretical curriculum up to date with the scientific literature. However, rehabilitation/residential services are very limited in quality and quantity. Therefore, training opportunities in this area range from very limited to unavailable at this time. Nurses, psychologists, social workers, and counselors employed by the Ministry of Health in state affiliated centers are offered educational workshops from time to time.

Addictive disorders are at the center of attention among many societies across the world and the clinical frame reached beyond psychiatry. As detailed above, the organizational period, which includes the training accreditation and standardization of the field of Addiction Psychiatry, were completed in American Psychiatry many years ago. Baltimore Johns Hopkins (Harvey and McKusick 1989) and Rochester Mayo Clinic Hospitals (Clapesattle 1941 “History – Mayo School of Graduate Medical Education – Mayo Clinic” 2015) are two major healthcare institutions in the US where post graduate education models were initially formed and developed. Furthermore, it should be noted that both of these institutions symbolized three essential concepts needed for ideal healthcare delivery in their logos (Logo Logic: Mayo Clinic 2015, The History of Johns Hopkins Medicine 2015), which are “patient care”, “education”, and “research”. These two leading institutions, among many others, also have developed their healthcare operations being loyal to these aforementioned principles. “Clinical services” in modern medicine depends on a sound concurrent development of the “research” and “education” of that field. It is a necessity to create an academic body for any clinical service field in order to enable that a medical service field render and maintain high quality services. Despite the fact that addiction is a clinical problem which many specialists deal with from an academic perspective, it is mainly housed in the fields of psychiatry and behavioral sciences. Furthermore, the greatest scientific contributions came from these fields. Therefore, tackling addiction using the frame of “medical disease model” can be effectively carried out by the scientific leadership with specialists trained in psychiatry and behavioral sciences. In conclusion, it is very necessary to recognize the Addiction Psychiatry field in Turkey, in order to structure and standardize an accredited training curriculum. Undoubtedly, Addiction Psychiatry specialists trained in Turkey with a curriculum created within the frame of national priorities would be the most important members of the national struggles against the growing addiction problem in Turkey. As it is explained in detail, the US is far ahead of Turkey in its efforts of standardization of post graduate medical training and it is obvious that achieving the same level of standardization will take time. Yet, it

is a historical fact that the advances emerge from essential needs. Given the urgency of the addiction problem in Turkey and growing interest of the government toward addictions, it may be a good time to initiate the process of creating and standardizing the field of Addiction Psychiatry, as well as the formation of its post graduate training. The US model could serve as an initial draft in efforts to form the most appropriate model that would meet the needs of our country.

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