and interactions. The principle of “Justice” linked to social, health, political, to ensure the best treatment to all social strata. The principle of “Autonomy”, which in adults plays in the physician-patient relationship, through doctor and patient agree on the best treatment for the problem query. But in the pediatric population, 0–17-years-old, we find that the patient is a child/adolescent, plus parents or caregivers. We must establish two contracts, with the identified patient and their parents/caregivers. The ethical management of the display is part of the context will make the development of therapeutic confidence and will be part of successful treatment.

http://dx.doi.org/10.1016/j.neurenf.2012.05.015

Su-S-012 Development and priorities. Autonomy principle
C. Bernad
Ethics Committee, AAPI p.pres/IACAPAP fnb, Buenos Aires, Argentina

Session.– Ethics: child/ado development and practice.
Session type.– Symposium consent or proxy consent is the common way to introduce autonomy principle in child/ad psychiatry. Nevertheless developmental and practice p.o.v and social adversity circumstances interplay changed “sick child” paradigm. Pregnant couple, expected “bébé”, new born baby, follow up, marvelous real baby not only idealized, domestic rest assistance, triad with father, and social exaltation testimonies a full partnership with different psy, social and medical consequences.
Real other as a social culture necessity in perception/imagination/language cognition follows personal interplay and brain development. Desires/volition included. “well-care” model of health care system.
Common roots of health, learning and behavior in early years of life, multifactoriality, overlapping, synergistic conditions of child/ado psych problems poses a hierarchy in diagnosis formulation, partially unknown, lead to a therapeutic election and chart to modify any suffering state. Child/ado confidence founds acceptance and compliance.
Long-term consequences of childhood adversity require reducing toxic stress and mitigating its effects as early as possible: usually a supportive adult psycho acceptance and compliance.

Su-S-014
The 2010–11 EFPT survey of CAP training in Europe
M. Simmons,∗,†, E.P. Barrett,‡, P. Wilkinson,§, L. Pacherova

∗Child and Adolescent Psychiatry, Cambridge and Peterborough Foundation Trust, Cambridge, UK
†Liaison Child and Adolescent Psychiatry, Our Lady’s Hospital, Dept of Child and Adolescent Psychiatry, Dublin, Ireland
‡Psychiatry, University of Cambridge, Cambridge, UK
§Charles University Dept of Psychiatry, Dept of Child and Adolescent Psychiatry, Prague, Czech Republic

Corresponding author.

I will present a survey we carried out to investigate trainee experiences of Child and Adolescent Psychiatry (CAP) training across Europe. We gathered data in the following domains:
– structure and organisation of training;
– training quality and content;
– working conditions and recruitment.
CAP trainee representatives were contacted in 2010–11 from 34 countries from the European Federation of Psychiatric Trainees (EFPT). The European Union of Medical Specialties (UEMS) CAP group and trainees at the 2011 EFPT forum validated the survey data. This survey found that CAP training varies widely across the 34 European countries we surveyed. We have created a CAP training database in order to help raise standards.

http://dx.doi.org/10.1016/j.neurenf.2012.05.018

Su-S-013
How we know what we know now about training in Europe? Current opportunities for European trainees
E.P. Barrett
Liaison Child and Adolescent Psychiatry, Our Lady’s Hospital, Department of Child and Adolescent Psychiatry, Dublin, Ireland

Adresse e-mail : Elizabeth.barrett@ucd.ie

Background, aims and objectives.– The European Federation of Psychiatric Trainees is an independent federation of psychiatric trainees associations and a European Forum for psychiatric trainees in all branches of psychiatry in Europe. Officially formed in Utrecht in 1993, it aims to facilitate the exchange of ideas, improving training and developing national trainee organisations for psychiatrists (1). The EFPT is officially recognized by the European Board of Psychiatry and European Board of Child and Adolescent Psychiatry (2). A forum has been held in a different European country every year since 1992, and the steadily rising membership now includes all the countries of the European Union as well as Estonia, Hungary, Norway, Romania and Turkey. Thirty-seven countries were represented at the annual Forum in 2011. A Child and Adolescent Psychiatry (CAP) Working Group meets at this annual forum to discuss issues of relevance to CAP trainees. The Working Group subsequently maintains contact using online methods. At the 2009 meeting in Cambridge, UK, the group reflected on difficulties in collecting data on training across Europe. Previous studies have shown that up to one third of countries surveyed did not have separate CAP training (3). We wanted to learn more about this area by surveying trainees to gain insights regarding current training within the member countries of the EFPT. We present two studies conducted by trainees assessing these areas and look at other approaches to these questions. We will also look at opportunities for increasing trainee involvement, both at a national and international level and consider the role international organisations may have in such initiatives, e.g. opportunities at international conferences, ESCAP, EFPT, EPA programmes, DJC Programme etc. We aim for this to be an interactive session with involvement from participants.

Methods.– A ten item survey of trainee representatives was developed on behalf of the board of the European Federation of Psychiatric trainees. This survey was circulated to trainee representatives to the European Federation of Psychiatric Trainees who attended the annual Forum in 2009. Following this pilot study, a much larger study was conducted from 2010–2011 (Dr. Simmons will present this data). As this study is a survey of training experiences only and involves no human subjects, further ethical approval was not deemed necessary. Questions included: role of CAP trainees within EFPT, composition and duration of training, how entry to training was determined. In year two these were expanded significantly. There was also provision of free text boxes for trainee representatives to provide additional information.

Results.– EFPT survey: In 2009–2010, a pilot survey, 27 countries responded to this 10-point survey. Other approaches by other organisations will be reviewed. Current trainee opportunities will be highlighted.

Conclusions.– This symposium will look at developing national and international surveys. Results from recent EFPT CAP studies will be presented. This symposium will also highlight current opportunities for European Trainees. International collaborations and opportunities for trainees will be explored, and we will consider the role international organisations such as ESCAP, EFPT, EPA, ECNP, DJC Programme etc. We aim to generate an energy and enthusiasm among trainees to become critical reviewers and participants in their own training and look at opportunities for increasing trainee involvement, both at a national and international level. The joint presentation by clinicians, academics, trainees and post trainees will add to the diversity of views, richness of ideas and hopefully the building of networks among like-minded colleagues in both Child and Adult Psychiatry.

http://dx.doi.org/10.1016/j.neurenf.2012.05.017

Su-S-015