EDITORIAL

Learning to be wise

Subodh Dave

Subodh Dave, FRCPsych, MMed (Clinical Education), is a consultant liaison psychiatrist with Derbyshire Healthcare NHS Foundation Trust, based at the Royal Derby Hospital, Derby, UK. He is also Professor of Psychiatry in the School of Medicine at the University of Greater Manchester, and President of the Royal College of Psychiatrists, London, UK. His research interests include medical education, public mental health, quality improvement, and health and workforce inequalities.
Correspondence Subodh Dave. Email: subodhdave@nhs.net

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SUMMARY

Medical education has had a strong tradition of building reflective skills and concrete experimentation on a foundation of new ideas and knowledge. The *BJPsych Advances* special issue 'Psychiatry in medical education' introduced in this editorial is a feast for readers, inviting them to learn the latest advances in teaching and assessment across the world and to reflect on how this new knowledge might change their own practice, ultimately benefiting patient care.

KEYWORDS

Education and training; medical education; service provision; patient care; psychiatric training programmes.

> 'And yet in our world everybody thinks of changing humanity, and nobody thinks of changing himself'
> (Tolstoy 1893)

Overview of this issue

The articles in this *BJPsych Advances* special issue 'Psychiatry in medical education' fall into three areas: improving the training experience, training programmes across the world, and the contributions of a selection of psychiatric subspecialties to clinicians' knowledge, skills and attitudes.

Improving training experience and outcomes

As a medical educator, I often come across colleagues who bemoan the weaknesses of workplace-based assessments and in particular the lack of preparedness for senior-level autonomous practice at the end of training. Varvari et al (2026) make a cogent case for using entrustable professional activities (EPAs) as a potential solution empowering supervisors to make judgements about their resident doctors' attitudes towards their work, their reliability and conscientiousness, their integrity and person-centredness, their capability to deliver appropriate patient care and their humility and willingness to learn from their mistakes and to ask for help.

Heaps et al (2026) approach the issue of the rising numbers of doctors disclosing neurodivergence and the impact on both learner experience and learning outcomes. They urge us to move from a deficit model to a strengths-focused approach, creating neurodivergence-inclusive learning environments to help neurodivergent doctors thrive.

The world is a global village

It is a truism that when it comes to mental health, all countries in the world, whether high-/middle- or low-income, are on a developmental journey. Almost universally, mental health services lag behind – often woefully – compared with their physical counterparts in terms of funding parity. Pinto da Costa et al (2026) highlight the failure of implementation of public mental health measures that results in health and economic adversity. They single out the lack of public mental health training as a critical gap – one that I am glad to report the Royal College of Psychiatrists has attempted to bridge with its Public Mental Health Leadership course, which has resulted in a thriving Public Mental Health (PMH) Learning Community (Royal College of Psychiatrists 2024).

In a series of articles, we learn about the wide variation in psychiatric training programmes across the world. Although the specifics may vary, the story is depressingly uniform in terms of the significant gap in training capacity, which results in deficits in the quality and quantity of the psychiatric workforce. Shah & Kar (2026) draw hope from the green shoots of widespread postgraduate psychiatric training programmes across South Asia, while Khan et al (2026) draw solace from the growing influence of technology-enhanced learning that they hope will combat the cultural stigma against psychiatry, at times prevalent in the Middle East.

Shu & Ho (2026) share the experiential learning ethos of both undergraduate and postgraduate training programmes in Hong Kong, but they also highlight a problem that educators in the UK (and I suspect large parts of the world) are already battling with – the shortage of clinical placements to provide adequate and appropriate clinical exposure for learners in psychiatry.

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Udo & Awani (2026) use their joint North American and British experience to shine a spotlight on the decline in academic training, especially in the UK, but readers in other parts of the world will recognise this as a shared problem. Wiseman & Ryland (2026) critique Koelkebeck et al's literature review (2019) examining the barriers and facilitators for research being conducted by early career psychiatrists. Their main criticism is worthy of attention – the lack of longitudinal or comparative data on what works in improving academic training is a challenge to academics to move away from admiring the problem to focusing on developing evidence-based solutions – a real case of 'physician heal thyself'. The newly unveiled academic strategy of the Royal College of Psychiatrists offers a way forward (Shankar 2026).

The concept of 'physician heal thyself' is also taken up by Alves-Nogueira et al (2026) as they point out that medical education programmes tend to teach doctors how to help their patients regulate their emotions but tend to ignore teaching doctors the skill of regulating their own emotions. They share two examples of communication skills training from Western Europe that help address this gap.

Mastering the specialty

The final four articles in this themed issue focus on perspectives from child and adolescent psychiatry (Gnanavel 2026), interpersonal psychotherapy (Reiss 2026), old age psychiatry (Lawson 2026) and intellectual disability (Barrett 2026), exploring how each of these subspecialties contributes to the development of knowledge, skills and attitudes relevant not only to that subspeciality but also to the development of a well-rounded clinician. Indeed, a few common themes emerge – unsurprisingly, perhaps. Formulation skills rooted in person-centred care and founded on high-quality assessments matched by leadership and academic research skills to translate evidence into practice are themes that pervade all subspecialties.

A call to action

Structured psychiatric training with clear measurable capabilities that can be assessed and tracked over the training pathway has a direct role in improving clinician knowledge and skill and consequently on improving patient outcomes. It is vital that medical managers see medical education and treat it as an integral part of service provision and that medical education time is job planned accordingly. For medical educators, this special issue serves as a reminder that good-quality supervision can transform the career pathway of their learners. I hope that medical educators will commit to concrete actionable steps they can take to improve learners' experience and outcomes.

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