MEMORANDUM ON EDUCATIONAL PROGRAMMES FOR TRAINEES IN GENERAL PSYCHIATRY

(Approved by the Court of Electors, June 1973)

Only guidelines can be laid down by the College for trainees in psychiatry, because:

1. No single training programme can be acceptable for the varied activities that consultant psychiatrists might undertake;
2. The service demands of hospitals where training is carried out are varied;
3. Trainees differ in their abilities and their medical experience before commencing psychiatric training.

This guide is mainly for trainees, but it is hoped that it will also be of assistance to clinical tutors in giving advice to their junior colleagues. The current programmes of accreditation by the College of hospitals for training posts will also take into account the College's general approval of broad but integrated patterns of training which may include several hospitals.

At the end of three years' general professional training the aim for most trainees will be attempts at the M.R.C.Psych. examination and promotion to Senior Registrar grade at approximately the same time.

Basic Clinical Experience

The period of three years of general professional training that is required for the M.R.C.Psych. examination can be occupied in a variety of ways, and in more than one hospital or group of hospitals. Much of this period of training should involve the supervised experience of the assessment and management of patients of all ages suffering from disorders representative of the whole range of psychiatric practice.

Some trainees, at present and in the future, will be mainly based on hospitals or institutions catering for one of the recognized sub-specialties; for example, mental handicap or forensic psychiatry (within the prison service). Others may be working almost entirely in general psychiatric hospitals or the psychiatric units of district general hospitals where they can obtain little or no experience of these sub-specialties, nor of others such as child psychiatry and psychotherapy. It is not possible to lay down clear-cut maximum or minimum periods of experience in these sub-specialties. However, as a guide it is suggested, for example, that trainees working mainly in hospitals for the mentally handicapped for the full three years should be able to spend about one half of their time acquiring clinical experience and formal training in other branches of psychiatry and related disciplines. Proportionately less time need be spent in general psychiatry if the trainee spends only 1 or 2 years in hospitals or units caring mainly for patients of one of the sub-specialties.

On the other hand, trainees primarily based on a general psychiatric hospital should have the opportunity of learning about the sub-specialties not only by formal lectures, demonstrations and seminars but also by practical clinical experience in at least some if not all of them. In particular, experience in child psychiatry, mental handicap and psychotherapy should be regarded as essential. Owing to the current lack of adequate teaching facilities in child psychiatry in many areas of the country, even minimally acceptable standards may still be unattainable. The time spent in child psychiatry may be in a full-time block of say, three to six months, or, preferably, a longer part-time assignment so that trainees can see a variety of children and their families for diagnostic assessment and a few for treatment. The essential criterion for the training is adequate supervision by a consultant child psychiatrist working in a fully equipped and well staffed clinic, with access to the educational as well as the medical milieus in which child psychiatrists operate.

Training in psychotherapy poses special problems, as continuity and experience with particular patients over at least two years is essential. Thus, though in general it is desirable to obtain experience at more than one hospital or to move around within a group of hospitals, every effort should be made to maintain continuity of training for individual and group psychotherapy. If possible, trainees under the supervision of psychotherapists should treat a few individual patients, manage at least one group, and have experience of wards run as 'therapeutic communities'.

Experience in Subjects Related to Psychiatry

There are several branches of medicine and several basic sciences with a clear relationship to psychiatry, and in these up to one year of special experience may be counted for the M.R.C.Psych. examination. Only exceptionally, however, will experience in another field obtained *before* any psychiatric training be counted towards the three years' training needed for the Membership examination. For example, a Registrar or an S.H.O. post in general medicine prior to starting any work in psychiatry will not be credited unless it is part of a recognized integrated course. A medical post including neurology may, however, be so recognized. A return *after* some

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psychiatric training to a trainee medical post which has some specific relationship to psychiatry would be accepted. Likewise, other medical fields where special experience may be counted for up to one year include general practice, neurology, geriatrics, paediatrics and community medicine.

Full time study in non-clinical fields, such as, for example, psychology, sociology, epidemiology, for up to one year, would be welcome provided that there is some link with clinical psychiatric work.

Full time clinical research in any topic related to psychiatry or disciplines near it, such as neurophysiology or sociology, will receive particularly sympathetic consideration as part of general professional training. At present, research papers cannot be offered in lieu of parts of the examination, but this is currently being considered.

After about three years, when the M.R.C.Psych. may have been attempted if not passed, and a Senior Registrar post obtained, trainees may have periods of special experience, perhaps in a sub-specialty. The organization of such experience is outside the scope of these recommendations and will be the subject of further reports. However, if for some reason experience in special fields such as, for example, child psychiatry or psychotherapy, was lacking in the initial three years, efforts should be made to obtain the necessary familiarity with these subjects.

All trainees should turn to their local clinical tutor for advice at every stage of their training career. The tutors and trainees can also obtain further advice from the Dean or Court of Electors.

Educational Programmes in Practical Psychiatry

Mere contact with psychiatric patients in psychiatric hospitals and community services is not sufficient training, and the following opportunities for learning should also be provided:

(i) Regular presentation of patients clerked by the trainee to a consultant or senior registrar in the setting of a ward round or a clinical conference. The teacher will aim at inculcating the principles of history-taking, physical and mental examination of the patient, diagnostic formulation, patient treatment and rehabilitation, including physical and psychotherapeutic methods and the use of social services.

(ii) Attendance at clinical conferences where there can be an exchange of views between several members of the senior staff and where the emphasis is on teaching. There should be a minimum of 25 attendances each year.

(iii) Participation in seminars and/or journal clubs (at least 10 a year).

(iv) Especially when caring for out-patients, the trainee will be taught how to ensure continuing care for his patients by working in liaison with general practitioners, psychiatric social workers, nurses and other colleagues, all of whom should be encouraged to play an active part in most teaching sessions.

(v) Courses in clinical psychology, both diagnostic and therapeutic, should be provided, if possible by clinical psychologists. Such instruction should include the use of intelligence and other psychological tests applicable to the investigation of psychiatric problems.

(vi) Individual and group psychotherapy, as mentioned above, should be carried out under the supervision of psychotherapists. The first emphasis should be on the understanding of the doctor-patient relationship and the principles of group methods, including the therapeutic community.

Role of Clinical Tutors

The clinical tutors in charge of teaching programmes based on one or more hospitals have two main roles. The first is directed towards the guidance of trainees, as already mentioned; the second is to organize and administer a teaching programme. The former involves regular personal contact with the trainees in their group of hospitals. The latter might include the organization of individual seminars, the setting of essays, topics for research, etc. Only in this way can the tutor provide adequate confidential reports if these are needed by the College. He can also testify that the candidate's clinical experience satisfies the regulations for the M.R.C.Psych. In this way he can also act as one of the candidate's sponsors for the Membership examination.

As regards the organization of the teaching programmes, the clinical tutor should act as a close link between his hospital group and the related university departments of psychiatry, and the post-graduate activities of the College.

There are also important functions of clinical tutors in relationship to the teaching of trainees other than in psychiatry. In certain places, a second clinical tutor may, for example, have to be appointed to deal with the psychiatric training for general practitioners, though their programmes should be closely co-ordinated with the full psychiatric training.

Clinical tutors also have special responsibilities towards other mental health workers, especially nurses, social workers, etc., whose training should as far as possible be in common with psychiatric trainees so that they get to know each other.

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Roles of the University Departments of Psychiatry

University Departments of Psychiatry are being increasingly involved with teaching programmes, though the actual administrative arrangements are determined by local conditions. The fullest contact with the university teachers should be ensured by allowing the maximum number of visits by the trainees (two weekly sessions in term time) to the psychiatric departments of the post-graduate centres under the recommendations of the Health Department HM(67) and SHM 29/67. These contacts should, however, be supplemented by the university teachers regularly visiting the peripheral hospitals to give lectures, chair conferences, etc.

The University Departments must supplement both the basic education and the clinical teaching provided through the clinical tutors in the other hospitals. These deficiencies are most likely to appear in:

(a) sub-specialties within psychiatry, especially psychotherapy;
(b) subjects related to psychiatry, including neurology and basic sciences such as neurophysiology, and above all the sciences of psychology and sociology.

In both cases the University Departments will be able to call upon the collaboration of other consultants and University Departments in the teaching of these subjects. The University Departments have a particular role to play in the initiation and guidance of research and in giving advice to trainees about the preparation of M.D. theses.

It is desirable for every trainee to spend some time in a University Department of Psychiatry. This could be to obtain special experience in any clinical field or in a related basic science, or for the purpose of carrying out a piece of research. Rotation or secondment schemes are available for some trainees, but so far it has proved impracticable to ensure that all get a period in an established academic department.

The M.R.C.Psych. Examination and Related Examinations

For the guidance of trainees the Court of Electors have recently issued notes on the multiple-choice papers and on the general structure of the examination. Trainees are advised to obtain from the College the latest statements about the examination. Likewise, information about the D.P.M. of the Conjoint Board can be obtained from Examination Hall, Queen Square. Various university D.P.M.s are still in existence, and the respective medical schools provide full information about their requirements and curricula. The Royal College of Psychiatrists however, does not issue a detailed schedule for any part of its Membership examination.

Inceptors

Trainees may apply to become inceptors of the Royal College of Psychiatrists. They will receive the *British Journal of Psychiatry* at a reduced rate and be entitled to attend scientific educational meetings organized by the College and by its Regional Divisions and Specialist Sections in many parts of the country. Inceptors also have the opportunity to play an active part in the life of the College by serving as representatives on various committees.

Accreditation

At present most hospitals are accredited as suitable for full training for the Membership examination. However, the visiting of hospitals will be shortly starting for reassessment, and the basis for accreditation may be changed so that experience in an integrated plan of training rather than the facilities of an individual hospital will be used as the basis. Trainees are urged to enquire about the status of posts for which they are at present applying. *News and Notes* for May 1973 contained a list of accredited hospitals. The list of special hospitals (for example, for the mentally handicapped) will be issued later. Hospitals and clinics concerned with these sub-specialties are so far accredited only as part of a general professional, and not for specialist, training.

MEMORANDUM ON 'NORMS' FOR MEDICAL STAFFING OF A PSYCHIATRIC SERVICE (MENTAL ILLNESS ONLY) FOR A POPULATION OF 200,000

This Memorandum has been prepared in response to an invitation from the Central Manpower Committee (C.M.C.) to express opinions on the level of medical staffing required to maintain psychiatric services

at (i) a minimum acceptable standard;
(ii) a desirable or ideal standard.

In the first instance, only the services in adult psychiatry (mental illness) will be discussed, but the College will wish to consider at a later date the required levels of staffing in the other sub-specialties. Furthermore, it will be necessary at this stage to concentrate on the consultant grade as the key figure on whom other members of the therapeutic team will depend.

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