

A visit to Argentina*

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Argentina, a country about the size of Europe, has a population of approximately 30 million people. Over 80% of the inhabitants occupy the few large cities. About 12 million people live in the neighbourhood of the capital, Buenos Aires. Unlike many other South American countries, it has a large middle-class population and a well developed social infrastructure and industry. However, the country has been the subject of considerable political instability with many recent changes in government including several revolutions. These have resulted in many changes of leaders of institutions including senior members of the medical profession. Psychiatry has been particularly vulnerable because of its social identity and social function. As a consequence most of the leaders of psychiatric institutions and services, including the Professor of Psychiatry, have been dismissed from office following changes in government. This has greatly impeded the development of psychiatric services and academic psychiatry. Despite many natural resources, the political upheavals have resulted in a considerable weakening in the economy with inevitable consequences on the funding of health care and the universities and the creation of a large poverty trap for the most vulnerable.

Professor Jorge Insua established the Chair in Psychological Medicine in 1967. As Emeritus Professor, he provides a very active lead in postgraduate psychiatric education. Professor Rodolfo Fahrer is Professor of Psychiatry at the University General Hospital and Professor Amelia Musachio is Professor at Buenos Aires Border Hospital, a large mental hospital for men. However, the university makes only a very small contribution to the salaries of academic staff and all medical staff depend on private practice for most of their income.

College visit

A programme for my visit was organised by Professor Insua embracing lectures and meet-

ings with individuals and groups concerned with postgraduate training. Six formal lectures were given during the week of the visit at a private clinic, a Foundation, the Argentinian Psychiatric Association, the University General Hospital, one of the two mental hospitals and the National Academy.

Of central importance was the opportunity to meet key interest groups in postgraduate education. Professor Insua has established a small committee to oversee developments in psychiatric training with whom I had a total of six hours of intensive discussion. I also had a profitable meeting with the Certification Committee based at the Academy of Medicine.

The programme included visits to the main institutions providing psychiatric services in Buenos Aires and gave me ample opportunity to meet informally a large number of psychiatrists and psychiatric trainees.

Background to postgraduate psychiatric training

Inevitably the general social backdrop and economic situation has significant impact on training as do several other factors. There is an enormous intake into the Medical School, with 3000 students entering undergraduate medical education each year. While 1500 students graduate each year from the University of Buenos Aires, several private universities contribute further to the enormous pool of graduates in medicine. Efforts are being made to reduce this enormous throughput to a level more commensurate with undergraduate training capacity and medical manpower needs. Some graduates are unable to obtain intern posts and there is an over supply of 'residents' for training. The situation is compounded by a severe shortage of funding for residency training and trainees in most specialities must supplement their income, often through non-medical work.

A third variable affecting training is a strong tradition in psychoanalytic psychotherapy. The great majority of psychiatrists, and there are several thousand, are psychoanalytically trained and this forms the main basis of their training.

*The College's 1992 Lundbeck Teaching Fellowship was awarded to Professor Jorge Insua, former Professor of Psychiatry at the University of Buenos Aires. This application was for assistance with the development of Postgraduate Training in Psychiatry in Argentina.

Psychiatry's association with social and political upheaval has led at times to over-identification with various political regimes. The Association for Psychiatrists in Argentina (APSA) was established to bring together a non-aligned grouping of psychiatrists and has taken an interest in the theoretical aspects of training and awards a university diploma on completion of the course. Unfortunately this is not associated with monitored clinical training and is essentially an academic award. Nevertheless graduates from such programmes can call themselves psychiatrists!

Against this background Professor Insua and his colleagues have worked to establish a more clinically orientated eclectic training for trainee psychiatrists. Professor Insua is the only psychiatrist in the Academy of Medicine. This body of 35 senior members of the medical profession have sought to promote standards in medicine, including certification for training. They have distanced themselves from politics and function like our General Medical Council. I met with the Certification Committee who are supported by, although independent of the Academy, and was pleased to note that certification of residency training already exists in several specialties.

Review of discussions with the psychiatric training committee

I was given a comprehensive introduction to psychiatric practice in Argentina together with an overview of the training situation for young psychiatrists. The committee felt that their role should be about the quality of psychiatric practice and hence of training. The concept of certification was introduced and the shared task for the week was the definition of a trained psychiatrist for the purposes of certification. We discussed the interdependence of outcome of training, the competencies of a trained psychiatrist necessary for clinical practice, and the process of training itself. Given the large number of supernumary trainees, in poorly paid and unstructured posts, there was agreement on the need to prioritise the development of clinical training. We considered the College's requirements for general professional training which was agreed could provide a basis for minimal standards and for establishing a new scheme of training.

One external constraint on training and practice is the shortage of nursing staff, a reflection of the low funding of health services in which nursing is a poorly paid and low status occupation. A second constraint is the large number of entrants to Medical School and flooding of the medical manpower market. However, there is a commitment to reduce substantially the

number of entrants which should have a positive impact on the quality of undergraduate training and the manpower situation. Internal issues included the dominance of psychoanalysis and there was unanimous support for more eclectic training. However the committee were aware of their lack of authority and there is no unanimity among psychiatrists, which presents a threat to establishing agreed standards for better training. The Academy of Medicine and the Certification Committee's endorsement of agreed proposals for training will be very important in this respect. There was a keen interest in the support of a respected external agent, such as the Royal College of Psychiatrists, the College's endorsement of the present initiative and assistance with future work in developing training.

The committee agreed the following proposals:

- (a) to establish criteria to be met for the provision of acceptable training in psychiatry
- (b) these criteria should include:
 - (i) the identification of psychiatrists willing to act as consultant supervisors and able to provide necessary training and supervision
 - (ii) the appointment of clinical tutors in each hospital used for clinical training
 - (iii) the establishment of a tutor's committee with trainee representation, responsible for organisation of clinical rotations and management of a given scheme of training
 - (iv) the establishment of a clinical rotation to provide comprehensive experience in general adult psychiatry including the full spectrum of cases seen in out-patient and acute in-patient settings; experience in the management of patients in continuing care and rehabilitation settings; additional experience to be provided in child psychiatry, forensic psychiatry, mental handicap, psychiatry of old age
 - (v) individual training posts may require trainees to be resident, particularly for on-call purposes and the provision of services in accident and emergency units. All posts must include regular full day-time clinical commitments embracing the clerking of patients, clinical review and monitoring, therapeutic work, regular attendance at ward rounds and weekly clinical supervision, attendance at weekly case conferences and journal clubs. Particular emphasis is placed on quality of training, an important feature being clinical responsibility

- appropriate for experience and under adequate regular supervision
- (vi) academic training including regular weekly seminars covering psychology, sociology, neurosciences, psychopathology (descriptive and dynamic), psychopharmacology, the psychotherapies (psychoanalytic, cognitive and behavioural methods), research methods, the nature of clinical disorders and their management, health care ethics
 - (c) the committee should seek the endorsement of the certification committee for approved training of psychiatrists, according to the foregoing criteria
 - (d) the committee should seek the support of the wider community of practising psychiatrists for the introduction of certification of training for future psychiatrists and the endorsement of the above criteria.



The membership of the Psychiatry Committee with Professor McClelland April 1993. Left to right: Professor J. Insua, Professor R. McClelland, Dr H. Mesones, Dr B. Rovira, Professor A. Musacchio, Dr A. Hepner, Dr R. Medina, Dr M. Materazzi, Professor R. Fahrer, and Dr M. Peretti on the steps of University General Hospital, Buenos Aires.

Conclusions and recommendations

The training committee offers the main hope for developing the training of psychiatrists and the advancement of the specialty in Argentina at the present time. Professor Insua and his colleagues are to be congratulated in withstanding the political and academic instability over the past 25 years. This committee has retained the ideals of psychiatric practice and psychiatric training and the standards of tomorrow's psychiatrists depend on their continued efforts.

This group are vulnerable within their own speciality and within the wider professional and political situation. Their links with the Academy of Medicine, are major assets. The committee are unanimous that endorsement by a credible professional body outside their own country can facilitate the development of training in Argentina and embraced whole-heartedly the ideals and standards developed by the College for general professional training.

The College's endorsement of the efforts of this committee is seen by them as of great importance. This can be achieved in two respects. First is general support for the principles of training, outlined above, adding our endorsement to what it is hoped will be the endorsement of the Academy of Medicine and the Certification Committee in Buenos Aires. Second, the College can support the committee in their efforts to implement the training proposals. The guiding principles for the



Moyano Psychiatric Hospital for Women, founded 1854.

committee are a belief in the importance of balance in psychiatric practice recognising the biological, psychological and social dimensions to mental illness; that training must have a balance of high quality clinical training as well as academic teaching. The College's recent endorsement of these principles and of the committee and their efforts to implement them has been gratefully received.

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