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People and places

Psychiatric training, Singapore

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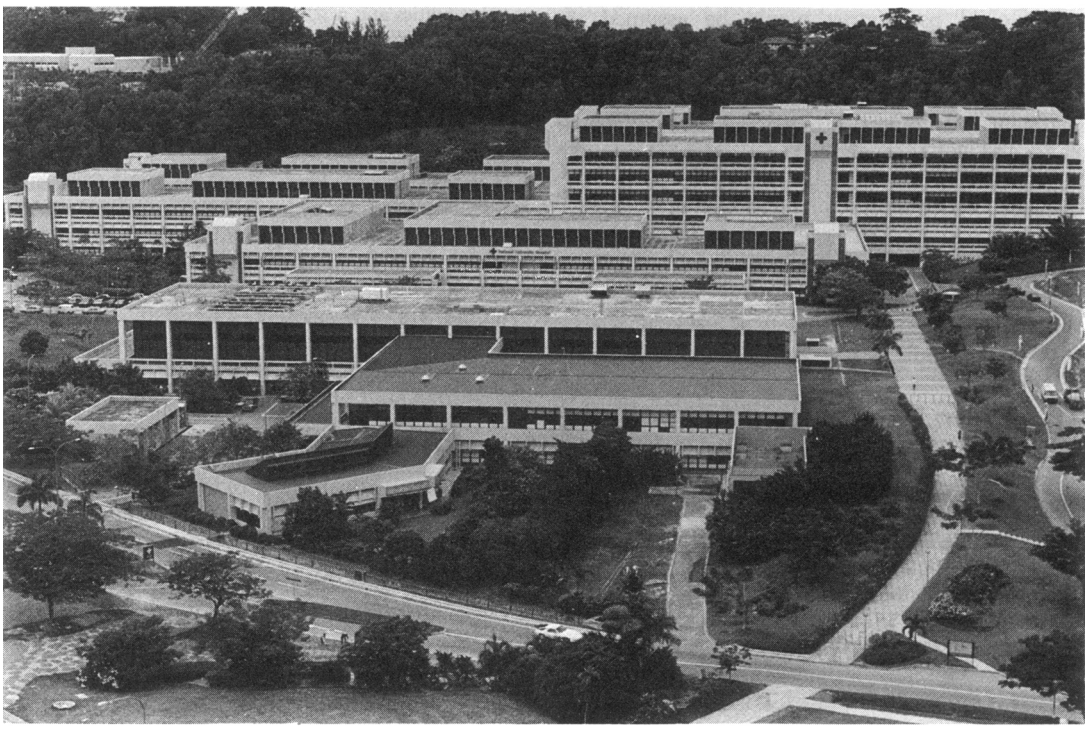
In 1987 the Charing Cross General Psychiatric Training Scheme incorporated an exchange with the National University Hospital, Singapore (NUH) sponsored by Glaxo Pharmaceuticals. Four selected UK trainees have now spent nine months at NUH as part of their general rotation. A description of psychiatric training based at NUH is outlined here.

The Academic Department of Psychiatry, NUH Singapore

NUH Singapore operates as a self-governing trust. In this respect trainees have a foretaste of the type of clinical practice that may evolve in the UK. The Psychiatric Department at NUH is small and hence trainees are given additional experience at Woodbridge, the large Government-run psychiatric hospital.

The Department, headed by Professor Tsoi, consists of three professors, three lecturers and between four and six psychiatric trainees at any one time. Up to two GP trainees may also have attachments.

Singaporean trainees qualify with a Master's degree in psychiatric medicine (MMed[Psych]). Exam regulations are very similar to the MRCPsych. Singaporean trainees must, however, complete six months



National University Hospital, Singapore.

additional training in general medicine before taking the final examination. An option of six months in neurology is allowed. Hence, with a 36 month training requirement for the final exam, it is possible to qualify with two and a half years experience in full-time psychiatry.

Clinical and academic training at NUH

For UK trainees preparing for the MRCPsych examination, the clinical and academic programme at NUH is comparable and well organised. The department is small and teaching takes the form of tutorials rather than lectures. A proportion of the tutorials take place out of working hours, with all trainees expected to attend. Outside speakers are included, particularly for basic sciences and specialised subjects such as neurology, sociology, and statistics. Interview techniques and case presentations are part of the normal clinical training schedule and video is sometimes used. Journal Club meetings are based on the same English-language journals as in the UK, including the classical papers required for MRCPsych. The classification of disease follows DSM-III and ICD-9 Guidelines.

The highlight of the academic year is the three week revision course before the MMed(Psych) which all examination candidates are given leave to attend. This is akin to the 'Guildford course' and includes lectures from a team of external psychiatrists flown in from abroad.

Clinical supervision is provided by the permanent academic staff at NUH. This centres around the 28 bed mixed acute ward, the out-patient clinic and a busy accident and emergency department. Day patients mainly attend the occupational therapy department but may also come to the acute ward.

Psychiatric trainees at NUH are called "residents". Overall responsibility for the unit lies with the three consultants who conduct weekly multidisciplinary ward rounds attended by the other doctors on the firm. This may include senior lecturers and lecturers. New patients are generally allocated to the consultant on call and are presented on the ward round. In addition, consultants endeavour to see their in-patients daily accompanied by the designated trainee who is closely supervised.

The working week in Singapore includes Saturday mornings. Nevertheless excessive hours on duty are not allowed. Trainees have a half day off after a night or a weekend on call. The average on call rota is one in five.

The clinical mix

The main difference between NUH Singapore and an equivalent acute District General Hospital in Central London is the smaller number of chronic psychotic atients. These are usually treated at Woodbridge Hospital, or lodged with their own families in the community. There are no patients in Singapore of 'no fixed abode'. It is not permitted. Dementia is still uncommon. (There are less than 100,000 people over 70 years old out of a population of 2.7 million). Eating disorders were a rarity but the prevalence is now increasing.

Subspecialties

Subspecialty experience in child psychiatry and liaison psychiatry is well developed. Liaison work includes referrals that would be classed as primary care in the UK. There is a walk-in facility at the A & E Department. Anyone can see the casualty doctor for \$25*. English is spoken by most patients but translation by a nurse or family member will often be necessary. If the problem is psychiatric then the trainee on call will take the case, and may follow him up in his own out-patient clinic. Problems may include anything from marital disputes and insomnia to frank psychosis.

It is worth noting that suicide remains an offence under Singaporean law, but no action is taken for deliberate self-harm, unless it is related to National Service. Overdose patients may be required to undergo an interview by police officers to exclude foul play. Substance misuse, apart from detoxification for alcoholism, is firmly in the domain of the law with rehabilitation centres devolving from the penal system. Alcoholics Anonymous is strongly supported in Singapore.

Psychotherapy training concentrates on behavioural and cognitive approaches. Analytically-based therapy is less popular except in child psychiatry.

A few patients with mental handicap are seen in Woodbridge Hospital. Others are shared between a variety of organisations including education, paediatrics, child psychiatry, primary care and various voluntary organisations.

NUH does not run community facilities but government as well as voluntary-financed day centres provide for the chronically mentally ill at a nominal charge. In addition, a network of six primary care government polyclinics have large psychiatric out-patient lists. The attendance fee is \$1 compared with \$15–20 for a GP. Hence many psychiatric patients continue to consult the psychiatrist about physical complaints as well. Community psychiatric nurses (CPNs) operate out of Woodbridge Hospital. Eight nurses cover the island with a 340,000 catchment population each. UK trainees are encouraged to spend a week with the CPNs during their Singapore attachment. These visits allow the UK trainee to meet with families and see how they cope with mentally ill relatives at home.

**Note:* \$3 = £1.

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Reading and research

Research teaching and supervision are both available to trainees. Academic and computing services are excellent. The Medical Library is well stocked. All the major journals are taken, and there is an additional selection of psychiatry and and psychology texts in the University Central Library. Photo-copying is charged at a fraction of the UK rates and CD Rom Medline is available. Language laboratory facilities are available with self instruction courses in all the regional languages.

Military service

No description of training would be complete without reference to military service which, for male Singaporean trainees, continues simultaneously with their psychiatric training. Basic military service is for two and a half years and is generally undertaken after graduation from medical school and before starting postgraduate studies.

There is, however, an additional requirement for most male postgraduate trainees (together with their peers from other walks of life) to report for 28 days military service annually. It is mandatory and the psychiatric department has to provide cover in their absence. In addition trainees have to undergo a bi-annual military fitness test, the Individual Physical Performance Test (IPPT). Failure to reach the necessary standard may require an additional stint at a residential physical training establishment.

Conclusion

UK trainees benefit in many ways from their rotation to Singapore. Foremost is contact with different racial and linguistic groups. It opens the mind to different cultures and traditions, and helps to develop a sensitivity towards patients' underlying attitudes and beliefs. For UK psychiatrists destined to work in racially mixed catchment areas it is invaluable.

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The European Federation of Psychoanalytic Psychotherapy (EFPP)

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The EFPP is a British initiative concerned with public sector psychoanalytic psychotherapy that seems to have touched upon a recognised need in our European neighbours and colleagues. Its origins are inextricably linked with the development of the Association for Psychoanalytic Psychotherapy in the British Health Service (the APP).

The APP was founded in 1981 by a group of psychoanalysts working as consultant psychotherapists in the NHS. It rapidly became a multidisciplinary organisation with full members having completed training in specified training organisations and employed at senior levels within the public services. The main concerns of the APP stem from the limited amount of skilled psychoanalytic psychotherapy available in Britain, except in a few centres of excellence. Furthermore there has been a failure of the professions of psychiatry and psychology to seriously address these issues in training and service provision. From early days the APP has also had in mind members of the traditional caring professions who find the ideas and understandings of psychoanalysis (and techniques derived from it) invaluable in their daily work. It has encouraged and supported such persons through associate membership and its need is illustrated by its rapid growth such that after ten years there are 425 associate and full members.

As well as developing a journal *Psychoanalytic Psychotherapy*, the APP organises important conferences in different parts of the country on themes relevant to work in the NHS, some related to the politics of the provision of public sector psychoanalytic psychotherapy. One example was a conference in November 1989 debating the issues for and against the development of a separate non-medical adult psychotherapy discipline in the NHS, along the lines of the child psychotherapy discipline. The council of the APP sees this as a necessary step if the NHS is to face the severe shortage of trained therapists.