

Royal Medico-Psychological Association

Memorandum on Educational Programmes for Trainees in Psychiatry

The period of General Professional Training should entail a substantial educational programme as well as the appropriate clinical experience; it should culminate in a certificate denoting satisfactory completion of this period of training (paragraph 157 of the Royal (Todd) Commission's Report). The Membership examination is due to be set up on the inception of the Royal College of Psychiatry and would constitute ample evidence of such satisfactory completion of training. It would therefore seem desirable to recommend an educational programme, as well as requirements in terms of clinical experience, which would be an appropriate basis for the period of general professional training as well as a suitable preparation for the Membership Examination.

I EDUCATIONAL PROGRAMMES IN PSYCHIATRY

When it comes to accreditation for educational and training purposes, the teaching programme in which the trainees participate should be scrutinized. Full allowance should be made for variation in local factors, and there should be considerable flexibility so as to allow development and improvement of the teaching programme. The period of general professional training is full-time and spread over three years, or equivalent part-time. Many of the recommendations that follow were made at the 1969 Conference on Postgraduate Psychiatric Education.

1. *A variety of clinical experience* has clear advantages, and every endeavour should be made to supplement training in general psychiatry with subjects such as neurology and juvenile psychiatry (child psychiatry and wherever possible mental subnormality) and forensic psychiatry. Only rarely can this experience be provided in one psychiatric hospital so that built into the teaching programme must be opportunities for a rotation of appointments or a secondment to other psychiatric or general hospitals, child guidance clinics, etc. Ideally, the clinical experience in

juvenile psychiatry should be at least six months full-time and in neurology at least three months full-time*. The latter training might conveniently be obtained before embarking on a psychiatric career. Part-time experience would be acceptable so long as it aimed at being equivalent to the given periods of full-time training.

By itself contact with psychiatric problems in a psychiatric hospital will not suffice, and there should also be provided the following opportunities for learning:

(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) Especially when caring for out-patients, the trainee will be taught *how to ensure continuing care* for his patients by working in unison with general practitioners, psychiatric social workers, nursing and other colleagues.

(iii) *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.

(iv) Participation in *seminars or journal clubs* (at least 10 a year).

(v) Courses in *clinical psychology* and instruction in the use of standard intelligence tests and tests used in the investigation of psychiatric problems.

(vi) *Individual and group psychotherapy*: supervision of the trainee while caring for a few selected patients over a long time, with an emphasis on the development of a close doctor-patient relationship and its problems.

* At present there is a lack of facilities for training in neurology. It may take some time for the equivalent of three months' training to become available to all psychiatric trainees. At first therefore they will need to be seconded on day release to out-patient clinics or departments where this teaching is available.

2. *Clinical Tutors.* A Clinical Tutor should be put in charge of the teaching programme based on one or more hospitals and clinics in each appropriate area. His functions will be:

(i) to organize and administer the teaching programme;

(ii) to facilitate the system of rotation and secondment so as to provide each trainee with the optimum clinical experience;

(iii) to act as the link between the psychiatric hospitals and clinics involved in the teaching programme and the university department of psychiatry or the postgraduate training centre.

(iv) to keep records on each trainee, including confidential reports obtained from his consultants and teachers, and to act as one of the candidate's sponsors for the Membership examination.

3. *The Responsibility of the University Department of Psychiatry and the Postgraduate Training Centres.* It is essential to involve the university departments or postgraduate centres with every teaching programme. The actual administrative patterns will be determined by local conditions. Experiment and initiative should be encouraged and there will always remain the need for considerable flexibility. The university departments are relatively privileged in their concentration of qualified and able teachers whose contribution will be needed in addition to those from teachers available in the peripheral psychiatric hospitals. (Conference of Postgraduate Psychiatric Education—Topic V).

The fullest contact with the university teachers should be ensured by allowing the maximum number of visits by the trainees (2 weekly sessions in term time) to the psychiatric departments or postgraduate centres under the recommendations of the Health Department (HM(67)27 and SHM 29/67). This contact should be supplemented by the university teachers giving lectures or chairing conferences in the peripheral hospitals.

The university departments will aim at providing the following facilities:

(i) *Access to clinical conferences* to supplement those available in the peripheral hospitals (see 1(ii) above).

(ii) *Special clinical experience under rotation or secondment schemes.* Even if the Royal Commission's recommendation (Roy. Comm. Report, Appendix 5) of spending one year in a university professorial unit will not be feasible in most instances, an effort should be made to enable each trainee to obtain some experience in the university clinic during the first six months of the general professional training so as to expose him to intensive teaching during his first contact with psychiatry. (An additional six months

secondment should be aimed at during the period of further training).

(iii) *Formal courses of instruction* in the subjects covered by the first part of the Membership Examination, including the anatomy, function and pathology of the nervous system, psychology (including neuropsychology), neuro-chemistry and neuro-pharmacology, genetics, the social sciences, child development and psychopathology. The department of psychiatry may wish to collaborate with other university departments in providing such instruction.

(iv) *Seminars and tutorials* should be provided to deal with subjects best suited to free ranging discussion and to assess relevant areas of the psychiatric literature. They would supplement seminars and tutorials provided in the peripheral hospitals.

(v) *Instruction in clinical psychology* to supplement that given in the peripheral psychiatric hospitals.

(vi) *Instruction in psychotherapy* will generally fall to the university departments except in those areas where a psychiatrist skilled in psychotherapy is on the staff of the peripheral psychiatric hospital. Theoretical courses could be based on the problems of the doctor-patient relationship (Conference on Postgraduate Psychiatric Education—Topic V).

(vii) *Guidance in the preparation of case reports and commentaries* that may become incorporated in the Membership examination.

Any research undertaken by psychiatric trainees should also preferably be supervised by university teachers.

II CLINICAL EXPERIENCE IN PSYCHIATRY

The Education Committee has already considered the requirements for 'vocational registration' in psychiatry (ECD 6/69) as recommended in the Todd Report, and they were expressed simply in terms of the necessary clinical experience. There is now much uncertainty regarding the implementation of vocational registration. Nevertheless it is still appropriate to set out the kind of clinical experience which trainees in psychiatry should obtain in preparation for senior posts.

It was agreed to recognize the value of a varied training and to encourage doctors with wide-ranging interests to enter psychiatry. Moreover some experience in the sub-specialties within psychiatry should also be included during the phase of general professional training.

A total of five years full-time clinical experience or its equivalent would be obtained in

posts recognized for training purposes and should consist of the following:

(i) During the initial three years' period of *general professional training* at least two years' experience in general psychiatry. 'General Psychiatry' should be interpreted widely. Much of this period of training would involve experience in the assessment and management of adult patients suffering from disorders representative of the broad range of psychiatric practice. Some experience in special subjects (e.g. geriatrics, mental deficiency, alcoholism, drug addiction, etc.) might also count towards this two years' experience, so long as it includes some aspects of general psychiatry as defined here.

Allowance should also be made for up to a total of one year's clinical experience in

- (a) subjects relevant to psychiatry (e.g. general practice, medicine, neurology, paediatrics, public health, psychology or clinical research) and/or
- (b) specialties within psychiatry (e.g. child psychiatry, mental deficiency, psychotherapy or forensic psychiatry).

(ii) *A two year period of further training.* The whole of this time might be spent in the trainee's chosen specialty within psychiatry. In the case of those trainees whose general professional training included experience in a chosen subspecialty and less than the required two years' training in general psychiatry, this deficiency should be made good during the period of further training.

CONCLUSIONS

1. The Association recommends teaching programmes and schedules of training suitable for general professional training and the Membership examination. Psychiatric and general hospitals providing teaching and clinical facilities at an appropriate level will be recognized for training purposes.

2. General professional training will require the provision of a satisfactory teaching programme extending over the three-year period of full-time clinical training. The programme will be organized between a group of psychiatric and general hospitals and special units (e.g. child guidance clinics) so as to provide:

(a) a varied clinical experience including juvenile psychiatry and neurology.

(b) clinical teaching in wards, out-patient clinics and at conferences, instruction in psychology and experience in psychotherapy.

3. Clinical Tutors will be appointed to organize and administer the teaching programme in the participating hospitals and units, and will act as a link with the university department or postgraduate training centre.

4. The local university department or post-graduate training centre will provide those facilities essential for the raising of teaching standards, including clinical conferences, clinical experience in an academic unit, formal courses, tutorials and seminars, teaching in psychology and psychotherapy, and supervision with research or guidance in the preparation of case reports.

REFERENCES

1. R.M.P.A. (1969). 'Memorandum on the Report of the Royal Commission on Medical Education in reply to a letter from the Chief Medical Officer at the Ministry of Health.' *Brit. J. Psychiat.*, **115**, 233-41.
2. (1968). 'Report of the Royal Commission on Medical Education.' London: H.M.S.O.
3. (1969). *Proceedings of the Conference on Postgraduate Psychiatric Education.* British Journal of Psychiatry Special Publication No. 5.

Note: This Memorandum was approved by Council in 1970 as an 'interim' statement of the Association's views, bearing in mind that references to 'vocational registration' etc. might become inapplicable and that the document would need to be revised when final decisions were reached on the structure of post-graduate training.