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POSTGRADUATE PSYCHIATRIC EDUCATION

MICHAEL SHEPHERD, M.A., D.M., D.P.M.

Reader in Psychiatry, Institute of Psychiatry, University of London

NEARLY 20 years ago the Goodenough Report, reviewing the future of psychiatric education in Great Britain pointed out that 'the major and most urgent need is the training of specialist psychiatrists and particularly of teachers of psychiatry' (H.M.S.O., 1944). The Report went on to indicate the special place to be occupied during the post-war period by the Maudsley Hospital Medical School, which shortly afterwards became the Institute of Psychiatry within the British Postgraduate Medical Federation in close association with the Maudsley and Bethlem Royal Hospitals. Events have justified the planners. While other centres have made useful contributions to postgraduate psychiatric education, for the past 15 years the Institute of Psychiatry has organised a major training programme whose comprehensive structure and objectives have been clearly outlined by Professor Sir Aubrey Lewis (1949). In this short time a 'Maudsley training' with its formal stamp, the University of London Academic Diploma of Psychological Medicine, have come to guarantee a high standard of professional competence for psychiatric specialists in this country. The wider significance of this training can be assessed from the findings of the recent follow-up study tracing the careers of 274 men and women who left the junior staff of the joint hospitals between 1946 and 1958 (Davies and Stein, 1963).

At the same time it is already clear that what has

been accomplished represents only a beginning for the country as a whole. Some doctors can now receive a sound postgraduate training in London; the new generation of teachers in the recently created provincial university departments of psychiatry is starting to take a share of the load; and in some areas collaboration has begun between the universities and the regional boards. Yet for some time to come it seems probable that the systematic postgraduate instruction afforded to the junior staff of many mental hospitals will remain exiguous. This deficiency poses an urgent problem. It is no longer reasonable to expect the old educational diet of a D.P.M. course, a handful of textbooks and clinical responsibility for several hundred patients to nourish a budding consultant psychiatrist. One remedy could lie in clinical tuition, a form of instruction which has been widely acclaimed in other branches of medicine (*Lancet*, 1962), but whose application to psychiatry has been limited by a shortage of suitably trained men to act as clinical tutors. For this reason particular interest attaches to the tutorial system of instruction developed over the past few years at the Institute of Psychiatry. Here the student-body is broken down into tutorial groups of 6-8 which meet weekly with one of a number of tutors recruited in the main from the academic staff. A selected bibliography enables each member of the group to summarize and present relevant

work and to participate in guided discussions. Three terms are devoted to the elements of clinical psychiatry, six more to a course which embraces the general principles of psychopathology and classification, the principles of scientific method in relationship to psychiatry and the biological and psychosocial foundations of the subject. Not only does this arrangement ensure the provision of a steady stream of clinical tutors to other centres; it also serves as a way of training would-be tutors from elsewhere, a possibility which one regional hospital board has already explored as a method of distributing effective clinical tuition throughout its area mental hospitals.

Such measures are useful but in the long run insufficient. If most of us would agree with Sir George Pickering (1961) that 'postgraduate education is built on the foundations of the undergraduate curriculum' then we have to recognize that many of the problems of postgraduate psychiatric training in Britain today have their roots in the inadequate psychiatric teaching in most of our undergraduate schools. The undergraduate teaching of psychiatry is the subject of a recent World Health Organization Report (1961); suffice it here to cite the commend of one of our more successful undergraduate teachers, that '... hardly any of the psychiatric courses in British universities has fulfilled the minimum requirements recommended in the W.H.O. report' (Stengel, 1961). In consequence, an unduly large proportion of postgraduate trainees in psychiatry still lack a basic clinical training in their chosen

specialty and have received very little instruction in psychology or the social sciences, fundamental subjects which are usually neglected in the medical curriculum. Further, they rarely obtain psychiatric experience during the graduate phase of their general education. This situation can hardly be matched in other fields of medicine where the acquisition of a higher medical qualification signalizes sound graduate experience and ensures a certain minimum standard of relevant skills and experience on the part of the intending specialist.

So far there has been little inclination in Britain to follow the American example of a massive upgrading of the status of psychological medicine in the undergraduate curriculum, an example which despite its faults pays due recognition to the importance of the subject and its potential significance for other branches of medicine (Shepherd, 1963). A sound undergraduate training in psychiatry is important not only for intending specialists in the subject but also for physicians in many other branches of medicine. On these foundations postgraduate teaching of the psychiatric aspects of neurology, general medicine, paediatrics, public health and general practice must be securely based. It may then be possible to take advantage of the unique opportunities offered by the National Health Service and the Mental Health Act to study and treat mental illness in all its aspects. The medical profession as a whole must participate in the psychiatric education of the future.

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