

The College

A Diploma in Clinical Psychiatry?

Discussion Document from the Court of Electors

1. Introduction

The MRCPsych is now firmly established as the normal requirement for a career in psychiatry in this country. The need for other medical specialists to acquire psychiatric knowledge and skills raises the question of a possible demand for a second type of College examination. The Court of Electors have been considering some of the arguments for and against a College Diploma and would welcome further discussion in the College on this.

2. Possible Diploma in Clinical Psychiatry.

A Diploma in Clinical Psychiatry (DCPsych) might be taken by various groups of doctors:

- (a) *General Practitioners:* Some GPs might wish to produce evidence that they had sufficient skill to be appointed to a post in the hospital practitioner grade or to be recognized under Section 28 of the Mental Health Act. A growing number of general practitioners are receiving part of their vocational training in psychiatry and might be glad to have a Diploma as evidence of this training. It must be recognized, however, that the Royal College of General Practitioners might not support such a move and might prefer a greater emphasis on psychiatry in their own Membership examination.
- (b) *Community Physicians:* Some community medicine specialists might wish to acquire psychiatric experience as part of their training and might at a later date specialize in this aspect of health service administration and planning.
- (c) *Physicians:* Some geriatric physicians, paediatricians and neurologists might consider that as part of their training they would benefit from experience in psychiatry and the possession of a Diploma. This development would require consultation with the Colleges of Physicians, the British Paediatric Association, the British Geriatric Society and other relevant bodies.
- (d) Some doctors who are uncertain about their long-term career choice might wish to try psychiatry but might later decide to take up some other branch of medicine. Some of these might welcome a Diploma to demonstrate that they had acquired some skills in the specialty.
- (e) Some doctors might wish to pursue a career in psychiatry but would not be able to take the MRCPsych examination primarily because of the duration of the pre-Membership training requirement. For example, some married women whose husbands' jobs entailed

frequent moves might find that they could only practise different types of medicine in an unplanned way. If they had spent a year in psychiatry but were unable to continue training they might appreciate being able to sit a Diploma examination.

- (f) A number of doctors who had been unable to pass the Membership examination and who were intending to return overseas, or to apply for personal grading as a medical assistant, might wish to have some qualification. It should be noted that the College has previously supported the need for a permanent subconsultant grade in psychiatry. Possession of the College Diploma could become the minimum entry requirement for such a grade.
- (g) While the pre-Membership training requirement is three years in an approved post, a number of overseas doctors are unable to tackle the MRCPsych. These doctors are probably those who make up the bulk of the present candidates for the Conjoint DPM. The College must consider whether it has a responsibility to these doctors. There is, however, a danger that a lower level of College examination might "debase the currency" and discourage some trainees from the more arduous preparation required for the MRCPsych.

3. Content of examination

The style and content of the examination would be a matter for further consideration if the principle of a College Diploma were agreed. A great deal of effort would be saved if the Diploma were based on a written examination (MCQ?). If there were no clinical examination should candidates be required to produce written case reports duly authenticated by their Tutor? Should there be an oral examination—perhaps based on the case reports?

4. Suggested action

This document and the points made in it will be widely circulated in the College for discussion. Other similar six- and twelve-month diplomas such as the DCH and the DRCOG should be studied. The cost of administering such examinations should be discovered. Colleagues in other Colleges overseas should be asked about equivalent diplomas and for their views as to whether a College Diploma could be acceptable as part of training for Board certifying examinations elsewhere. Consideration should be given as to whether

experience abroad would be acceptable for the College Diploma. If overseas experience is not allowed should training be required in a hospital approved by the College for the MRCPsych? Should a candidate for the Diploma be required to notify the College in advance and become subject to some form of scrutiny by a College Psychiatric Tutor? The opinion of the College Sections should be sought as to whether or not there should be a single Diploma or specialist Diplomas in, for example, child psychiatry, forensic psychiatry, mental deficiency, etc. A crucial question would be the duration of training demanded. One year would seem a reasonable minimum, but this might deter general practitioners who normally work in psychiatry for six months. Part-time training should certainly be recognized—presumably on a pro-rata basis.

5. Conclusion

Before proceeding to detailed discussion of the nature of

such an examination and consultation with bodies outside the College, a general College view is required of the desirability or otherwise of adding to the number of post-graduate examinations in the British Isles. A lower tier College examination which would only be taken by psychiatrists is probably undesirable. A psychiatric examination for other specialities have limited appeal.

This document, as well as being published in the *Bulletin*, is being circulated to Standing Committees, Divisions, Sections, Groups and other appropriate bodies in the College. Comments on the specific questions raised in section four are invited and also other comments.

All comments should be sent to the Dean at the Royal College of Psychiatrists by the last day of February, 1981, so that they may be collated and brought to the Court of Electors at their meeting in April.

THOMAS BEWLEY
Dean

ELECTION OF PRESIDENT

Notice to Fellows and Members

Fellows and Members are reminded of their rights under the Bye-laws and Regulations, as follows:

Bye-law XI

The President shall be elected annually from amongst the Fellows.

Regulation XI

- (1) As soon as may be practicable after the first day of January in any year the Council shall hold a nomination meeting and shall . . . nominate not less than one candidate and not more than three candidates . . .

- (2) Between the first day of January and the date which is four clear weeks after the nomination meeting of the Council, written nominations, accompanied by the nominees' written consent to stand for election, may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Council.

- (3) An election by ballot shall be held in accordance with the provisions of the Regulations.

The nominating meeting of the Council will be held on 16 January 1981 and the last date for receiving nominations under (2) above will therefore be 16 February 1981.

THE COLLEGE LIBRARY

The Librarian would like to thank those Members of the College who have so generously donated copies of their works to the Library.

Since June books have been gratefully received from the following Members:

Dr J. W. Affleck
Dr F. J. Ayd
Professor M. R. Bond
Dr D. G. Brown
Dr H. M. Connell
Dr M. N. Cox
Dr M. S. Fordham
Dr F. Fransella
Dr P. D. Hill
Dr A. Hordern

Dr K. M. G. Keddie
Professor M. Lader
Dr S. Lieberman
Dr M. MacCulloch
Dr D. H. Malan
Professor H. Merskey
Dr C. F. Rycroft
Dr Paul Williams and Dr A. Clare
Dr L. G. Wing