Psychiatric Bulletin (2005), **29**, 46

opinion & debate

DINESH BHUGRA

Training for consultants in 2020

Response to Drs Mukherjee and Nimmagadda†

At its meeting in June 2004, the Court of Electors approved the proposals indicating changes in training and assessment in psychiatry to enable consultant psychiatrists to practise in 2020. The main recommendations are presented elsewhere in this issue (Bhugra & Holsgrove, pp. 49–52, this issue).

The emphasis of the new training is on patient-centred processes and in the new assessment proposals emphasis is on competency-based assessments which would be monitored and examined on a modular level.

The key competencies to be assessed follow the attributes of a good psychiatrist discussed in *Good Psychiatric Practice* (Royal College of Psychiatrists, 2004) (Box 1). Interpersonal and communication skills are paramount in a psychiatrist. These competencies can be attained and assessed at three levels. For example, Level 1 indicates effective communication with the patient and developing therapeutic alliances. Level 2 involves working with the carer and communicating effectively. Level 3 involves communicating and collaborating with the team members and educating the patients, the carers and the community.

Box 1. Core competencies

- Demonstrate diagnostic and therapeutic skills and ethically manage a spectrum of patient care problems
- Assess and employ relevant information and therapeutic options
- Demonstrate medical expertise in areas other than patient care
- Recognise personal limits of expertise
- Essential roles as: medical expert, communicator, team worker, manager, health advocate, educator, professional knowledge

Training models

It is our intention that the duration of training is flexible. However, in view of the assessments based on competencies it would mean that some individuals would have obtained these before their period of training was officially over. Under these circumstances they could be allowed to move forward. The entry criteria for postgraduate training in psychiatry will remain the same.

Two models indicated by Drs Mukherjee and Nimmagadda were considered by the Court of Electors. These models have been in discussion within the College for over 2 years. The previous Dean of the Royal College of Psychiatrists, Professor Katona, had initiated this discussion. There is little doubt that senior house officer and specialist registrar training will merge into a single grade and trainees may well be appointed to a scheme for 5 years. What is of concern to the officers of the College (particularly in the absence of clear guidance from the Postgraduate Medical Education and Training Board) is the format of certificate of completion of specialist training (CCST)/completion certificate of training (CCT) and entry onto the Specialist Register. In view of the uncertainty about whether there will be a single CCST in psychiatry or multiple CCSTs the final levels of training will need to be clearly established. There is agreement that national training numbers (NTNs) will be allocated at senior house officer level.

Sub-specialist training

It is likely that smaller subspecialties may face further difficulties in recruitment and retention. The way forward is to focus on delivery of, and assessment of, competencies. There are, of course, common competencies which form the basis of 'good psychiatric practice' across specialties, but specialised skills, such as assessing children with learning disability and epilepsy, will need to be assessed separately. Modular assessments and ongoing continuing professional development modules for consultants will allow this to happen and will also enable individuals to move around and across specialties.

Modular training, web-based learning and modular assessments, be they clinical or non-clinical, will inject a degree of flexibility into the system which thus far had not been possible. Individual trainees will be able to pick and choose their modules as and when suits them, and develop their portfolios and personal plans in accordance with their own and the service's needs. The patients and carers will find this approach beneficial because the training and assessment will be patient-focused. As the College comes of age it is only appropriate that assessments and training are relevant and appropriate for the changing times.

Reference

ROYAL COLLEGE OF PSYCHIATRISTS (2004) *Good Psychiatric Practice (2nd edn).* Council Report CR125, London Royal College of Psychiatrists.

Dinesh Bhugra Dean, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG

†See related papers, pp. 41–42; 43–45; 47–48; 49–52; this issue.

https://doi.org/10.1192/pb.29.2.46 Published online by Cambridge University Press