



## EDITORIAL

# Psychiatry for tomorrow's doctors: undergraduate medical education

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**The importance both of undergraduate education in forming the knowledge base for the next generation of doctors and of their continuing professional development is widely acknowledged. The changes that are occurring to the undergraduate medical curriculum in many countries are therefore likely to have a long-term effect, although their specific effect on psychiatric teaching and the future of psychiatry is not yet apparent. This is of particular significance in the context of a continuing crisis in the recruitment and retention of mental health professionals in general, and of psychiatrists in particular, when the need to attract doctors into the specialty has never been greater (Sierles & Taylor, 1995).**

Furthermore, there has been extensive reorganisation of health services in many countries around the world, as well as changes of similar magnitude at institutes of higher education (Ghodse, 1997). These changes have already affected recruitment and training, and there are more changes on the horizon. Psychiatry will have to become more responsive to such changes, and to anticipate them whenever possible, rather than merely reacting to them. In this climate of change and reorganisation, more needs to be done to adapt the general professional education of medical students so that they are as well prepared as possible for the new circumstances that they will undoubtedly face (Ring *et al*, 1999).

It is also important to note that change is not confined to education and training. The nature of research has also changed, with dramatic advances in basic biomedical, behavioural and clinical areas. Simultaneously, pressure has grown, both in Europe and elsewhere, for universities to place more emphasis on research than on teaching, which has led to some departments being evaluated only in terms of the number of their publications and the value of their research grants (Goldberg, 1997). This is very different from times gone by, when the primary role of universities was to provide teaching and service, with research very

much in second place. It is perhaps not surprising, therefore, that standards of undergraduate teaching in psychiatry have declined in many countries and that academic staff are less interested than previously in local service provision and postgraduate education. It is encouraging that some of these imbalances are now being addressed in several countries by competitive exercises on teaching, similar to the Research Assessment Exercise (RAE) in the UK.

While this acknowledgement of the importance of teaching is welcome, it is not yet clear how helpful it will be in practice. There are few rules and regulations relating to teaching capabilities, and issues such as who teaches the teacher how to teach have often been neglected in universities, even though it is recognised that teaching is a skill in its own right, requiring formal training. It is not uncommon, for example, for an appointment to a post of professor or associate professor to be based on the individual's research record rather than teaching abilities. In part this may be attributed to the difficulty of evaluating the quality of teaching.

The reason for placing so much emphasis on teaching is that inspirational teachers and inspired teaching inspire students (Sierles & Taylor, 1995). Indeed, one might say that part of a teacher's job is to make students enthusiastic about their subject, which in turn will influence their later choice of specialist training. Thus, good undergraduate psychiatric teaching will make more students feel that psychiatry is an interesting and wonderful area of medicine in which to spend their professional life, and good teaching will ensure that those who do *not* specialise in psychiatry – the next generation of physicians and surgeons – have the basic knowledge of the subject necessary to make them better doctors, with a greater understanding of the interface between physical conditions and psychosocial issues. Nowhere is this more important than in those who become general practitioners (Ney & Jones, 1985).

One of the major problems confronting psychiatry all over the world at the moment is the fact that it is largely becoming a service for disturbed psychotic people. As a

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result, the skills for helping those with other disorders are disappearing (Goldberg, 1997). The Royal College of Psychiatrists, psychiatric associations and academic departments of mental health and psychiatry have not really addressed this worrying issue and there are some important consequences, particularly in relation to the training of future general practitioners (Ney & Jones, 1985). Traditional learning/teaching still takes place in mental illness institutions in many countries and teaching tends to focus on severe mental disorders, even though those who will become general practitioners are likely to see each year only a few patients with major psychiatric disorders, while they will probably treat depressed and anxious patients every working day. Proposals in some countries for curriculum revision, so that undergraduate teaching concentrates on fundamental concepts and common conditions rather than psychosis, therefore seem particularly pertinent (Working Party of the Education Committee of the Royal College of Psychiatrists, 1997).

The apparently logical next step – of teaching psychiatry in the community – although attractive in principle, is challenging in practice, as there are various problems to be overcome, such as how to structure library time, research time, discussion and meeting time with colleagues.

A particular challenge confronting psychiatry is the continuing stigmatisation of mental disorders. Excellent education of all undergraduates in the subject, to enable all doctors to meet and treat people with mental disorders confidently, is one way to tackle this. But stigmatisation extends beyond the disorders to the specialty itself, and can create a lack of credibility for psychiatry as a whole. This will be remedied only by good departments that offer good teaching and carry out good research, preferably in institutions where the subject is represented at the highest level (i.e. on multi-faculty academic boards).

Academic psychiatry by its very nature cannot be provincial. Collaboration and cooperation between different medical schools within the same country as well as

across national boundaries are fundamental if the issues relating to undergraduate education and training are to be adequately addressed, worldwide. Psychiatry today, more than at any other time, is in need of far greater inter-collegiate and cross-national collaboration and cooperation in the psychiatric education of future doctors and in the training of psychiatrists. The initiative of the World Psychiatric Association and the World Federation for Medical Education to develop a core curriculum has undoubtedly been a major step in that direction (Walton & Gelder, 1999). The World Health Organization, the Royal College of Psychiatrists and its International Regional Groups, as well as national psychiatric associations and academic departments of psychiatry, can and should play their part, too. Although the challenges are considerable, we should not lose sight of the fact that good progress has been made. However, there is still a long way to go.

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## THEMATIC PAPERS – INTRODUCTION

# Psychiatry and the internet: a new dawn?

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**T**here seems a certain inevitability that traditional methods of health care delivery are going to change in the age of the internet. To a degree, change is already happening, as specialists around the world share information via broadband links that enable them better to assess and treat patients, for example in the fields of radiology or dermatology, where the presentation of visual information is critical. It is less obvious that specialists would find it valuable to share clinical observations in psychiatry, a specialty where the aural medium of communication is so much more

important than the visual. We have asked four experts in telemedicine to give us their views on the current status of novel communication technology with special relevance to psychiatry.

Dr Ricky Richardson is the Chairman of the UK eHealth Association and he gives an upbeat analysis of how clinical practice is likely to change dramatically over the next decade. There is no doubt the UK government is strongly supportive of proposals to use electronic media to increase efficiencies in the National Health Service, but the degree to which inequities in health provision can be addressed by eHealth initiatives is open to question. A