EDITORIAL

Postgraduate psychiatric training and education in the UK: a search for evidence

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Abstract

We discuss the implications of our systematic review of the evidence regarding current postgraduate psychiatric training methods in the UK. The review found only 24 papers on the topic, 10 of which were research based. None of the papers addressed the reliability and validity of the teaching methods studied. These papers suggest that issues regarding psychiatric training and education in the UK have been addressed only to a limited extent. There is thus an urgent need for more rigorous and scientific evaluation of training methods, especially now that training and assessment are changing in the UK.

The current evidence

Most studies on postgraduate psychiatric training and outcomes have been conducted in the USA, Canada and Australia. We found only 24 papers from 1996 to the present that focused on the UK, 0 of which were research publications evaluating the quality of training (Table 1, online data supplement) and 4 were editorials or narrations about psychiatric training. We were unable to identify any randomised controlled or before–after studies. There were no papers on the reliability and validity of the various methods used for postgraduate training in psychiatry, nor were there any recent studies of the usefulness of training methods in improving the competence or skills of trainees. Of the papers with a research design (Table 1, data supplement), only two were on psychotherapy training, and one each on forensic medicine, cross-cultural psychiatry, schizophrenia, pathways into psychiatric care, self-harm and primary care.

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psychiatry training, logbooks, supervision, ethnicity, special skills (flexible training) and satisfaction with training. Overall, the quality of trainees was reported to be good and ‘flexible trainees’ were reported to be better than average. Eight studies were cross-sectional, one retrospective and one prospective. The themes of the studies were variable, and it was therefore difficult to summarise their findings.

Discussion

At a time when most clinical practice and guidelines are evidence based and the emphasis is on training, it is surprising to find a lack of evidence supporting methods of postgraduate psychiatric training. There are no systematic reviews, no controlled studies, no randomised studies and no studies on the reliability or validity of training methods.

It may be difficult to predict from research studies on methods and programmes of training how these reflect the competence and skills of the trainees, but the attempt must be made in psychiatry as it has been in other fields of medicine. Randomised comparative studies have been conducted in dermatology (Ochsendorf et al., 2004) and on the use and success of medical journal clubs (Linzer et al., 1988), and there are systematic reviews of postgraduate medical teaching (Coomarasamy et al., 2003) and critical appraisal skills (Taylor et al., 2000)

Training in psychiatry is based on paradigms that are largely historical. The reliability, validity and generalisability of the methods used have scarcely been addressed. Many aspects of psychiatric training are as relevant to UK trainees as they are to those in other Western countries. These include the quality of supervision, training in psychiatric sub-specialties, quality assurance in training, logbooks, research experience and part-time flexible training (Day et al., 2002). However, training methods in the UK are at variance with those in the USA, Canada and Australia. It is clear that we need well-designed systematic studies of current training programmes and teaching methods in the UK, to provide an evidence base justifying these differences. In view of the changes in psychiatric training already set in motion by Modernising Medical Careers and PMETB, further evaluative research is indicated as a matter of urgency.

Declaration of interest

D.B. is Dean of the Royal College of Psychiatrists.

References


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