

Special article Ειδικό άρθρο

Psychiatry training in the United Kingdom - Part 2: The training process

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Psychiatriki 2015, 26:55–60

In the second part of this diptych, we shall deal with psychiatric training in the United Kingdom in detail, and we will compare it –wherever this is meaningful– with the equivalent system in Greece. As explained in the first part of the paper, due to the recently increased emigration of Greek psychiatrists and psychiatric trainees, and the fact that the United Kingdom is a popular destination, it has become necessary to inform those aspiring to train in the United Kingdom of the system and the circumstances they should expect to encounter. This paper principally describes the structure of the United Kingdom’s psychiatric training system, including the different stages trainees progress through and their respective requirements and processes. Specifically, specialty and subspecialty options are described and explained, special paths in training are analysed, and the notions of “special interest day” and the optional “Out of programme experience” schemes are explained. Furthermore, detailed information is offered on the pivotal points of each of the stages of the training process, with special care to explain the important differences and similarities between the systems in Greece and the United Kingdom. Special attention is given to The Royal College of Psychiatrists’ Membership Exams (MRCPsych) because they are the only exams towards completing specialisation in Psychiatry in the United Kingdom. Also, the educational culture of progressing according to a set curriculum, of utilising diverse means of professional development, of empowering the trainees’ autonomy by allowing initiative-based development and of applying peer supervision as a tool for professional development is stressed. We conclude that psychiatric training in the United Kingdom differs substantially to that of Greece in both structure and process. There are various differences such as pure psychiatric training in the United Kingdom versus neurological and medical modules in Greece, in-training exams in the United Kingdom versus an exit exam in Greece, and of course the three years of higher training, which prepares trainees towards functioning as consultants. However, perhaps the most important difference is one of mentality; namely a culture of competency-based training progression in the United Kingdom, which further extends beyond training into profes-

sional revalidation. We believe that, with careful cultural adaptation, the systems of psychiatric training in the United Kingdom and Greece may benefit from sharing some of their features. Lastly, as previously clarified, this diptych paper is meant to be informative, not advisory.

Key words: Psychiatric training, Greece, United Kingdom, specialisation.

Introduction

The first part of this paper, published earlier in *Psychiatriki*, focused on the broad structure of psychiatric training in the UK, whereas this part analyses the training process and focuses on specific issues pertinent to aspiring Greek trainees. As previously stated, this article should not be seen as an advertisement of training abroad, especially during the challenging times psychiatrists and psychiatric trainees face in Greece. Instead, this is meant to be a source of realistic information, which will hopefully enable those who are thinking about emigrating for psychiatric training to make a truly informed decision. This article is written in English rather than Greek, specifically so that it can be subjected to constructive criticism and subsequent updating by both lingual audiences.

General overview of psychiatric training in the UK

In Part I we explained how one could enter training at various levels and described the different training paths one could take. In part II we will deal with what happens once already in psychiatric training. Typically in the UK that would refer to persons who have already worked for two years as Foundation Doctors following graduation from medical school, gained their competencies in general medicine and surgery and have secured a training post in psychiatry through national interviews. They would be about to commence their training as a Core Trainee (CT 1-3) before advancing to become a Higher Trainee (ST 4-6), hopefully three years later. The harmonization of psychiatric training in Europe has been a prevalent issue for quite some time,² due to major incompatibilities existing in systems between countries. For clarity on the comparison between the systems in Greece and the United Kingdom, please refer to the first part of the paper¹ and consult figure 1.

The training process

As a trainee, your aim is to achieve (and *demonstrate* that you have achieved), a number of competencies that will lead to the award of the Certificate of Completion of Training (CCT). These competencies are clearly laid out in the training curricula for Psychiatry, compiled by the Royal College of Psychiatrists (the UK equivalent of the Hellenic Psychiatric Association, ΕΨΕ). The training curricula are very detailed accounts of the competencies trainees must achieve during their time in training. The Royal College has published a curriculum for Core Training and multiple Advanced Curricula for the various subspecialties of Higher Training. The reader is advised to refer to the relevant College webpage³ for further details, and also consult the "Gold Guide", which details the training process for all postgraduate specialty training.⁴

Progression through the training years depends on satisfactory yearly reviews, attesting that trainees have achieved the relevant competencies. These reviews are formally called Annual Reviews of Competence Progression (ARCP) and are carried out by panels composed of the local deanery's educational leads (for example the Training Program Director, the Postgraduate Dean etc). Passing the ARCP is dependent on the demonstration of *evidence* attesting to the trainee having achieved the competencies set out by the training curriculum. The responsibility is on trainees to provide the evidence. This means that trainees are empowered to use their initiative to train in their chosen way, as long as competencies are met. Local training authorities usually facilitate this and provide guidance and opportunities to train towards achieving competencies. For instance, local deaneries usually suggest a local leadership and management course which will enable trainees to fulfil relevant competencies. However, trainees may choose to gain their competencies in leadership and man-

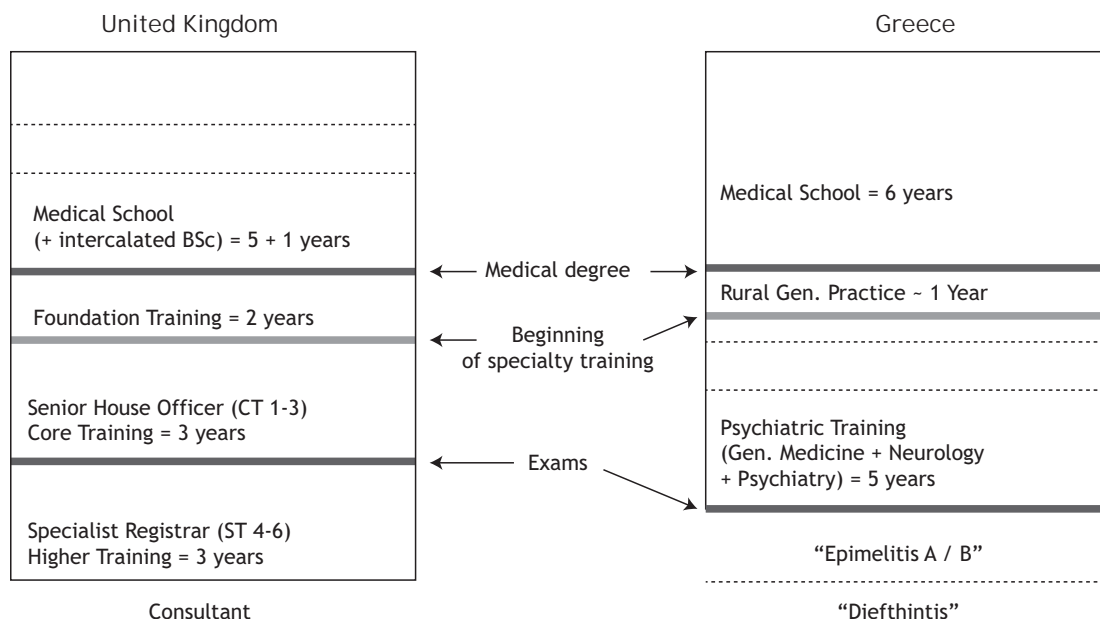


Figure 1. A rough comparison of progression through the Greek and the United Kingdom’s psychiatric training systems.

agement by “shadowing” an executive or a manager for a few days. In this case they would have to *demonstrate* that they have gained competencies, for example by writing a reflection note or by completing a workplace-based assessment (please see below).

Between ARCPs trainees have regular mini-reviews with their supervisors. These mini-reviews are there to identify and remedy potential problems early. There are three levels of supervisors: Clinical, Educational and Training Programme Director. The clinical supervisor is usually the trainee’s Consultant at their place of work (usually for six months to a year), with whom they meet on a weekly basis and complete most competency assessments. The Educational supervisor usually follows the trainee for their whole training and monitors their overall progress three times a year, plus at the ARCP. The Training Programme Director has a formal role, among others for quality assurance, but would not normally get involved in a particular trainee’s training, unless there is concern. Supervision does not stop with the end of training, but morphs into Continuing Professional Development.⁵ As part of this, specialists are required to demonstrate that they

maintain and advance their expertise. They are asked to achieve this by many means, including peer-support groups, where specialists reflect against each other’s clinical practice and professional development plans. Peer supervision has many advantages which would potentially benefit the Greek academic world (at both training and post-training levels), as it offers the chance to network, reflect, collaborate and motivate/be motivated.

Trainees are required to maintain a portfolio (sometimes referred to as a “log-book”) through which they can keep track of their progress and demonstrate it to their reviewers in an organised fashion. The Royal College facilitates this by offering an online portfolio service.⁶ In addition to uploading evidence towards passing the ARCP (e.g. documents, certificates, publications, reflections etc), the online portfolio facilitates Workplace-based assessments (WPBAs). These are assessments of various competencies which correspond to the training curriculum. The trainee is responsible for arranging these with their supervisors, at their place of clinical work or elsewhere. For instance, the clinical supervisor may sit with a trainee during an interview to witness the trainee’s skills in clinical assessment

and management (this is called an Assessment of Clinical Encounter, ACE). Or, for another example, a trainee may ask ten or so members of their multidisciplinary team to feedback on his/her overall performance as a member of that team (this is called a Peer Assessment Tool, PAT). People asked to provide this could be psychiatrists and allied professionals such as social workers, psychologists, nurses, but could also include others like secretaries and managers. If used correctly, WPBAs can be very useful educational tools, and are important because you can only progress to the next year of training once you have completed them.

The membership exam to the Royal College of Psychiatrists (MRCPsych)

As described in Part I and depicted in figure 1, psychiatric training is composed of "Core" and "Higher" training, each nominally lasting for three years, after which one may become a Consultant Psychiatrist. As a trainee you will work at Core Training level until you manage to pass your exams for Membership to the Royal College of Psychiatrists (MRCPsych), after which point you may move to Higher Training level. Progression to Higher Training is absolutely dependent on passing the exams and your annual review (ARCP) will not allow you to progress until you have passed.

The MRCPsych is a four-part exam, composed of three written papers and a practical examination. These exams span the Core Training years and therefore the minimum time required to get through them is three years. The written papers are taken during the Core Training years and the practical exam before the end of CT3, or during a special 6 month extension to core training (CT3+), once a trainee has already passed the written papers. The written papers are all multiple choice exams and last for three hours each. The content and structure of the exam papers are detailed on the College webpage.⁷ The exams follow the curriculum and trainees are expected to develop their knowledge, skills and attitudes from diverse sources, but mainly from their clinical exposure. The practical exam (Clinical Assessment of Skills and Competencies, CASC) is a 16-station exam in which candidates are asked to assess and manage real-life clinical scenarios. Some stations are manned

by actors and an examiner and some only by an examiner. The themes used in CASC are very broad, but reflect clinical reality, therefore the best way to prepare for this exam is to expose yourself to real-life clinical situations.

Overall, the MRCPsych exam is a difficult exam (Indicatively, please refer to the analysis of the results for the 2008–2010 cohort⁸). However, that is expected and justified, given that it is the only exam taken during psychiatric training. As such, it is the only equivalent to the speciality exams taken at the end of specialisation in Greece, however the MRCPsych is much more comprehensive. The two exams coincide temporally as well, given that at the point of taking the MRCPsych exam, UK trainees have completed *at least* five years of post-medical school work as doctors. In fact, in many cases this is inflated to six or seven years due to re-sitting one or more papers.

Core training and higher training

Psychiatric trainees start their training as Core trainees (CT 1-3). During the three years of Core training, they are expected to get experience in all subspecialties, including child and adolescent psychiatry. Core trainees perform daily duties which are equivalent to those performed by psychiatric trainees in Greece. These include working on the frontline during on-calls, admitting and clerking patients, and attending to basic daily needs of inpatient wards. They get formal training once a week (usually a couple of hours on a morning), when they either present cases to their colleagues or critically appraise a published paper. This supervised activity is often used for developing knowledge, skills and attitudes towards the MRCPsych, although the latter is also covered by special courses run by the private sector. Core trainees rotate between different subspecialties every six months, thus passing through at least six subspecialties during their core training.

Once they are successful at the MRCPsych exam, trainees progress from Core Training to Higher Training. This level of training does not exist in Greece. Higher training takes three years and thematically involves working *exclusively* in one subspecialty. Therefore, trainees will only work in one of six psychiatric subspecialties: General Adult, Old Age,

Learning Disability, Child and Adolescent, Forensic, Psychotherapy. For example, a Higher Trainee will work *only* in psychotherapy or *only* in child and adolescent psychiatry for at least three years. Furthermore, Higher Trainees in Adult Psychiatry have the opportunity to sub-specialise even further by getting an “endorsement” in Liaison, Substance Misuse or Rehabilitation Psychiatry.³

Higher Training is by far the most exciting part of psychiatric training in the UK, for a number of reasons. To start with, the focus of training shifts from the development of clinical skills (as these are acquired during Core Training), to the development of more composite skills. This is reflected on various features of training. For instance, most Higher Trainees work in their normal base for only four days per week. The fifth day is a “special interest & research” day, during which the trainee will embark on a range of activities responding to their inclination and needs for professional development, such as research, teaching or psychotherapy. The choice obviously depends on the trainee, and is not limited to the expertise a specific training area can offer, but is often helpful to abide to the latter. The exception to the “special interest day” rule are academic trainees, who often sacrifice that day as their time is already divided between many commitments. Higher Trainees could also embark on “Out of Programme Experience” (OOPE) projects. These can count towards training time if the Deanery, the Royal College

and the General Medical Council all agree, however in most cases extra time is added to overall training in order to accommodate the OOPE. Real life examples of OOPEs witnessed by the authors include supporting psychiatric education in developing African states, studying towards a PhD, or completing a research project that demanded a full time commitment. Another exciting aspect of Higher Training is the so-called “Acting-up period”. This is when a Higher Trainee (usually in the latter stages of their training) works as a Consultant Psychiatrist (~ “Dieftintis”) for a few months under supervision. This example is indicative of the seniority achieved by UK higher trainees.

Conclusion

Psychiatry training in the UK offers a very interesting experience, and most Greek trainees embarking on it would find themselves developing in a pleasantly different direction as professionals. That said, it is an important undertaking requiring a significant level of commitment, and the incompatibilities of the two systems need careful consideration. The authors believe that, with thoughtful cultural adaptation, the two countries’ training systems may benefit from exchanging some elements. Indeed, as per the European Union of Medical Specialists (UEMS),⁹ and the European Federation of psychiatric Trainees (EFPT),¹⁰ such exchange may contribute to the harmonisation of psychiatric training across Europe.

Η ψυχιατρική εκπαίδευση στο Ηνωμένο Βασίλειο - Μέρος 2: Η διαδικασία εκπαίδευσης

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Ψυχιατρική 2015, 26:55–60

Στο δεύτερο μέρος του δίπτυχου αυτού άρθρου θα ασχοληθούμε λεπτομερώς με την ψυχιατρική ειδίκευση στο Ηνωμένο Βασίλειο, και θα τη συγκρίνουμε –όπου αυτό έχει νόημα– με το αντίστοιχο σύστημα στην Ελλάδα. Όπως τεκμηριώθηκε στο πρώτο μέρος του άρθρου, λόγω της πρόσφατα αυξημένης μετανάστευσης Ελλήνων ψυχιάτρων και ειδικευομένων, και λόγω του γεγονότος ότι το Ηνωμένο Βασίλειο είναι δημοφιλής προορισμός, έχει καταστεί αναγκαίο να πληροφορηθούν όσοι

επιδιώκουν να εκπαιδευτούν στο Ηνωμένο Βασίλειο σχετικά με το σύστημα και τις συνθήκες που ενδέχεται να αντιμετωπίσουν. Το παρόν άρθρο πρωτίστως περιγράφει τη δομή του συστήματος ειδίκευσης στο Ηνωμένο Βασίλειο, συμπεριλαμβανομένων και των επιμέρους σταδίων της ειδικότητας, όπως και των σχετικών προϋποθέσεων και διαδικασιών. Συγκεκριμένα, περιγράφονται και επεξηγούνται οι επιλογές ειδίκευσης και υποειδίκευσης, αναλύονται οι ειδικές κατευθύνσεις εκπαίδευσης και εξηγούνται οι έννοιες της «ημέρας ειδικών ενδιαφερόντων» (special interest day) και της προαιρετικής «εμπειρίας εκτός προγράμματος» (out of programme experience). Επιπλέον, προσφέρονται λεπτομερείς πληροφορίες πάνω στα κομβικά σημεία κάθε φάσης της διαδικασίας ειδίκευσης, με ειδική έμφαση στη σύγκριση μεταξύ Ελλάδας-Ηνωμένου Βασιλείου. Ειδική μνεία γίνεται στις εξετάσεις για την απόκτηση της ιδιότητας μέλους του Βασιλικού Κολεγίου Ψυχιάτρων (MRCPsych), καθώς αυτές είναι οι μόνες εξετάσεις που απαιτούνται για την απόκτηση ειδικότητας στο Ηνωμένο Βασίλειο. Επίσης, σκιαγραφείται η εκπαιδευτική νοοτροπία, με βάση την οποία η πρόοδος στην ειδικότητα επιτυγχάνεται με γνώμονα ένα πρόγραμμα σπουδών (curriculum), χρησιμοποιώντας ποικίλους τρόπους επαγγελματικής εξέλιξης, ενισχύοντας την αυτονομία των ειδικευομένων, επιτρέποντάς τους να αυτοσχεδιάζουν την εξέλιξή τους και χρησιμοποιώντας ένα σύστημα συναδελφικής εποπτείας ως εργαλείο επαγγελματικής εξέλιξης. Καταλήγουμε στο συμπέρασμα ότι η ψυχιατρική εκπαίδευση στο Ηνωμένο Βασίλειο διαφέρει ουσιαστικά από εκείνη της Ελλάδας τόσο στη δομή όσο και τη διαδικασία. Υπάρχουν πολλές διαφορές, όπως η κατ' αποκλειστικότητα εκπαίδευση στο αντικείμενο της Ψυχιατρικής στο Ηνωμένο Βασίλειο, σε αντιδιαστολή με την άσκηση στη Νευρολογία και στην Παθολογία στην Ελλάδα, οι εξετάσεις κατά τη διάρκεια της ειδικότητας στο Ηνωμένο Βασίλειο έναντι των εξετάσεων στο τέλος της ειδικότητας στην Ελλάδα, και φυσικά τα επιπλέον τρία χρόνια εκπαίδευσης (higher training), κατά τα οποία οι εκπαιδευόμενοι προετοιμάζονται για να λειτουργήσουν ως διευθυντές. Ωστόσο, η πιο σημαντική διαφορά είναι στη νοοτροπία. Ο προβιβασμός στα διάφορα στάδια της ειδικότητας στο Ηνωμένο Βασίλειο βασίζεται σε μια κουλτούρα απόδειξης της επάρκειας των εκπαιδευόμενων, η οποία εκτείνεται πέρα από την εκπαίδευση και στην επαγγελματική πιστοποίηση επάρκειας. Πιστεύουμε ότι με προσεκτική πολιτιστική προσαρμογή, τα συστήματα ψυχιατρικής εκπαίδευσης του Ηνωμένου Βασιλείου και της Ελλάδας μπορούν να επωφεληθούν από την ανταλλαγή κάποιων από τα χαρακτηριστικά τους. Τέλος, όπως έχει ήδη διευκρινιστεί, το παρόν άρθρο είναι ενημερωτικό και όχι συμβουλευτικό.

Λέξεις ευρητηρίου: Ψυχιατρική εκπαίδευση, Ελλάδα, Ηνωμένο Βασίλειο, ειδικότητα.

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