

## HOW CAN WE MAKE THE CURRENT UK PSYCHIATRIC TRAINING SCHEME TRULY TRAINEE CENTRED?

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### SUMMARY

**Introduction.** UK Psychiatric training is popular worldwide and IMG from throughout the world come to UK. Psychiatric training has undergone significant changes but this has not reflected in the outcomes. There is a need to refocus on trainee centred teaching principles.

**Current Psychiatric Training:** Current training scheme started in 2007 as run-through programme spanning six years. Till 2005, examinations decided the progression of trainees through the training scheme with development of Work Place Based Assessments. Following Tooke's report, training was uncoupled and examinations regained importance in deciding the progress of trainees to higher training.

**Factors affecting psychiatric training:** EWTD, budget cuts, service priorities lead to a sense of lack of importance among trainees. Surveys focussing on clinical supervision pointed to the inadequacy and poor quality of supervision.

Training has lost trainee centeredness. It is important to make the training maximally effective to deliver safer services. Trainees are major work forces and the future consultants who lead and manage services.

**Conclusion:** Student centred teaching is a highly skilled educational process. Adapting these principles into psychiatric training could help trainees learn successfully.

**Key words:** student centred teaching – trainees - training scheme

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### INTRODUCTION

The psychiatric training scheme in the UK is popular worldwide and international medical graduates from throughout the world come to UK to get trained in Psychiatry. In the past, UK also attracted trainees with various schemes examples being Overseas Doctors Training Scheme (ODTS) and Consultant Assisted Sponsorship Schemes (CASS). As of date, NHS hospitals are places for psychiatric training. Improving Patient care is the key to the whole training programme. Psychiatric trainee doctors are the frontline workforce for patient management.

In the last eight years, psychiatric training has undergone significant changes. These changes to the post-graduate training are supposed to improve the training; however, that has not reflected in the outcomes i.e. workplace based assessments, membership examinations as well as trainee satisfaction surveys. Hence there is a need to refocus on trainee centred teaching principles.

This article outlines current training programme focussing on the core and higher specialist training programmes. It analyses Rogerian principles and has attempts to apply these to psychiatric training to make it more successful.

### CURRENT PSYCHIATRIC TRAINING IN THE UK

A trainee doctor interested in psychiatry can have the following opportunities to get trained in psychiatry (Table 1).

The changes to postgraduate training programme came in 2005 with the introduction of foundation programme. Foundation programmes run over two years giving an opportunity to choose psychiatric placement for four months. In addition to gaining experience, this helps to decide future career. Current training scheme started in 2007 as run-through programme spanning over six years. Till 2005 examinations decided the progression of trainees through the training scheme. Changes in 2005 led to development of Work Place Based assessments. Originally, new training model proposed a smooth progression in training to become a consultant, as long as a trainee successfully completed all the workplace based assessments (WPBA) and attained all relevant competencies.

Following Tooke's, report further changes have happened to the training programme. Psychiatric training scheme was uncoupled to core training and advanced training (three years each). In addition to WPBA, examinations regained importance in deciding the progress of trainees to higher training.

During core training, a trainee will have opportunity to work in different sub-specialities of psychiatry. Each placement lasts for six months. Training is provided by a consultant psychiatrist who is approved as a clinical supervisor by the Royal College of Psychiatrists. In addition to supervision in patient management, a trainee gets supervision for at least an hour every week from clinical supervisor to learn other aspects of training like leadership and management. Each trust also organises local teaching programme which is open to all the professionals.

**Table 1.** Current Psychiatric Training

No.	Level of training	Duration of training
1	Elective placement in the pre-final year	6 weeks
2	Foundation training placement in psychiatry	2 years with a placement in psychiatry for 4 months
3	CT1-CT3- core training	3 years with rotational placements of 6 months duration
4	ST4-ST6 - higher specialist training	3 years with rotational placements of 1 year duration

In addition, the candidate also needs to attend aMRCPsych training course organised by Universities. These are weekly teaching sessions focussing on the MRCPsych curriculum. By the end of core training programme a trainee should have achieved relevant competencies and have passed the membership examination (MRCPsych).

Once core training is successfully completed, trainees may apply for higher specialist training in their subspecialty of choice i.e. General Psychiatry, Old Age Psychiatry, Child Psychiatry etc. This is again 3 years of training with placements lasting for one year each time. Educational supervisor oversees the training over the entire period in core as well as higher specialist training. They meet the trainees during the beginning, middle and end of each placement and prepare reports for the ARCP.

### Work Place Based Assessments (WPBA)

Work place based assessments are assessments of trainees competencies carried out at work place. Assessments are usually carried out by supervising Consultants based on patient encounters or problem based thinking related to patients. Assessments may also focus on competencies related to multidisciplinary working and training and teaching sessions. These are supposed to be trainee centred. Assessments help in providing timely and relevant feedback. Once accumulated these form the portfolio of evidence, to inform trainee's overall progress.

Work place based assessments currently used in psychiatric training are:

- Assessment of Clinical Expertise (ACE);
- Mini-Assessed Clinical Encounter (Mini-ACE);
- Case based Discussion (CBD);
- Case presentation (CP);
- Direct observation of clinical and non-clinical skills (DONCS);
- Mini peer assessments (Mini PAT);
- Assessment of Teaching (AoT).

### Annual Review of Competence Progression (ARCP)

ARCP is a review process conducted annually by the Health Education England (formerly the Deaneries). The panel may review the reports and decide the outcome in the absence of the trainee. If needed, a face

to face meeting of the ARCP panel with the trainee could be organised. The outcomes range from successful progression to next level of training to the outcome of not attaining competencies and asking to extend the training or terminating the training.

In essence, post-graduate psychiatric training is a time limited process based on the eclectic approach of apprenticeship model as well as curriculum based model. Outcomes are based on workplace based assessments (competency based) as well as examinations. Once the training is completed, the doctor would be awarded certificate of completion of training (CCT). The doctor will then be eligible to enter into a specialist register maintained by the General Medical Council (GMC) to practice as a Consultant.

### Educational bodies involved in training

PMETB which originated to regulate postgraduate medical education has become part of GMC. GMC has the ultimate authority to license a doctor in the UK. They maintain a specialist register and award CCT once required training programme is completed. Deaneries have become Local Education Training Boards (LETB) under the auspices of Health Education England (HEE) which is multi-professional. As mentioned above, they oversee the local training process and review the training programme annually. Royal College of Psychiatrists oversee the postgraduate psychiatry training, set the curriculum and organize the MRCPsych examinations.

### Evidence for the ineffectiveness of psychiatric training

Ideally, a trainee entering core training should progress through to ST6 level but this does not happen all the time and the main factor limiting the progress is MRCPsych examination. Pass rate for MRCPsych final examination was around 30% until recently. The pass rates for international graduates trained in the approved post graduate training programme in the UK are way below the national pass rates.

Surveys conducted by various studies showed that the workplace based assessments were not formative. Trainees had limited chances to reflect on the Workplace based assessments. Many candidates demonstrate relevant competencies in WPBAs but fail in the examination.

## FACTORS AFFECTING THE PSYCHIATRIC TRAINING

With recession, many trusts have cut down the annual trainee budget. Also there are restrictions on the courses a trainee can attend. Service priorities sometimes interfere with supervision and training. Due to department of health directives, many of the psychiatric services are nurse led. Nurses do patient assessments and plan management. There are nurse prescribers who can prescribe medication under supervision. All these lead to a sense of lack of importance among trainees. In addition, as UK comes under European Union, the trainee is regulated by European regulations. One of them which have major impact on training is European Working Time Directives (EWTD). According to the current regulations, a trainee cannot work for more than 46 hours a week. This has had a major impact on the training a trainee receives. Finally, the approaches of supervisors (e.g.) teacher centred vs. trainee centred approaches affect the way a trainee gets trained. Surveys focussing on clinical supervision pointed to the inadequacy and poor quality of supervision.

With so many organisations involved, the training has lost trainee centeredness and unfortunately there is no improvement in the quality of training. It is important to make the training maximally effective to deliver safer services. Trainees are the major work forces treating patients. Also, they are the future consultants who lead and manage the services.

### Adapting Rogerian principles to Psychiatric Training

Carl Rogers was a psychotherapist. He firmly believed in human potential and developed the concept of client-centred approach. He adapted these principles into educational field and described about Learner-Centred approach to education in his book 'Freedom to Learn' (Rogers 1969). The core of these principles is self-directed or learner centred learning. The following paragraphs will outline these principles and application in psychiatric training.

### Rogers's view on learning

Rogers firmly believed that each human being has an inherent ability to learn, grow and self-actualize. He described two types of learning:

- **Cognitive learning** e.g. memorizing facts, figures etc. which is a primitive form of learning.
- **Experiential learning** where a person learns through life experience. This is a higher form of learning combining cognitive learning with affective component. It helps the individual to develop into a fully functioning person. It is very effective in bringing in change and progress. It is the core of humanistic education.

Both these forms of learning are actually in a continuum. A person may learn by using any of the above approaches.

## Student- centred learning or non-directive teaching

- In a classroom, a student's experience is more important than a teacher's experience. Rogers felt that different students have different experiences. Experience of student 'A' would be different from that of Student 'B'.
- One cannot teach another person. A teacher can only facilitate learning.
- Relevance and necessity are important factors in learning.
- True learning helps to transform a person. Changes are initially resisted. However, as the person progresses, he accepts change.
- When new concepts are forced, students become fearful. Threat leads to resistance. An open and friendly environment reduces threat, helps to develop trust in the classroom.
- Learning is a two way process. It is not only the students, but the teacher also learns in the classroom.
- The goal of teaching should be to facilitate learning and change.

In es professionals. sence, learner centred training focuses on the process that happens between the trainer and trainee in the first instance. These principles shift the power dynamics from teacher to the student and make the learning very effective (Figure 1).

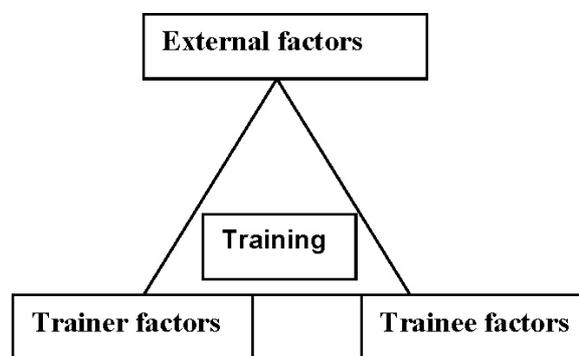


Figure 1. Factors influencing learning

### Qualities of a good teacher

Carl Rogers opines that a good teacher has the following qualities:

- **Being genuine:** The teacher should express genuine interest in his student.
- **Acceptthe student** as a person and trust him. He also will reward the positive qualities and achievements in a student i.e. unconditional positive regard.
- **Empathic** i.e. he puts himself in student's shoes and understands his views and feelings (Tenenbaum 1959).

### Role of students

It may appear very simple that students share powers with the teachers and decide what they want to learn.

But this is a painful process. Rogers felt that students should go through this process and take ownership for the decisions made. This creates a sense of importance and responsibility. A good student harbours three qualities;

- Recognize the presence of a facilitative environment.
- Able to identify the learning task or a problem.
- Show motivation and perseverance.

These are described as principles of self-directed learning.

Application of Rogerian principles could be illustrated using a trainee's placement with a consultant.

### **Supervision sessions**

A Consultant who is providing supervision to the trainee should act as a facilitator rather than teacher. The initial meetings should involve understanding trainee's background. This not only involves prior knowledge and relevant experiences but also cultural and spiritual aspects. As most of the trainees are international graduates, being culturally sensitive helps in training. For example, trainees from India view trainers as powerful and ideal person. There is benevolence and submission on the part of a trainee. The concept of sharing power between trainers and trainees may be difficult for these set of trainees at least in the initial days.

Rogers also talked about the use of contracts. For example, a teacher should agree with the student about his learning outcomes. These can be done at the initial supervision sessions. Consultant facilitates this process by making the trainee aware of the curriculum and competencies required at each level of training. Trainee develops his or her own training plan and learning objectives. These should be realistic and achievable. Rogers did not believe in imposing a rigid curriculum. The supervisor should facilitate learning by using problem based learning approaches. There should also be opportunities for reflection. These will not only identify the areas for development but also will identify the strengths. The trainer should genuinely praise and acknowledge these strengths. As long as it is safe for the patients, the trainee should be allowed to learn psychiatric principles using personal experience.

Rogers also had a view on students who needed guidance and direction. Some students may get overwhelmed by the non-directive teaching. A good teacher should be able to approach these students differently. Curriculum centred or teacher centred approaches may be more successful in these candidates.

### **Problem based learning (PbL)**

According to Rogers, a vital factor in learning is a student identifying a central problem. In problem based learning, a trainee selects a problem, discussed with the

team and supervisor. Then he goes through the problem, finds various solutions, discusses with supervisor to learn about further procedures. The problems could be discussed with the team or small groups. Different members of the group bring in expertise and discussions to educate the trainee.

### **Academic teaching programme**

Academic teaching programmes should be designed in such a way that trainees should have a say and decide about the topics. There should be enough opportunities to express their views and reflect. As far as possible these teaching programmes foster problem based learning.

### **Assessments and Evaluation. Work Place Based assessments (WPBA) and Examinations**

Rogers felt that there should be self-evaluation by the student in to their learning. One of the important aspects to WPBA is to allow candidates to reflect. Reflection helps in deep learning and self-evaluate. These reflections should be incorporated into the assessments. Feedbacks should again be culturally sensitive and have trainees progress at the heart. This will help the trainee to develop trust and grow as a good consultant as well as trainer. Regular meetings between trainee and the supervisor should happen to evaluate the achievement of learning outcomes. These should be formative and ultimately decide the progression in training. Current psychiatric training creates constant fear in trainees as one need to follow the curriculum and achieve these competencies to progress further. A candidate who cannot achieve the relevant competencies in the specific time period may have to leave the training programme.

As workplace based assessments assess the practical and patient related skills, they are more appropriate than the examinations. Current MRCPsych examination has three theory papers which assess a candidate using Best of five MCQs (multiple choice questions) and EMQs (Extended matching questions). These papers test the theoretical knowledge of a trainee and a test wise trainee may pass the exam with least preparation. Also passing these papers do not equate with the knowledge base of the candidates.

A candidate should be given choice about learning i.e. trust related teaching and regional level or he may choose to attend only one of the courses. In addition, the trainee should have enough means including online education. However, the student will miss the warmth and empathic relationship provided by the teacher. A good teacher could facilitate by directing the trainee to appropriate websites and online training /educational tools. This will also help to overcome time restrictions imposed by EWTD.

## CONCLUSION

Student centred teaching is a highly skilled educational process. Adapting these principles into psychiatric training could help trainees learn successfully. Educational bodies are taking necessary steps to make training student centred. Participation by consultants is essential to make this process success. In addition, other factors like examinations, competencies and time periods should be addressed to make the training program a pleasant learning experience.

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