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Survey of psychotherapy experience and interest among psychiatric specialist registrars

AIMS AND METHOD

A postal survey was conducted to determine what proportion of psychiatric specialist registrars working in Scotland ($n=119$, excluding those specialising in psychotherapy) met the requirements for experience in psychotherapy. Since 2004, this has been a compulsory part of eligibility criteria for the MRCPsych part II examination.

RESULTS

Two-thirds of those surveyed responded. One-third of

respondents met the Royal College of Psychiatrists' requirements for psychotherapy experience. Half the respondents reported competence in at least one modality of psychotherapy. Four-fifths of respondents were interested in gaining further experience and training, two-thirds in developing a special interest and one-quarter in dual training, in at least one modality of College psychotherapy. There was no significant association between adherence to the requirements and self-perceived competence,

qualification or the wish to gain further training and experience in psychotherapy.

CLINICAL IMPLICATIONS

The majority of trainees, even those interested in psychotherapy, still fail to meet College requirements. Many trainees would appreciate an opportunity to gain greater depth of psychotherapy experience, in addition to gaining broad experience of various aspects of psychotherapy as required by the College.

The Royal College of Psychiatrists' guidelines (Bateman & Holmes, 2001; Royal College of Psychiatrists, 2001) state a minimum requirement of psychotherapy experience for basic psychiatric trainees and meeting this is now a mandatory part of eligibility criteria for the MRCPsych part II examination. There are five basic requirements: (a) development of interview skills; (b) experience in psychotherapeutic formulation of psychiatric disorder; (c) conducting a minimum of three short-term treatment (12–16 sessions) each using a different psychotherapeutic model; (d) conducting one long-term individual treatment (12–18 months) using any model; (e) gaining some experience of either group psychotherapy or couple, family or systemic therapy. The College recognises the following four modalities of psychotherapy: transference-based therapies, cognitive therapies, integrative therapies and group or family therapies. The primary aims of this survey were to determine whether specialist registrars in psychiatry working in Scotland met the 2001 requirements for psychotherapy experience, whether they considered themselves to be competent or qualified in psychotherapy and whether they had an interest in gaining further psychotherapy experience. The authors intended to determine whether these factors were associated with or predicted each other.

Method

A structured questionnaire was designed to determine demographic information, experience in psychotherapy, interest in psychotherapy and attitudes towards psychotherapy. The intention was to survey all specialist registrars in psychiatry working in Scotland, except for those six specialising in psychotherapy.

Questionnaires were sent in April and May 2003 and were anonymous, apart from numbers on envelopes to track the return of completed questionnaires. Those who did not respond to the initial mailing within 4 weeks were sent a reminder. Data were analysed with the Statistical Package for the Social Sciences (SPSS) version 11 for Windows.

Results

A total of 119 identified specialist registrars were contacted of whom 78 returned completed questionnaires, yielding a response rate of 66%. Of the 78 respondents, 49 (63%) were female and 58 (74%) worked full-time; 43 (47%) were training in general adult psychiatry, 18 (20%) in old age psychiatry, 10 (11%) in child and adolescent psychiatry, 12 (13%) in learning disability psychiatry and 8 (9%) in forensic psychiatry, with 13 (17%) respondents undergoing dual training (Table 1).

Of the respondents, 26 (33%) met College requirements. Women ($\chi^2=4.29$; $P<0.05$) and those working part-time (NS) were more likely to do so. In total, 38 (49%) respondents stated competence in at least one modality of psychotherapy, with 8 (10%) in transference-based therapies, 20 (26%) in cognitive therapies, 18 (23%) in integrative therapies and 10 (13%) in group or family therapies. No respondents were qualified (at certificate, diploma or degree level) in transference-based therapies, but seven (9%) were qualified in cognitive therapies, six (8%) in integrative therapies and four (5%) in group or family therapies.

In total, 62 (80%) respondents stated an interest in further psychotherapy experience and training, with



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cognitive therapies being the most popular modality ($\chi^2=15.71, P<0.01$). In addition, 51 (65%) respondents stated a desire to develop a special interest in psychotherapy, with cognitive therapies again being most popular ($\chi^2=8.2, P<0.05$). Finally, 20 (26%) respondents stated an interest in dual training in psychotherapy, with integrative therapies being least popular (Table 2). There was no statistically significant association between meeting College requirements and either self-perceived competence, qualification or interest in further psychotherapy training at any level (Table 3).

Discussion

Trainees were previously expected to meet the more demanding 1993 guidelines for psychotherapy training (Grant *et al*, 1993). The literature shows that psychiatric trainees generally did not meet the College requirements (Arnott *et al*, 1993; Hamilton & Tracy, 1996; Hwang & Drummond, 1996; Byrne & Meagher, 1997; Rooney & Kelly, 1999; McCrindle *et al*, 2001). Podlejska-Eyers & Stern (2003) showed that it was possible to fulfil some of the College requirements even with a relatively understaffed and underresourced service, but did not comment on the proportion of trainees fulfilling all requirements.

Bateman & Holmes (2001) described three main reasons for reappraisal and revision of the 1993 guidelines (Grant *et al*, 1993): the need to consider core competencies and how to develop and sustain them as part of lifelong learning; the problem and rarity of full implementation of the 1993 guidelines; and a greater concentration on the role of psychological therapies in psychiatry, rather than different modalities of psychotherapy.

A response rate of 66% for a postal survey is acceptable and allows cautious conclusions to be drawn

about the study population. The finding that one-third of respondents met the College's requirements is similar to earlier surveys relating to the previous guidelines. It shows that in a substantial majority of cases, trainees did not get the variety of psychotherapy experience expected by the College, despite College guidelines and attempts to advance psychotherapy training.

More trainees considered themselves to be competent in cognitive or integrative modalities of psychotherapy, perhaps a reflection on training in these modalities being easier to access and less onerous. Similarly, more than one-sixth of respondents were qualified in some form of psychotherapy, but none in transference-based psychotherapy. The very weak association between either self-perceived competence or qualification in psychotherapy and meeting the College's requirements for psychotherapy training is not entirely surprising, given their broad focus.

Even those interested in psychotherapy frequently fail to meet the requirements. This suggests that practical and organisational hurdles continue to limit access to the wide range of psychotherapies. The MRCPsych part II candidates may not always accurately declare their actual experience when their own career progress may be threatened by limitations of their training scheme. A subsequent telephone survey of an opportunity sample of six MRCPsych part II candidates, who were eligible to sit the examination in May 2004, found that none knew the exact requirements and that only one met them. It is crucial to ensure that training schemes provide adequate and easily accessed supervision in all modalities of psychotherapy, as well as special interest training posts in psychotherapy, as a compulsory element of accreditation. Anonymous surveying of trainees during accreditation visits would provide a means of verification.

Among respondents who stated an interest in gaining further experience or developing a special

Table 1. Demographic details of respondents and numbers meeting College criteria, reporting competence in psychotherapy or interest in further training

	Respondents,		Meet College criteria,	Competent in	Interested in further
	<i>n</i>	(%)	<i>n</i>	psychotherapy, <i>n</i>	training, <i>n</i>
Gender					
Male	29	(37.2)	5 ¹	12	23
Female	49	(62.8)	21 ¹	26	39
Employment					
Full-time	58	(74.4)	17	28	49
Part-time	20	(25.6)	9	10	13
Specialty					
General adult psychiatry	43 ²	(47.3)	15	17	34
Old age psychiatry	18 ²	(19.8)	4	10	11
Child and adolescent psychiatry	10 ²	(11)	4	8	9
Learning disability psychiatry	12 ²	(13.2)	4	5	11
Forensic psychiatry	8 ²	(8.8)	2	3	7

1. $\chi^2=4.29; P<0.05$.
 2. Totals 91 owing to dual or second training.



Table 2. Respondents (n=78) interested in further training in different psychotherapy modalities¹

Interest	Any modality	Transference-based therapy	Cognitive therapy	Integrative therapy	Group or family therapy
Further training	62	22 (28.00)	46 ² (28.00)	24 (28.00)	20 (28.00)
Special interest	51	14 (13.75)	21 ³ (13.75)	6 (13.75)	14 (13.75)
Dual training	20	8 (5.75)	7 (5.75)	0 ⁴ (5.75)	8 (5.75)

1. Expected frequencies are in parentheses.
 2. Greater interest in cognitive therapies ($\chi^2=15.71$; $P<0.01$).
 3. Greater interest in cognitive therapies ($\chi^2=8.2$; $P<0.05$).
 4. Lesser interest in integrative therapies ($\chi^2=7.78$; NS).

Table 3. Relationship between meeting College requirements and self-perceived competency, qualification and interest in further psychotherapy exposure¹

	Competent in psychotherapy	Qualified in psychotherapy	Interested in further experience	Interested in special interest	Interested in dual training
Meet College criteria (n=26)	13 (12.67)	6 (4.67)	21 (20.66)	14 (13.33)	8 (6.67)
Do not meet College criteria (n=52)	25 (25.33)	8 (9.33)	41 (41.33)	26 (26.67)	12 (12.67)

1. Expected frequencies are in parentheses.

interest, cognitive therapies were most popular (Table 2). Janmohamed *et al* (2004) found similar levels of interest in a 1-year psychotherapy post among basic psychiatric trainees (73% in 1998 and 64% in 2002). After the introduction of 2 h of protected psychotherapy time per week, the percentage of trainees in their survey who expected to meet College guidelines increased from 51% in 1998 to 87% in 2002. This shows that organisational change can improve exposure to different psychotherapy modalities.

This survey has a number of limitations. Specialist registrars in psychotherapy were excluded since an interest in psychotherapy has already been demonstrated. It would have been interesting to know whether they were more likely to have met the requirements. The questionnaire did not differentiate well between supervision in the different modalities of psychotherapy. It is therefore not possible to speculate to what extent limits in the availability of supervision, in a wide range of psychotherapies, may contribute to the high proportion of trainees who still do not meet the College's requirements.

Declaration of interest

None.

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