Core psychiatry for tomorrow's doctors

The General Medical Council (GMC) and the World Health Organization (WHO) have demanded that more attention be paid in the general medical undergraduate curriculum to the social and psychological aspects of health, and to the community and multi-disciplinary aspects of care. Psychiatry has responsibility to facilitate these changes.

Medical schools have been asked by the GMC to reduce the burden of factual information by developing a smaller 'core' curriculum, and allowing students to spend more time, up to a third of the course, on 'options' in which students can study selected subjects in more depth. The core curriculum will address the central requirements, in terms of skills, knowledge and attitudes, for any qualifying doctor. Thus medical schools will need to determine the psychiatric knowledge, skills and attitudes that are to be incorporated into the core curriculum, and how much time will be available for this. In their turn psychiatry undergraduate course organisers will have to determine how these objectives can best be achieved.

The GMC note that there should be a greater degree of consensus, across medical schools, on the content of the core curriculum than has been customary for medical school curricula in the past. It is therefore appropriate for the Royal College of Psychiatrists, in collaboration with the Association of University Teachers of Psychiatry, to make recommendations applicable to all undergraduate courses in the UK as to what constitutes the core psychiatry curriculum.

Mental symptoms are common both in general practice and in the general hospital. A patient with psychiatric illness may present with physical symptoms. It may result in considerable morbidity and mortality in its own right, or complicate the course and management of other medical conditions. More patients with severe chronic mental illness are being managed in the community. General practitioners are increasingly involved in their care. Drug misuse and violence are also increasing. Psychiatry has a part to play in enabling these challenges to be met successfully.

The Higher Education Funding Council for England (HEFCE) are initiating a quality assessment of undergraduate teaching in medical schools. In association with this exercise they have issued a circular addressing the elements of undergraduate education that they feel are important and which will form the basis of the scored assessment. The structure of a core psychiatric curriculum, as outlined below, can readily be described under the headings provided in the HEFCE circular. In addition, some of the features of undergraduate education in psychiatry may be considered to relate particularly closely to some of the educational features listed in the circular, for instance 'development of transferable skills and intellectual abilities'.

Learning objectives

Students will be gaining their psychiatric experience on a foundation of knowledge of, for example, normal social and psychological development, obtained earlier in their course. They should be enabled to acquire the following core knowledge, skills and attitudes. Other areas likely to be within the undergraduate core curriculum to which the psychiatrist might be expected to contribute, though not necessarily to take full responsibility for, include: behavioural sciences; communication skills; personal stress management; dying and bereavement; problems related to childbirth; the recognition and management of child abuse and of inadequate parenting; and the management of common childhood behaviour problems. Psychiatric teachers may need to liaise with other departments to ensure adequate coverage of these areas.

While it is vital that the core curriculum is effectively taught, opportunities should also be made available for students to explore areas of psychiatry in greater depth by offering a range of special study modules.

Knowledge

- Describe the prevalence and presentations of common psychiatric conditions (including those usually found in general medical or primary care rather than specialist psychiatric settings), discuss their aetiology and have a basic understanding of the principles of their treatment and management in psychiatry (including biological, psychological, and sociocultural approaches). The core list of conditions might include: affective disorders; substance

https://doi.org/10.1192/pb.21.8.522 Published online by Cambridge University Press

dependence; anxiety, panic and phobias; post-traumatic stress disorder, normal and abnormal grief and adjustment reactions; psychological problems complicating physical illness; acute confusional states; dementias; obsessive–compulsive disorders; conduct and emotional disorders of childhood and adolescence; schizophrenia
- In addition, students might be expected to be able to describe briefly the presentation and broad principles of management of the following: somatic manifestations of psychological distress; eating disorders; psychosexual disorders; disorders of personality; developmental disorders (pervasive and specific): attention deficit disorders
- Outline the conditions under which it is legitimate to detain and treat patients against their will
- Describe the principal mechanisms of action of, indications for, side effects of, and appropriate use of common antidepressant, anxiolytic, hypnotic, antipsychotic medication and electroconvulsive therapy
- Describe the principles of different forms of psychotherapy (particularly counselling, problem solving and cognitive approaches) and their appropriateness for different patients
- Describe the range of services and role of the professionals involved in the community and hospital care of people with a mental illness
- Describe the presentation of common psychiatric conditions in people with a learning disability and the range of services available for them

Skills

- Communicate effectively with the mentally ill, take a full psychiatric history from, and carry out a mental state examination of, patients of all ages and developmental levels (including children and the elderly)
- Summarise the findings of a psychiatric history and mental state examination by producing a formulation including comments on aetiology, differential diagnosis, management and prognosis
- Assess family relationships and their impact on the functioning of other family members, and speak to families about an ill or disabled member
- Assess the need for physical investigations and further psychometric assessment in patients presenting with psychiatric symptoms
- Assess a patient's potential risk to others
- Assess a patient's suicide risk
- Facilitate referral on to more specialist mental health services

Attitudes

- Demonstrate an empathic understanding of the emotional problems of patients of all ages and developmental levels and of the psychological dimension of illness
- Demonstrate a commitment to maximising the social integration of patients with mental health problems and be sensitive to patient concerns about stigma
- Appreciate the importance of multi-disciplinary working in the field of mental health services

Methods

The theory cannot be fully understood and practised without access to patients. Students should be observed interviewing patients (if possible using video or through a one-way screen) with subsequent feedback and repractice (encouraging, for example, a directive rather than a closed style of interviewing) rather than solely presenting history and mental state information on patients they have seen alone.

Clinical experience should be made available in a variety of community as well as psychiatric and liaison hospital settings. Out-of-hours 'shadow' attachments to an on-call junior psychiatrist are particularly useful.

Students should have the opportunity of formal and informal teaching from a variety of professions to enable them to understand the role of different members within the multidisciplinary team as well as of the nature of team work.

Formal teaching should where possible involve student participation in a variety of ways. These may include supervised project work, problem-solving, role play, simulated consultation and/or small-group discussion as well as lectures. The latter should themselves involve some interaction and be supplemented by written handouts which help free students to listen to lecture content.

Teaching sessions using videotaped material illustrating consultation styles and/or clinical features is a useful supplement to clinical clerking. Such sessions ensure that all students have access to demonstrations of mental state examination and are able to participate in discussing the meaning of the mental state in the absence of clinical pressures.

Informal assessment should occur throughout the course. In addition, some more formal assessment should be provided at the end of

https://doi.org/10.1192/pb.21.8.522 Published online by Cambridge University Press

the course to give students a means of measuring their knowledge and experience and of ensuring that their skills and understanding are at a satisfactory level. The assessment should include feedback to individual students about their strengths and weaknesses.

All elements of the course, including the final assessment should be subject to an audit cycle and should involve student feedback as well as student representation on all relevant committees.

Working Party of the Education Committee of the Royal College of Psychiatrists: Dr Irene Cormac, Professor David Cottrell, Dr Simon Fleminger and Professor Cornelius Katona.

https://doi.org/10.1192/pb.21.8.522 Published online by Cambridge University Press