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# Correspondence

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## **Training in Britain for psychiatrists from overseas – authors' reply**

The letter by Professor Khalida Tareen (2000) is long enough to raise one's hopes that our article (Mubbashar & Humayun, 1999) has generated a stimulating response. Unfortunately, the criticism is not only generalised but also betrays the author's sensitivity to shortcomings of the system in which we operate. Nowhere in our article did we denigrate the local training systems. In fact, the whole purpose of scrutinising the process of training is to identify gaps and enhance efforts to improve the practice of psychiatry in developing countries. One of the authors has struggled to develop psychiatric training in Pakistan for the past 30 years and finds it heartening that others have similar faith in local training. One would hope that with continuing efforts, future psychiatrists will have a better choice of training venues. Colleagues working in the UK or trainees intending to proceed to the UK have not been subjected to any kind of discouragement. On the contrary, it is emphasised that those proceeding to the UK must do so with a clear direction and should aim to achieve their goals of completion of training within a limited time. Once this is achieved, their expertise should be available to those who need it most. We already believe that British psychiatry has the potential to contribute tremendously towards the training of psychiatrists from other countries. The current training programmes in UK have been examined to make these more beneficial for the development of mental health care in developing countries. The authors strongly feel that most existing schemes, although geared towards excellent training, are designed to equip psychiatrists for

clinical practice in Britain. The University of Manchester is unique in organising an MSc in psychiatry for developing countries, which is an advanced training programme designed specifically for psychiatrists from developing countries. It aims to combine high-quality British training with special efforts to meet the training needs of developing countries. The course helps students to apply the acquired clinical skills to their clinical practice and service development in their own countries. We are quite aware of the absence of accurate data about some of the premises used in the article. We would like to reinforce that all training must be mission-oriented. From the time the overseas training schemes started, how many have produced better and more successful psychiatrists? How many trained psychiatrists returned home, remained in the UK or settled elsewhere? There may be many more relevant questions that will help the planners to make the entire scheme purposeful and rewarding. Monitoring of results of training and post-training employment at various stages will enable the Royal College of Psychiatrists to modify existing programmes. Professor Tareen's rare agreement with some of our suggestions encourages us to believe that a healthy debate may lead to a constructive outcome and not to the discontinuation of training of overseas doctors in Britain.

Mubbashar, M. H. & Humayun, A. (1999) Training psychiatrists in Britain to work in developing countries. *Advances in Psychiatric Treatment*, 5, 443–446.

Tareen, K. (2000) Training in Britain for psychiatrists from overseas (letter). *Advances in Psychiatric Treatment*, 6, 238–239.

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