

Spotlights on education and training in psychiatry: an international perspective

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Training and education must be frequently reviewed and developed to match the pace of rapid advances in psychiatry, preparing current and future psychiatrists to cope with the increasing amount of knowledge and skill required. In this, there is a need to ensure that training delivered internationally meets a common standard. This is essential not only to provide equivalent quality of care worldwide, but also to eliminate one of the obstacles faced by international medical graduates working abroad. Having the basic skills to publish work and viewpoints is essential in this era of rapid development and technological advancement to ensure sharing of knowledge and expertise.

Psychiatric education and training have progressed a great deal in recent decades. With the continuous development of investigations, discoveries and management plans, psychiatrists are being challenged by the increasing amount of knowledge they are expected to have. Besides up-to-date knowledge, psychiatrists of the future need to be prepared to adapt to the rapid advances in the field of mental health.¹ Proper undergraduate psychiatric education is essential to allow future doctors to shape a healthy, non-stigmatising view of mental health issues, while also being able to incorporate knowledge from different medical specialty training. Additionally, knowing how to reach publication is essential to the sharing of knowledge and experience. This editorial gives an overview of three articles covering the special theme of education in psychiatry in this issue of *BJPsych International*.

Undergraduate psychiatric education

The shortage of graduates choosing psychiatry as a career has been frequently raised. Medical students' attitude towards psychiatry may improve if they have positive experiences of teaching, elective placements and exposure to psychiatric patients. Improving the quality of undergraduate education can support the process of destigmatisation of psychiatry as students can develop unbiased opinions regarding the specialty. Moreover, given the high prevalence of mental health problems in the general population, all doctors should have some knowledge and the basic skills to identify and address mental health problems.

Undergraduate psychiatric training varies across countries and, on occasion, even within the same country. Several unmet needs have been identified in the literature, including but not limited to restricted availability of educators, resources and appropriate methods. 'Undergraduate psychiatric education: current situation and way forward',² the first article on our theme, discusses these points and offers examples for some possible improvements.

International medical graduates and the challenges they face

Another challenging aspect is the lack of consensus on how undergraduate and postgraduate psychiatric education and training should be delivered (even within the same country), resulting in international medical graduates (IMGs) working abroad having to negotiate long tiring pathways to prove they are qualified. Despite the valuable service that IMGs provide to the healthcare of the countries they move to, this can be a significant barrier to career progression. It can be very frustrating as evidence suggests that where IMGs are given the opportunity, they are able to make significant contributions. Governments and institutions, alongside mentoring and peer support, may play an important role in overcoming the difficulties IMGs face. A comprehensive view of this situation can be obtained from the second article on our theme, titled 'International medical graduates: challenges and solutions in psychiatry'.³

The art of getting published

Research and publication are essential to the development of any science. The field of mental health is especially thirsty for more. However, many doctors find it very difficult to get their work published and do not have the proper mentorship and support to negotiate research avenues.

The concept of 'publish or perish' has been passed down the generations in academic and research fields. The pressure on researchers to have their work published in order to be promoted, or to even secure their job in the first place, makes the process repellent to some. This is unfortunate as, besides those who have dedicated their careers to research or academia, whether fully or partially, clinicians do have valuable experiences that need to be shared. Sadly, the skills required to achieve publication are not universally included in training programmes.

However, there is some simple advice that can help those interested in sharing their work or findings to get their publications accepted. In

'Education in psychiatry: the art of getting published',⁴ David Skuse, Editor of *BJPsych International*, sheds light on some techniques to help and common pitfalls to avoid. Hopefully, this article will help current and future researchers understand the process, and allow more clinicians to share their knowledge and findings and to have their voices heard.

Data availability

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International medical graduates: challenges and solutions in psychiatry

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International medical graduates provide a valuable service to the healthcare of their adopted countries. However, there remain a significant number of challenges in their adjustment and acculturation in the post-migration phase. We believe that the cultural capital these doctors bring with them can act as a support as well as a challenge. They are likely to face subtle and not-so-subtle, covert and overt discrimination at a number of levels. In this brief report, we highlight some of the issues faced by them and some potential solutions.

Background

International medical graduates (IMGs) migrate for a number of reasons and, like all migrants, various push and pull factors may well play a role. People may migrate for educational, political, economic and personal reasons. IMGs are identified as individuals who have graduated from a medical university outside of the country they practise in.¹ More doctors from outside the UK are joining the workforce than those from within the UK,² although this may change with opening of new medical universities. Between one-third and one-fifth of the medical workforce in countries such as the USA, Canada and Australia are IMGs.³ Like all other migrants, IMGs form a heterogeneous group and hail from varied cultural backgrounds. In many

instances their exposure to psychiatry in their undergraduate training was limited and their instruction was in a language other than English. And most of the migration, not surprisingly, takes place from low- and middle-income countries to high-income countries. This has implications for the healthcare systems in the countries of origin and has been dubbed a 'brain drain', with concerns that this may further global health inequities.

The important components of medical practice include patient care, research and teaching, with occasional forays into management, policy advice, and service design and development. In medical schools around the globe, varied emphasis is placed on these different aspects. This in itself may raise stress levels for newly arrived IMGs, who may not have had any exposure to research, especially related to ethical issues and policy initiatives, and yet may be expected to carry out research or teaching for career progression. Clinical internship after finishing medical school before obtaining full registration has varying components. For example, some countries will insist on a rotation of 3 months each in medicine and surgery, including paediatrics, otolaryngology ('ENT') and ophthalmology, obstetrics and gynaecology, and preventive and social medicine, whereas others do 4 months each of medicine, surgery and general practice or something similar, such as psychiatry. These variations mean that IMGs arrive with varying skills, experiences and expectations.