

and an indigenous training and assessment programme is expected to be in place from 2010. This change provides a unique opportunity for recent advances in medical education to form the basis of the new training programme. Steering groups are now developing the new training programme and its delivery. As part of this process, a pilot on workplace-based assessments is already under way in Dublin.

For Irish trainees, the initial anxieties brought on by these changes are fast giving way to corresponding levels of enthusiasm and a motivation to shape the changes as they occur. In this regard, the Trainees' Section of the Irish College has recently embarked on a project to explore ways of optimising the awareness and participation of all trainees in College activities at this time of change, and to position themselves as key stakeholders in the emerging new College.

One key issue of concern for pre-membership trainees has been the prospect of being ineligible to sit the MRCPsych examinations after spring 2010 under the current eligibility criteria. However, the Royal College and its Irish Division are working to ensure that Irish trainees continue to meet eligibility criteria until the 'Irish exams' become fully established. Of note, as the Irish College emerges, Irish trainees will retain their entitlement to join the Royal College as international members, and thereby continue to enjoy the benefits that come with it, such as access to journals and rebates on conference fees.

We feel that collaboration and exchange of experiences with our peers both in the UK and in the wider European context, as occurs at the European Federation of Psychiatric Trainees (EFPT), will be beneficial. We would welcome an opportunity to retain our seats at the Psychiatric Trainees Committee of the Royal College, since we are likely to continue to sit the MRCPsych exams in the foreseeable future and an ongoing forum for exchange of ideas and experiences with our UK colleagues would be invaluable, especially in these initial stages of the Irish College's inception.

For psychiatric trainees in Ireland, the time ahead is both challenging and exciting. We look forward to the advent of the new College of Psychiatry of Ireland – one that is committed to providing training that is comparable with the best in the world. This will ensure that Irish patients continue to enjoy the highest standards of mental healthcare.

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Correspondence is welcome either on articles published in *International Psychiatry* or on aspects of current policy and practice in psychiatry in different countries. Letters (of up to 500 words) should be sent to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk.

## Supervision – an issue in Portuguese psychiatric training

'Better than a thousand days of diligent study is one day with a great teacher.' (Japanese proverb)

**Sir:** There are rising concerns regarding postgraduate medical training in Portugal. The lack of supervisors is one critical factor adversely affecting psychiatric training. In the past few years, employment in the public sector has been considerably reduced. New appointments for consultants have been frozen. Recently qualified specialists either look for a job in the private sector or accept insecure contracts in the public sector. Unable to compete with the private sector in terms of employment benefits, public services are losing consultant psychiatrists, and this has led to shortages in every setting, from out-patient clinics to hospital wards, from emergency rooms to rehabilitation units. This inevitably has an impact on current psychiatric training. In a process of teaching and learning, adequate supervision is an essential element of training. With its clear implications for patient safety, supervision must be carried out within clearly defined lines of responsibility.

Unfortunately, the current laws and regulations on training do not provide a clear definition of supervision, its frequency, structure and contents, or the trainee's responsibilities. As each training institution uses its own interpretation of the law, training standards become inconsistent, with some trainees being directly and regularly supervised while others receive almost no supervision at all. There are reports of a lack of supervision in most settings, including in-patient and out-patient clinics. The situation is particularly critical in emergency rooms, where trainees, especially in their last years of training, are often left unsupervised.

A vast majority of consultant psychiatrists are in their fifties, prompting speculations that the lack of supervisors may become acute in a few years' time, when they retire.

The situation is exacerbated by recent proposals to change the way the healthcare system in Portugal is financed and managed. There are major concerns that the model of healthcare provision based on commercial insurance will focus primarily on short-term profitability rather than maintaining high standards of medical training.

To address these concerns, the Portuguese Medical Association has begun to assess training institutions on a regular basis, while the Portuguese Psychiatric Trainee Association is monitoring the trainees' satisfaction with supervision.

More needs to be done, however, to increase the quality of supervision. Without clearly defined laws and regulations on supervision in training, describing the roles of the trainee, the trainer and the training institution, and defining competencies for each stage of training, we cannot hope to maintain high standards in training. Compliance with those laws and regulations must be regularly monitored to motivate senior doctors to play an active role in training.

For great teachers to provide great teaching, we have to give them the proper conditions to teach.

**Luis Mendonça**

Portuguese Association of Psychiatric Trainees (APIP)