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International partnerships in psychiatry: introductory reflections from a seasoned sojourner

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The three thematic papers in this launch issue of *BJPsych International* are intended to inform and motivate College members around the world to reflect on the challenges of bilateral links between high- and low-income countries, on the exhilaration of being a new sojourner in a new land – and on the diaspora searching for almost forgotten cultural roots in a home country. They all illustrate the way in which twinning structures between National Health Service trusts, universities and research councils have facilitated these exchanges of personnel between high- and low-income countries which have benefited, at least in the short term, both parties – and facilitated the professional development of both psychiatrists and other health professionals.

They illustrate also the excitement and creative challenge of being caught between two cultures and of how to arrange revalidation and registration in the UK when working abroad. Globalisation, immediate communication by Skype or email, and low-cost travel can give a false sense of the universalism of values and of mental illness attributions which, though consoling in the honeymoon phase of cultural adjustment, may be succeeded by greater awareness of cultural and language difference in the disenchantment phase. Reverse culture shock on return home after a prolonged stay abroad can further complicate revalidation and adjustment to the swiftly changing demands of the National Health Service (NHS).

Julian Eaton and his colleagues aptly describe at an individual level the benefits of their innovative overseas peer group for continuing professional development (CPD), which meets by Skype and provides opportunity to review specific clinical problems when resources are scarce, and mutual encouragement about directed reading in clinical or research domains and, importantly, how to overcome revalidation and appraisal problems.

Athula Sumathipala *et al* report on the massive contribution to Sri Lankan and UK psychiatry of bilateral partnership between health institutions and universities in the two countries, including an important twin register. There are five times as many Sri Lankan psychiatrists in the UK (250) as in Sri Lanka at the present time (50). The diaspora is crucial to these bilateral links.

The third paper, by Dave Baillie and colleagues, considers the benefits specifically of a multidisciplinary link between the East London Mental Health Trust and Butabika Hospital Kampala (where I held my first consultant post), in Uganda. This present initiative is sustained by the Ugandan diaspora in the UK. The paper describes the mutual benefits of training psychiatric support workers. The authors illustrate the way in which these experiences benefit staff in East London – although they do acknowledge that this can be challenging if the Trust cannot see beyond the local financial constraints or is unsupportive of meeting the needs of a low-income African country whose family values may not mesh with those of postmodern Britain. The British diaspora in East Africa – an element not considered in the papers – as well as the abilities of East African doctors and nursing

staff were each vital to the success of my 2-year academic contract and to my doctoral studies – as was the support of religious institutions.

International psychiatry remains at the heart of the College *raison d'être*. There are over 3000 Members and Fellows outside the UK, and over 30% of the consultant and training posts in the NHS are filled by graduates from non-UK medical schools. Three of the eight members of the current executive of the World Psychiatric Association (WPA) are distinguished College Fellows. Interestingly, in recently published books two other British-based international South Asian psychiatrists (Channi Kumar and Suman Fernando) are honoured, both of whom influenced me considerably, and both of whom were 'movers and shakers' of UK mental health services as well as of College opinion (Cox, 2014; Pariante *et al*, 2014).

International readers of this journal will of course draw their own conclusions from these three papers about the pros and cons of partnership arrangements. They remind me of the need for a strong international College board to focus on this vital international work, to support bilateral exchanges and to develop further its own initiatives, including the Volunteer Scheme, and to encourage and resource the International Divisions.

Hamid Ghodse, the founding Editor of this journal and founding chair of the board, was a brilliant ambassador for the College. The current WPA leadership, with a College past President as WPA President, provides a landmark that should help to reduce any tendency towards isolationism in British psychiatry, or a reluctance to recognise that multicultural, multifaith Britain benefits from a multicultural, multifaith mental health workforce. Opportunity for the College (one of the largest member societies of the WPA) to fulfil some of its international commitments within this umbrella, including the monitoring of ethical practice, is another consideration at the present time.

Perhaps *BJPsych International*, in its new format, can become even more of a forum for this renewed commitment to global psychiatry and particularly for assisting and motivating psychiatrists to work 'outside the box' and for a short or more prolonged period to work outside the NHS.

The three papers are a reminder that for psychiatrists planning to work abroad, transcultural psychiatry is 'good psychiatry', but this is so only if good psychiatry is, at its core, interpersonal and conceptually complex.

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Sustaining international careers: a peer group for psychiatrists working in global mental health

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Regular appraisal and revalidation are now a routine part of professional life for doctors in the UK. For British-trained psychiatrists working abroad (in either development/humanitarian or academic fields) this is a cause of insecurity, as most of the processes of revalidation are tailored to those working in the standard structures of the National Health Service. This article explores the degree to which a peer group for psychiatrists working abroad has achieved its aim of helping its members to fulfil their revalidation requirements. It gives recommendations for how those considering work abroad can maximise their chances of remaining recognised under the revalidation system.

Meeting the expectation for doctors to maintain their level of knowledge and clinical skills has become a routine part of professional medical life in the UK. Since 2012, the processes for appraisal and revalidation have been integrated into the work environment of hospitals and other medical work spaces in the UK, but this poses a problem for doctors not following standard careers within the National Health Service (NHS). Although there are some mechanisms for doctors without a designated professional body, for those who have chosen to live and work abroad, revalidation remains a significant challenge and can make returning to work in the UK bureaucratically difficult.

One group facing this problem are those who work in global mental health, either in the development/humanitarian field or in academic