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### **WPA Position Statement on High Quality Post-Graduate Training in Psychiatry GA 23.10.3**

#### Foreword

The World Psychiatric Association (WPA) for the benefit of our patients places the highest importance on the quality of training for psychiatrists at all levels including: undergraduate, post-graduate and continuing medical education (CME).

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#### Introduction

In this Position Statement, we note that there exist huge variations between countries not only in levels and duration of training but also in quality and supervision of training especially at undergraduate and post-graduate levels.

#### What the Position Statement aims to achieve

- *The aim of this Position Statement is to give recommendations to fill the gaps in education in LMIC* (see Isaac M et al, 2018; Ng et al., 2020): It is important to understand that equity of access to quality health care requires ensuring competence of the healthcare staff in delivering the care. In the previous WPA survey of postgraduate training of psychiatrists in 2017, almost 30% of respondent national associations reported having a post-graduate psychiatric training curriculum of less than three years (Ng et al., 2020). Around 10% reported that training a psychiatrist would take only one year. As there is increasing amount of knowledge and skills being developed in the mental health care field, learning to become a competent psychiatrist within a period of twelve months is definitely sub-optimal. Besides, the WPA survey has also highlighted the importance of training in various sub-specialties and in other related fields of public health. In the past two years, the travel restrictions caused by COVID-19 pandemic have aggravated the limitation in dissemination of knowledge and skills. However, internet technology has partially overcome the restrictions through the increasingly widespread use of online platforms for conferences and workshops. WPA is one of the global organisations that have also promoted the use of an online education portal to achieve its educational initiatives (Ng, 2021).
- *Educational needs from a cultural perspective (different countries/regions)*: It is important to understand that many current knowledge in epidemiology, aetiology, and interventions of mental health disorders was mainly conceptualised, developed and tested in the high-income countries which are mostly Western countries. Due to limited resources devoted to large scale and methodologically rigorous research studies in many under-served populations, the culture-specific epidemiology and interventions have been under-investigated. It is important that the

high- and middle-income countries should take the lead to develop researchers working for under-served populations and collaborate with them to conduct research studies on the above important issues. Global organisations should also take the lead to coordinate such international collaborative initiatives in the training and education of health workers in understanding culture specific mental health issues.

- *Differences in education duration across the globe, and length of training programs:* In most high- and middle-income countries training programs are 3-5 years with at least part of the time in different streams for subspecialties (a minimum of 3 years is recommended; see “WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists”).
- *The role of people with lived experience and family and informal carers:* The meaningful involvement of service users and family carers is an important part of contemporary psychiatric training and practice. Countries and regions are at different stages of development in lived experience contributions to mental health policy, service development and education. The WPA has an important role in developing partnerships that allow psychiatrists and trainees to appreciate the lived experience of their patients and families.

In order to ensure that our patients get the best treatment they need and deserve no matter where in the world they reside, WPA makes the following recommendations. We urge all our member associations and societies to disseminate these to regulatory bodies, all trainees and training facilities.

WPA recommends that:

#### Ethical issues

1. Our patients should receive and expect the highest levels of professional standards of psychiatric care, regardless of the training grade of the doctor treating them. Trainees (residents and registrars) must be aware of the high levels of responsibility and trust placed on them by patients, their carers and families and others.
2. Those responsible for organising and delivering training are accessible, fair and trained in up-to-date methods of assessment and therapeutic interventions. As professionals, it is critical that trainees are truly engaged in the process of training. They should be able to raise concerns without fear and have the courage to share ideas for improving the quality of their training. The training should be seen as a two-way process, and the trainers and trainees should have regular confidential supervision sessions.
3. As the number of patients with mental health issues far outweighs the number of psychiatrists available, it is understandable that other mental health professionals and sectors including primary care will play an increasingly important role in the delivery of mental health care. However, psychiatrists will remain as key leaders of mental health teams and should be a key advocate of mental health friendly environments at all levels of the community. As such, psychiatrists in the 21<sup>st</sup> century should also be equipped with the skills and knowledge of working as an influential leader in the field.
4. Psychiatrists should be aware that effective interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. However, significant numbers of those with mental disorder do not receive treatment and there may be limited attention to prevention or promotion. This implementation gap breaches the right to health and results in population scale preventable suffering and associated economic costs. To supplement clinical skills, psychiatrists should receive training in public mental health which involves a population approach to improve coverage, outcomes, and coordination of such interventions by different sectors. This supports efficient, equitable and sustainable reduction in mental disorder and promotion of population mental wellbeing (see Champion et al, 2022).

5. Trainees at all stages should be encouraged to demonstrate professionalism at all levels including ethical and culturally appropriate practice.

#### Training system

6. Training settings should be accredited by a body accountable for standards of care and training on a regular basis. Ideally this should be independent of the training institute such as a national training accreditation body or professional psychiatric society when training takes place in a separate institution such as a university program.
7. Trainees should be encouraged to participate actively in training so that they are fully prepared to be high quality independent practitioners at the end of their training. The importance of building a portfolio, self-direction in education, responsibility of the trainee for progress in education should not be underestimated, given that adult education emphasizes the importance of enhancing learning through understanding personal educational needs.
8. Local health care systems and regulations must be taken into account while designing and delivering training. Cultural values and settings should be recognised. Core training should be of a high standard matching international levels and higher training should focus on specific needs of the country (see “WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists”). Training should follow international standards with due and appropriate cultural variations. Educational needs from a cultural perspective (different countries/regions) would need to be addressed in the training curricula through utilisation of relevant scientific data and conduct of relevant scientific research to address research gaps.
9. Difference in education duration across the globe is a major concern (see Isaac M et al, 2018; Ng RMK et al., 2020) as this is the viewpoint of the task force that developing a competent psychiatrist will require a minimum number of years of clinical exposure, training and supervision. We would recommend a minimum of three years of training in psychiatry with full awareness of the limitations of resources dedicated to training in many countries to develop a competent psychiatrist. However, fewer years of training should not affect the acquisition of competencies, which should increase from year to year, with the transition from observation and learning to supervised clinical practice with progressively greater autonomy in the clinical settings.
10. Training during a major event which disrupts usual practice such as the COVID-19 pandemic should not be compromised because of restricted access to face-to-face clinical training and exposure to patients in wards. Training units should ensure that trainees be given adequate exposure to patient care in various clinical settings through proper infection control training, provision of adequate personal protective equipment, and appropriate use of internet technology (see Kalayasiri R & Wainipitapong S., 2021).
11. Post-graduate psychiatric training should not end after completion of the formal training courses offered by the national training bodies. Each trainee and psychiatrist should continue receiving continued medical education on a regular basis so as to ensure that his knowledge and skills are up to date.

#### Curriculum

12. Training should not be limited to clinical aspects (such as patient assessment, risk assessment, management of patient, psychopathology, psychopharmacology, psychotherapy, sexology, addictions etc.), but should also include aspects of understanding the scientific approach in medicine, so we recommend the inclusion of a training in public mental health and on research methodology, as well as including trainees in scientific teams to gain experience conducting research to complete one research paper in the final year of training (see “WPA Checklist of training curriculum
13. A psychiatrist must be skilled in diagnosing and treating patients of different ages and genders, as well as in different settings (hospital, outpatient clinic, day clinic, home, etc.), and with

different methods (psychopharmacology, psychosocial interventions, etc.). It is important that the Curriculum of psychiatry education fits the cultural and regional characteristics of the training country.

14. Mental health competencies should take priority over the duration of training, which can be achieved through supervision and professional development. As a competent psychiatrist, there should be a minimum number of competencies to be possessed in order to deliver safe and optimal care to patients with mental health needs.
15. Training takes place in the context of service delivery, so it is imperative that a regulated amount of time for training only be set aside. This would include supervision, attending ward rounds, grand rounds, journal clubs, academic lectures and activities and suitable conferences. Only organisations that provide a safe environment for training with sufficient time and resources should be encouraged to provide training.
16. In the context of service delivery, the involvement of service users and carers has become increasingly important. There are many advantages of having users and carers involved in the policy development, design, delivery, and evaluation of mental health services. Trainees should have clinical training and exposure to working with service users and carers at different levels of service users-led or users-involved services. Understanding and addressing the perspectives of service users and carers is best achieved by involving service users and carers as trainers in the psychiatric curriculum. For example, psychiatrists need to be trained in supported/shared decision-making and become fully aware of their roles and how best to exercise them in supporting alternatives to coercion (Rodrigues et al 2020).

#### Supervision

17. Trainees need regular assessment of progression through training, using a judicious mix of competency based assessment and knowledge based assessment with feedback to encourage review and improvement. WPA recommends that the assessment processes are well-regulated, evidence based and delivered by highly trained trainers. Assessment for and of training are both relevant but the former is more relevant in order to improve standards of training.
18. In the area of supervision of trainees, educational supervision cannot be ignored. Such supervision should be provided by senior trainers who have extensive experience in developing young generations of psychiatrists. Early career psychiatrists should receive support as well as advanced training in order to develop as trainers. The supervision process should focus on the career pathways and plans of the trainees, strategies used for attaining work-life balance, identifying risk factors and early signs of burnout related to work, as well as giving advice on seeking proper mental health support in case of needs. Resources permitting, the task force would also recommend offering mentoring for trainees. Mentors can be senior psychiatrists or senior clinicians from different disciplines or medical subspecialties who can coach trainees in developing appropriate attitudes and perspectives about being a leader in a field, managing conflicts in a workplace, navigating different choices at different stages of life.
19. Supervisors need to receive regular training in the tasks of supervision and updates to the curriculum and assessment methods with regular booster sessions. Supervisors will also need to review their competence in providing supervision and education through a body accountable for standards of care and training.
20. With respect to the composition of trainers, it is important for the training bodies to ensure that there will be a good balance of trainers with respect to gender, ethnicity, sexual preference, and religious diversities, as well as lived experiences of mental health issues or of taking care of people with mental health issues. The recruitment of trainers of great diversity will enrich the learning experiences of the trainees and enhance the trainees' competencies with respect to sub-cultural mental health issues.

#### Safe training environment

21. As mentioned in the above, it is imperative that the training bodies should provide safe training environments for the trainees and the trainers. This includes systems and processes to maximise the safety of trainees and supervisors in the workplace. Mechanisms such as afterhours policies, safe assessment areas, duress alarms, access to support and security staff, video-monitoring of ward areas with high risks of violence should be available, along with training in the management of challenging behaviors and post-incident crisis management. The workplace should be free from bullying, harassment and discrimination, and be respectful of an individual's experience with an awareness of potential boundary violations. There should be clear and fair mechanisms for complaint resolution.
22. Psychological well-being and mental health of trainees and trainers should be considered as a top priority in the design and delivery of psychiatric curriculum. There should be mechanisms in place to enhance self-awareness among trainees and trainers about how to prevent stress and mental ill-health, how to provide peer buddy system to allow mutual support and emotional ventilation, and to offer early intervention through confidential referral systems to reliable psychiatrists with special training and interests in taking care of sick doctors.

- Conclusion

The WPA advocates the importance of providing high quality training programs available to psychiatrists worldwide in all countries.

- Summary

Trainees at all stages should be encouraged to demonstrate professionalism at all levels including ethical and culturally appropriate practice. Each country needs to have an established training system. The training system must be formalized and meet both the specific needs of the country and high standard matching international levels. We would recommend a minimum of three years of training in psychiatry, that said mental health competencies should take priority over the duration of training. A psychiatrist must be skilled in treating patients of different ages and genders, as well as in different settings and with different methods. Supervision and mentoring are important in the training process. Training must be safe and psychological well-being and mental health of trainees and trainers should be considered as a top priority in the design and delivery of psychiatric curriculum.

- Recommendations for Action

WPA urges policy makers in each country to create enough training posts to ensure that sufficient numbers and range of placements are available to meet the comprehensive mental health needs of its population.

All countries need to be assured that training is safe and ethical so that more people want to become psychiatrists.

For more details on curriculum recommendations, see "WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists".

Position Statement can be used as a lobbying document, so its content can be used to influence policy decision makers.

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