TEACHING AND TRAINING

Expanding psychiatry training: Australian specialists' and trainees' perceived gaps in experiences and settings

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Objective: *The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is working together with the Australian Federal Government to expand the range of training experiences and settings with the object of producing better equipped and better distributed psychiatrists to address the rising prevalence of mental disorder. To assist in this process, the College sought the views of its Fellows (psychiatrists) and trainees concerning important gaps in clinical experience and the settings best suited to filling them.*

Method: *An electronic survey was sent to all Australian RANZCP psychiatrists and trainees in June 2008.*

Results: *Only 15% of psychiatrists and 28% of trainees responded to the survey. There was striking concordance, however, that psychological therapies required much greater emphasis and that this experience would best be acquired in the private healthcare system.*

Conclusions: *These findings support the recommendations of the Medical Specialist Training Steering Committee's report on expanded settings, suggesting that RANZCP members are likely to engage enthusiastically in the expanded specialist training program. It will be important to ensure that trainees are well supervised in their treatment of anxiety, affective and substance abuse disorders.*

Key words: *Australia, expanded settings, psychiatry, specialist training.*

We noted in a previous paper that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) shares the concerns of the Australian Federal Government that specialist training is not fully attuned to the nation's current and future mental health needs.[1] These concerns relate to psychiatrists' clinical competence on the one hand and patients' equitable access to care on the other.

At present, psychiatry trainees spend much of their time in urban public mental health services caring for patients with chronic, complex conditions requiring multi-disciplinary care, often on an involuntary basis. Trainees have limited experience, therefore, in managing the more typical anxiety, affective and substance use disorders that account for 13% of the nation's total disease burden.[2] In the most recent National Survey of Mental Health and Wellbeing, 20% of Australian adults had experienced one or more of these conditions in the previous year. Anxiety disorders were commonest (14%), followed by substance abuse (6%) and affective disorders (5%).[3]

Psychiatrists, as the leaders of clinical teams or as solo practitioners, should be properly equipped to manage these so-called high-prevalence conditions using psychological treatments, with or without psychotropic medications, irrespective of their final career choice. Workforce surveys show that 41% of psychiatrists

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work exclusively in private practice and 36% combine work in private and public settings.[4] Another quarter work solely in public practice, some as administrators and academics. Knowledge of psychological development, and skills in addressing personal and family psychodynamic issues, will prove useful in all these domains.

Expanding training into non-traditional psychiatric settings will, it is hoped, give trainees greater exposure to high prevalence conditions and their treatments, thus ensuring a better alignment with future work requirements. These expanded settings encompass private psychiatric hospitals, clinics and consulting rooms; primary mental health services; indigenous and transcultural services; regional and rural services; leadership and research posts, and the like.[5]

The Expanded Specialist Training (EST) program was established in 2007 by the Federal Government to achieve better professional and community outcomes. Expressions of interest were sought from non-traditional public and private training providers whose proposals were reviewed by local RANZCP training committees and the Federal Government's Department of Health and Ageing (DoHA). Both the College and DoHA have an interest in the views of College Fellows and trainees concerning important gaps in trainees' skills and the settings in which those skills are best acquired. We report here on the results of a survey to ascertain their views with the object of informing discussions on the program's future development.

METHODS

An electronic survey was distributed via email to all 2118 Australian RANZCP Fellows (psychiatrists) and 760 trainees in June 2008. After a brief explanation of the EST program, respondents were invited to nominate in writing the three most important gaps in trainees' knowledge and skills and the settings in which those gaps would best be addressed. Their open-ended responses were then aggregated thematically into the following broad categories: mental conditions, psychiatric sub-specialties, types of treatment, skills and settings. Each theme was sub-divided further as required.

In the interests of brevity, only items endorsed by 5% or more of respondents are reported here. The views of junior and senior trainees were so similar that no distinction is made between them.

RESULTS

Response rates to the survey were 15% for psychiatrists and 28% for trainees. Of the 312 psychiatrists who replied, one-third (36%) spent most time in the private sector and two-thirds (59%) spent most time in the public sector. Of the 211 trainees, 55% were in their fourth or higher years of training.

Psychiatrists generated a total of 1090 comments (3.5 per person); trainees generated 641 comments (3.0 per person). Many conditions, sub-specialties, skills and settings were thought to warrant greater exposure. Only the most frequently cited are listed in Table 1.

With respect to mental conditions, anxiety, depression and substance abuse were named together and separately under various titles ('high frequency disorders', 'mild to moderate non-psychotic conditions', 'neurosis' etc.) by one-third of trainees and more than half the psychiatrists.

Table 1: Gaps in training nominated by 5% or more of trainees or psychiatrists

	Gaps	*Trainees (n = 211)[a]*	*Psychiatrists (n = 312)[a]*
Mental disorders	Anxiety, depression, substance abuse	36%	52%
Sub-specialties	Forensic, medico-legal	6%	6%
	Intellectual disability		7%
	Neuropsychiatry	6%	
	Indigenous	10%	7%
	Long-term, rehabilitation	5%	9%
Treatments	Psychological treatments	61%	52%
Skills	Professional leadership	6%	
Settings	Private hospital, clinic	65%	57%
	Primary care	19%	17%
	Community health centre	6%	
	General hospital		6%
	Alcohol and drug service	6%	13%
	Regional and rural service		5%
	Community, outpatient clinic	13%	16%

[a]Percents are rounded.

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Psychological treatments including psychotherapy, cognitive-behaviour therapy, and group and family therapy were nominated by more than half the respondents in both groups, preferably in the settings of private hospitals, clinics or consulting rooms. Other notable gaps in training were indigenous mental health, primary care mental health, and long-term follow-up in outpatient clinics and community mental health centres.

DISCUSSION

While the response rate of 18% was about average by current standards for electronic surveys, other College surveys have fared better.[6] Nearly half (43%) of the members of the College's Faculty of Child and Adolescent Psychiatry responded to a postal questionnaire in 2007 concerning antipsychotic medications; 48% of College trainees completed a postal survey in 2002 regarding work experience, stress and satisfaction; and 56% of overseas-trained psychiatrists completed an electronic poll in 2008 concerning their views of College training intiatives.[7–9] The likeliest reason for the low response was lack of personal salience. The EST program was too new at the time of the survey to have generated much discussion in College media and many psychiatrists and trainees might not have felt sufficiently informed to give a considered response to our questions.

Notwithstanding this, the specialists and trainees who did respond to the survey expressed clear opinions that warrant dissemination. The treatment of high-frequency mental disorders (anxiety, depression and substance abuse) by means of psychological therapies in private practice settings emerged as the largest identified gap in current teaching practice. This accords well with the views of the Medical Specialist Training Steering Committee in its 2006 report on expanded settings,[5] suggesting that RANZCP members are likely to engage enthusiastically in the EST program, circumstances permitting.

There is pressure internationally to shift undergraduate, pre-vocational and postgraduate medical training from busy, stressed hospitals where students and trainees compete to see patients with uncommon, complex illnesses to primary, rural and private practice settings where clinical experience fits better with future work requirements. These sorts of initiatives are being piloted in Australia at present with positive results.[10–12] Most postgraduate Colleges are participating to some extent. RANZCP is playing a central role and has filled nearly 50 new positions at the time of writing.

It will be important to ensure that trainees in expanded settings encounter a broad range of disorders and that their efforts to treat these conditions by means of psychological therapies are well supervised by suitably experienced psychiatrists and members of other health disciplines if possible. A survey is being conducted at present of their experiences to inform future policy and practice.

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