What makes a good psychiatrist? A survey of clinical tutors responsible for psychiatric training in the UK and Eire

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The characteristics of a good psychiatrist practising in the UK health services have been described in policy but not in practice. We set out to determine what key characteristics are required for an individual to be identified as a good psychiatrist to become a member of the Royal College of Psychiatrists. A postal survey of all clinical tutors responsible for psychiatric training in the UK and Eire was carried out. These tutors are approved by the Royal College of Psychiatrists. 113 tutors responded (out of 163, 69.3% return). The most important identified characteristic was overall competency in diagnosis, management and investigations (98%) and the least desirable was ability to appraise staff (13%). With recent changes in training and assessment in the UK, further surveys of this kind are indicated to understand the trainers' views, and should be extended also to trainees.

Key words: Good psychiatrist, psychiatric training, core competencies

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The Royal College of Psychiatrists published Good Psychiatric Practice (1) in 2000, with a revised third edition in 2009. Modelled on Good Medical Practice (2) produced by the General Medical Council, core attributes for good psychiatric practice are listed as clinical competency, being a good communicator and listener, basic understanding of group dynamics, ability to work within a team, ability to be decisive and to appraise staff with a basic understanding of the principles of operational management, understanding the role and status of vulnerable patients, and bringing empathy and encouragement to patients and their carers, with critical awareness of emotional responses to clinical situations.

Within the National Health Service (NHS), training for psychiatrists is organised in training schemes, with clinical tutors (approved by the Royal College of Psychiatrists) as individuals responsible for training, mentoring and supporting a number of trainees. Tutors have to support the application of a candidate to take the membership examination of the Royal College of Psychiatrists leading to the award of MRCPsych, which is a prerequisite for moving up to higher training leading to specialist status in one of six sub-specialities of psychiatry: adult general and community psychiatry, child and adolescent psychiatry, psychiatry of learning disability, forensic psychiatry, psychotherapy, and old age psychiatry. The role of proving training schemes has been taken over by an overarching Postgraduate Medical Education and Training Board (PMETB). However, PMETB has clearly laid out principles of training and assessment.

Although the USA and Canada have had reports of competencies and evolving concepts for clinical practice and training (3-5), these concepts are being focused on in the UK only in recent times. Scheiber and Kramer (6) suggest that competencies can be measured along a sliding scale. Core

competencies are the ones central to medical practice and are non-negotiable (4).

Mikhael (7) has produced a list of competencies for speciality physicians. These are similar to the ones acknowledged in Good Psychiatric Practice and also include diagnostic capabilities, communication skills, collaborating, managing being a health advocate and a scholar. These competencies can be mapped on to different assessment methods.

When trainees attain MRCPsych on the basis of examination, they have an obligation to meet standards of training and practice. Till recently, these standards were monitored by the Royal College of Psychiatrists, but since 30 September 2005 PMETB has taken on this responsibility.

The clinical tutors are key individuals responsible for training and are in regular touch with trainees. We decided to approach them to obtain their views on the characteristics of a good psychiatrist.

We used a postal survey, and all the tutors on the Royal College of Psychiatrists database were sent the questionnaire. In view of resource difficulties, no follow-up or reminders were arranged. The accompanying letter made it clear that there was no compulsion for response.

The competencies from Good Psychiatric Practice were consolidated into ten competencies (see Table 1) and the respondents were asked to rate each competency as positive (by saying "yes"), negative (by saying "no") or "did not know". A simple tabular analysis was carried out.

Of 163 clinical tutors who were approached, responses were received from 113 (69.3% response). The findings are illustrated in Table 1.

There was an overwhelming agreement on the importance of overall clinical competency in diagnosis, investigations and management, being a good communicator and ability to make appropriate clinical decisions. The respon-

Table 1 Characteristics of a good psychiatrist according to clinical tutors in the UK and Eire (n=113)

Characteristics	Yes N(%)	No N(%)	Don't know N(%)
Overall clinical competency in diagnosis, investigations and management	111 (98.2)	2 (1.8)	0
Being a good communicator and listener	109 (96.5)	1 (0.9)	3 (2.6)
Having a basic understanding of group dynamics	46 (40.7)	5 (4.4)	62 (54.9)
Being able to work in an atmosphere within a team where individual opinions are valued, and team members have a sense of ownership of decisions	99 (87.6)	2 (1.8)	12 (10.6)
Ability to make appropriate clinical decisions	110 (97.3)	3 (2.6)	0
Ability to appraise staff	15 (13.3)	7 (6.2)	91 (80.5)
Basic understanding of the principles of operational management	37 (32.7)	6 (5.3)	70 (61.9)
Understanding and acknowledgement of the role and status and managing vulnerable patients	94 (83.2)	5 (4.4)	14 (12.4)
Bringing empathy, encouragement and hope to patients and their carers	94 (83.2)	3 (2.6)	16 (14.2)
A critical self-awareness of emotional responses to clinical situations	78 (69.0)	3 (2.6)	32 (28.3)

dents were unable to say if ability to appraise staff, basic understanding of the principles of operational management, and having a basic understanding of group dynamics are desirable for this group of trainees.

This brief survey highlights the typical and desirable characteristics of a good psychiatrist. Although it was a postal survey, the response rate was quite respectable. Although those who responded would be expected to be those with strong opinions, it seems unlikely that specific views of responders would be biased in any particular direction.

It is not surprising that the most desirable characteristics are to do with clinical skills and competencies, which is what would be expected from psychiatrists. The surprising finding is that a majority of the respondents were unable to say if a knowledge of group dynamics is essential. This has been one of the requirements of the Royal College of Psychiatrists for training. Low emphasis on group dynamics indicates that there may be a shift away from general psychodynamic principles, as trainees used to be taught these. This may also be a reflection of a shortage of psychoanalytic therapists/trainers. The emphasis on operational management and staff appraisal is understandably low, as trainees will not be expected to participate in these activities although they have started undergoing appraisal. It is also possible that the role of these activities is clearer to organisations and institutions such as the Royal College of Psychiatrists and hospitals but not to trainers or trainees.

With recent changes in training and assessment in the UK, further surveys of this kind are indicated to understand

the trainers' views, and should be preferably extended also to trainees.

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References

1. Royal College of Psychiatrists. Good psychiatric practice. London: Royal College of Psychiatrists, 2009.
2. General Medical Council. Good medical practice. London: General Medical Council, 2006.
3. Scheiber SC, Kramer TAM, Adamowski SE (eds). Core competencies for psychiatric practice. Washington: American Psychiatric Publishing, 2003.
4. Royal College of Physicians and Surgeons of Canada. CanMEDS 2000 Project Report. Ottawa: Royal College of Physicians and Surgeons of Canada, 1996.
5. Andrews LB, Burruss JW. Core competencies of psychiatric education. Washington: American Psychiatric Publishing, 2004.
6. Scheiber SC, Kramer TAM. What core competencies mean to psychiatrists and trainees. In: Scheiber SC, Kramer TAM, Adamowski SE (eds). Core competencies for psychiatric practice. Washington: American Psychiatric Publishing, 2003:3-6.
7. Mikhael NZ. Advance standards: the Canadian concept of specialty competencies as delineated by physician roles. In: Scheiber SC, Kramer TAM, Adamowski SE (eds). Core competencies for psychiatric practice. Washington: American Psychiatric Publishing, 2003: 23-42.