

PSYCHIATRY TRAINING
in
the Republic of Ireland

A RESOURCE BOOK FOR TRAINEES

This is a publication of the Trainee Section of the Irish College of Psychiatrists. The views expressed in this book are not necessarily those of the Royal College of Psychiatrists.

The original published version of this booklet (March 2003) is available from the Administration Office of the Irish College of Psychiatrists.

This version is a pdf document produced specifically for the website. The information contained in this document is current at the time of update (May 2005). Further updates and revisions to this book will be added as necessary.

CONTENTS

Introduction	4
Chapter 1: Psychiatry training	
Psychiatry Training	5
Specialties in Psychiatry	5
General Professional Training: Introduction	6
General Professional Training: Expectations	7
General Professional Training: Logbooks	8
Rights and responsibilities of a Trainee Psychiatrist	9
Higher Training: Introduction	9
National Higher Training Scheme	11
Higher Training: Expectations	12
Higher Training: Training Requirements	12
Higher Training: Flexible training	13
Approval of training schemes	13
Accreditation as a Specialist in Psychiatry	13
Chapter 2: The College	
The Royal College of Psychiatrists	14
Irish College of Psychiatrists	14
Trainee Section	14
Senior Registrar Committee	15
Membership categories	15
Inceptorship	15
Collegiate Trainees Committee (CTC)	16
Chapter 3: The MRCPsych Examination	
Examination requirements	18
Venue for the examination	18
Sittings of the examination and sponsorship	19
Corrections, examiners and feedback	19
Number of attempts	20
Results	20
Prizes	20
Structure of the examination	20
Multiple Choice Questions	21
OSCE	22
Part II: Essay	23
Part II: Critical Review Paper	23
Individual patient assessment	23
Patient Management Problems	24
Strategies for study	24
Chapter 4: Other aspects of training	
Psychotherapy training	27
Psychotherapy courses	27
Research	29
Educational approval of research posts	31
Research opportunities in Ireland	31
Audit	33
Safety issues	34
Mental health legislation	35

Chapter 5: Non-EU graduates	
Registration with the Medical Council	36
Visas	36
Racial discrimination	37
Chapter 6: Questions and Answers	38
Chapter 7: Other organisations of interest	
Irish Medical Organisation	45
Royal Academy of Medicine in Ireland	46
Appendix I: Training schemes	47
Appendix II: A Useful Contact List	55
Appendix III: Recommended reading list	57

INTRODUCTION

It is with very great pleasure that I introduce this Resource Book for Psychiatry Trainees in Ireland. The medical specialty of psychiatry has lots to offer in terms of a very varied and stimulating career for doctors. It is the one medical specialty, which is truly holistic in its approach to illness. Training in psychiatry involves gaining foundation knowledge in the neurosciences, psychological and sociological theory followed by an understanding and knowledge of the aetiology, assessment, diagnosis and treatment of psychiatric illnesses. In psychiatric practice biological, psychological and social factors in illness are always taken into account.

A career in psychiatry can offer a choice of many different specialties including General Adult Psychiatry, Child and Adolescent Psychiatry, Psychiatry of Learning Disability, Psychiatry of Old Age, Forensic Psychiatry, Substance Misuse, Rehabilitation and Psychotherapy. There are also opportunities to become involved in research and academic psychiatry. Psychiatry as a medical specialty is one of the most rapidly changing and developing specialties in Ireland. A wealth of on-going research is continually providing psychiatrists with new knowledge of disorders and new approaches to treatment.

Basic Specialist Training in Psychiatry has been very well organised since the late 1970's under the auspices of the Irish Psychiatric Training Committee in liaison with the Royal College of Psychiatrists. More recently we have seen a growth in the number of higher training positions and the organisation of academic programmes for Senior Registrars. The following Resource Book is a handbook written by trainees for trainees. It is a very practical guide to the pathways, which will take one through a career in psychiatry in Ireland. It answers many frequently asked questions, explains organisations such as the Royal College of Psychiatrists, the Irish College of Psychiatrists, the Irish Psychiatric Training Committee and their respective roles in psychiatry in Ireland. It also gives a very useful guide to examinations and training programmes. It should prove to be a valuable resource for all those undertaking training in psychiatry or thinking about embarking on a career in psychiatry in Ireland. This handbook has been produced by trainees who themselves are presently in the system of training in Ireland.

The Trainee Section of the Irish College of Psychiatrists was formed in May 2002. In the short ten months since their inception this is but one of the achievements of this very active Section. The Executive Committee of the Irish College of Psychiatrists applauds this work and congratulates the Trainee Section on their achievement. The future of Irish psychiatry is indeed in very good hands.



Dr. Colette M Halpin
Chairman
Irish College of Psychiatrists

CHAPTER ONE: PSYCHIATRY TRAINING IN IRELAND

A psychiatrist is a medical doctor who specialises in the care and treatment of people with mental health problems. Thus psychiatry is a medical specialty, though it also draws on the social sciences. Psychiatry training is well structured and regulated in Ireland. Indeed it is interesting to note that there were 440 non-consultant hospital doctors (NCHD's) training in psychiatry in the Republic of Ireland in 2002. This chapter will describe psychiatry training in Ireland. (Please note that all information pertains to the Republic of Ireland)

The Irish Psychiatric Training Committee (IPTC) is the body responsible for all aspects of training in psychiatry in Ireland. It is recognised by the Medical Council for this purpose. It organises and co-ordinates training through a number of sub-committees which are detailed later. The training consists of approximately 3 years of basic training, the completion of which is marked by acquisition of membership of the Royal College of Psychiatrists, through examination (MRCPsych). This is the qualifying postgraduate examination in Ireland (and in the UK and Northern Ireland) for entry to higher training, which is by competitive interview.

Basic and higher training will now be described in greater detail but first a brief outline of each specialty is given.

Specialities in Psychiatry

The Medical Council recognises four specialities in Psychiatry. These include Psychiatry, Psychiatry of Old Age, Child and Adolescent Psychiatry and Psychiatry of Learning Disability. In reality there are a number of other specialities including Forensic Psychiatry, Substance Misuse, Psychotherapy, Eating Disorders and Rehabilitation Psychiatry and currently these are all recognised in the Psychiatry category.

General Adult Psychiatry

The majority of psychiatrists in Ireland work in this broad category, which involves the assessment and treatment of adults with mental health problems. A General Adult Psychiatrist must be skilled in numerous treatment techniques due to the diversity of psychiatric conditions that present to them. Additionally the work is usually performed within a multidisciplinary team. The knowledge and skills to manage and administer a psychiatric service are essential criteria for General Adult Psychiatrists. Doctors working in this speciality may have a special interest in areas such as Substance Misuse, Eating Disorders and Rehabilitation. In Ireland, Forensic Psychiatrists work within the National Forensic Service.

Psychiatry of Old Age

This speciality deals with the full range of psychiatric disorders arising anew in people over 65 years of age. A major challenge in this area is the treatment of behavioural and psychological problems occurring in dementia, with functional mental illnesses particularly depression being equally important. Much ill health in this group is a combination of both physical and mental disorders, therefore an active interest in general medicine is required in this speciality.

Psychiatry of Learning Disability

Psychiatrists working in this area are concerned with the prevention, diagnosis and treatment of the mental health problems that occur in people with moderate to severe learning disability. They work closely with the patients' families and carers. In addition to clinical and administrative skills, expertise in related subjects such as paediatrics, neurology, genetics, and psychology are required. To an

increasing extent, psychiatrists in this speciality work in teams based in special schools and training centres, hospitals, residential hostels and sheltered workshops.

Child and Adolescent Psychiatry

Psychiatrists working in this area are concerned with the intellectual, emotional, and behavioural mental health problems of children from birth to the age of 16. The development of a close working relationship with the child and their family is essential. Child and Adolescent Psychiatrists use a variety of treatments including individual psychotherapy, behavioural therapy, family therapy and pharmacotherapy. They are based in hospitals, child guidance clinics, day hospitals and child psychiatric inpatient units.

Section A: General Professional (Basic) Training in Psychiatry

A doctor must have completed their pre-registration year (intern year) before embarking on psychiatry training. In fact, some doctors choose to gain some general medical experience before committing to training in psychiatry. Indeed some doctors entering psychiatry have already completed training in general practice, general medicine and related specialties or more rarely surgery. It is important to note at this juncture that doctors come into contact with psychiatric morbidity in all branches of medicine; it is this experience of psychiatry that often prompts a doctor to commence training in the specialty.

Generally doctors commence training at the Senior House Officer grade. It is important to remember that you must choose posts that are recognised by the Royal College of Psychiatrists for training purposes; otherwise you will not be credited with experience in order to apply for exams (See section on the MRCPsych examinations, Chapter 3).

Your best option is to apply for a place on a Rotational Training Scheme in Psychiatry.

Gaining a place on a training scheme ensures that as a trainee you:

- Work in posts recognised by the IPTC.
- Are assigned a tutor to monitor your training progression.
- Are entitled to attend a formal education programme run by the IPTC.
- Get the opportunity to work in sub-specialities.
- Gain a peer-group of other trainees.
- Ensure that you will be eligible to take the MRCPsych examinations.
- Are entitled to one hour of supervision per week with your Educational Supervisor (Consultant with whom you work) to discuss your training.

The IPTC organises general professional training in Ireland in three regions, Western, Southern and Eastern by way of local committees made up of the local tutors and local IPTC representatives as well as a trainee representative. Each committee is responsible for providing the postgraduate course in psychiatry locally. Within each region there are one or more training schemes (see appendix I.) each of which has a scheme coordinator and a number of tutors (local consultant psychiatrists) who are responsible for the training of all trainees within a particular scheme. Training includes weekly journal clubs, case conferences, exam orientated teaching and practice. There are also specialty tutors in each major specialty (Child and Adolescent Psychiatry, Psychotherapy, Psychiatry of Old Age, Psychiatry of Learning Disability and Forensic Psychiatry) with a broad remit covering a region of several schemes.

All tutors are members of the Psychiatric Tutors Association, which meets twice a year to focus on relevant matters such as changes in the exam (MRCPsych) format, pass rates, etc. The executive body of this association is the Psychiatric Tutors Subcommittee of the IPTC and its main role is recommending to the IPTC recognition of new schemes and specialty tutors.

Rotational Training Schemes in Psychiatry

There are twelve training schemes in the Republic of Ireland. These are listed on the website www.irishpsychiatry.com. The term rotational means that trainees rotate from one approved post to another over a three to four year period. Each post is usually filled for a six-month period though occasionally a trainee and their tutor may decide to extend the period spent in a post. The idea of a rotating number of posts is to give all the trainees on a scheme the opportunity to gain a broad range of experience. It is mandatory to spend at least six months working in Child and Adolescent Psychiatry or in the Psychiatry of Learning Disability in order to be awarded your 'membership' (MRCPsych). (See section on the MRCPsych examinations, Chapter 3). You should speak with your tutor if you wish to gain experience in a certain speciality such as Forensic or Liaison Psychiatry as there may be limited posts available. As you progress on your scheme you will receive promotion to the Registrar grade. The criteria for this promotion depend on a number of issues including the time period since your graduation, experience gained and success in examinations. Your tutor will usually be able to advise you about the requirements needed on your scheme. If in doubt you can contact the Irish Medical Organisation (IMO) for advice. (See Chapter 7). Please note that these arrangements are different for doctors who have previously trained in another speciality.

Please note that you must attend the academic programme organised by the regional committee of the IPTC that coordinates training in your area (Western, Southern, and Eastern areas), in addition to the teaching sessions provided locally in your hospital.

General Professional Training: Expectations of Training

Ultimately, all trainees in psychiatry aim to obtain Membership of the Royal College of Psychiatrists. The time frame for sitting your exams is stipulated by the college (See Chapter 3). However it is also worth remembering that you should take into consideration any potentially stressful life events that may impair your ability to successfully complete the task at hand. Your Tutor and Educational Supervisor should be a source of guidance with this matter. The situation whereby a doctor is unable to obtain the membership exam does arise. The recent changes in the rule as to number of attempts allowed at the written component of the exam, (See Chapter 3) should help reduce the problem of repeated failure. However if you are struggling with a component of the exam don't suffer in silence, talk to your Tutor and find solutions to the problem.

It is possible to obtain a higher qualification in Psychiatry by completing a Medical Doctorate (MD) or a PhD. in Psychiatry. However, in order to be entered on the Register of Medical Specialists, you must satisfy the Medical Council that you have completed a programme of training of an adequate standard and that means completing higher specialist training. You should discuss your training needs with your Tutor before you make a decision to opt out of the MRCPsych examination, in order to make reasonable career decisions that work within your career plan.

Thus far we have focused on exams, though it must be said that training can never be just about exams. Your training should give you the skills, professionally and personally, in order to work as a consultant psychiatrist on a multidisciplinary team. Thus, in addition to clinical skills you will need a host of other skills in order to provide an effective service and achieve personal satisfaction with your work. As a consultant you will wear many hats including those of clinician, manager, teacher, mentor, advocate and researcher. Trainees need time and experience to build these skills.

In terms of the knowledge and experience you need to obtain during your time in general professional training (basic training) we advise that you follow the Royal College of Psychiatrists curriculum. The 'Curriculum for Basic Specialist Training and the MRCPsych examination' was published in 2001 and is currently the most up to date source of information. This is available from the College and may be in your hospital library. This is essential reading as it gives you a framework on which to base your learning, examination preparation and the type of clinical experience you need to gain during your basic training. Additionally this document includes a comprehensive recommended reading list to guide your reading. Your Tutor and senior colleagues will also be in a position to give advice about reading

material. The curriculum will be updated from time to time, therefore it is advisable to keep updated on any changes. The best way to do this is to log onto the Training and Development site on the College website (See Appendix II: A Useful Contact List).

Psychotherapy training has recently been reviewed and the College has published a summary of requirements for trainees (See section on Psychotherapy, Chapter 4).

Research experience is also very valuable (See section on Research, Chapter 4).

It is essential to gain some management experience during your time in training. This type of experience could be gained by getting involved in a working group or committee in your place of work. Your Educational Supervisor or Tutor would be in a position to advise you about opportunities. Alternatively you might choose to get involved in College activities with the Trainee Section or the Collegiate Training Committee (See Chapter 2).

Many doctors are expected to have a proficiency in teaching in terms of teaching students and later teaching post-graduates (i.e. trainees in psychiatry) therefore it is of benefit to gain some experience of teaching students during your time in basic training.

General Professional Training: Logbooks

During your time on a training scheme you are obliged to complete a logbook of training. This method of documenting training objectives and experience gained has been long used in surgical training, and is a very effective means of informing you and your Tutor of gaps in your educational and training needs. You should obtain this as soon as you start your first post in psychiatry. It should be available from the office of the co-ordinator of your scheme. You will be expected to produce your logbook during your reviews with your Tutor in order to systematically plan training objectives and review problems. The rights and responsibilities of a trainee psychiatrist are included here for your information.

The Rights and Responsibilities of a Trainee Psychiatrist (CTC document)

This document produced by the Collegiate Training Committee (CTC) of the RCPsych (see Chapter 2 for further details) summarises the appropriate expectations of a trainee in psychiatry and additionally numerates the expected areas of responsibility for trainees.

The trainee can reasonably expect to have the right to:

1. Be treated with the consideration and respect expected of a professional colleague irrespective of personal or cultural differences (including gender, nationality, ethnicity, sexuality or disability).
2. **Supervision time of one hour per week** with their Consultant (Educational Supervisor) for discussion of training matters unrelated to immediate clinical problems.
3. Constructive criticism and encouragement from the Educational Supervisor, working towards achieving personal and professional goals.
4. Supervision and support with a clinical caseload appropriate to the level of training.
5. Access to a local College Tutor for both meaningful, long-term career guidance and advice about training and pastoral issues.
6. **Unimpeded access** to a local training programme of approved study for the MRCPsych examination.
7. The opportunity (and funding) to attend relevant courses, conferences and meetings appropriate to training grade and experience. Full details of all leave entitlements are available on the IMO website www.imo.ie
8. Appropriate local supervision and practical support for research with protected research time appropriate to grade.
9. Working conditions, hours of duty and accommodation in line with the recommended guidelines.
10. Representation on training and relevant management committees, with support for a local training organisation to represent trainees and provide peer support.

The trainee also has certain responsibilities:

1. To work with Educational Supervisors to create an individually tailored development plan, including aims and objectives to be achieved from each job.
2. To view educational supervision as a two-way process, utilising constructive criticism to improve performance.
3. To attend and contribute to local training courses to maximise learning opportunities for both self and others.
4. To contribute fully to local trainee peer groups in order to maximise training conditions and support trainee colleagues.
5. To treat patients and colleagues in the manner in which the trainee themselves would like to be treated.

Section B: Higher Training in Psychiatry

Once you have obtained your membership you are required to spend a minimum of three years in Higher Professional Training (Senior Registrar (SR) in Ireland / Specialist Registrar (Sp.R.) in the U.K and Northern Ireland). The principal aim of higher training is to provide a doctor, who has completed Basic Specialist Training and obtained the MRCPsych qualification, with an educational programme, which will prepare them for the independent practice of psychiatry as a consultant. The achievement of

these aims requires that training occur in well-organised schemes, which offer a variety of training placements under the supervision of a skilled and interested trainer.

A Senior Registrar (SR) post is obtained by competitive interview. Whilst the number of SR posts in Ireland has more than doubled in recent years with a total of 54 approved posts, there remains a bottleneck at the transition point of Registrar to Senior Registrar, so the interviews organised by the IPTC are very competitive. It is not unusual for there to be a gap of one or two – and sometimes more – years before an SR post is obtained. It is important to use this time wisely to improve your chances of success. Options include:

1. Gaining more clinical experience in your chosen speciality.
2. Obtaining a university lecturing post in psychiatry.
3. Working in a research post or developing meaningful research in a clinical post.
4. Obtaining another professional qualification for example in psychotherapy.
5. Obtaining a Specialist Registrar post in the U.K. or Northern Ireland.

The first four options would lead you to apply at a later stage for a post on the National Higher Training Scheme in Ireland.

If you do not get an SR post within two years or you want to get one as soon as possible after passing the MRCPsych, you should consider a post in the UK where competition is currently less intense.

We stress that it is very important at this stage of your career to obtain career advice from a number of sources including consultants with whom you have worked and senior colleagues. It is very important that your training in the post-membership, pre-SR period does not become unstructured. Additionally, it is important to consider whether the experience you gain in this period can be recognised for higher training purposes once you obtain an SR post. (See section on Research, Chapter 4).

National Higher Training Scheme in Ireland

The National Higher Training Scheme is organised by the Higher Training Subcommittee (HTSC) of the IPTC. The members of this subcommittee include representatives from the medical schools, specialty representatives and a higher trainee nominated by the Senior Registrar Committee. The subcommittee is chaired by the chair of the IPTC.

The scheme is organised as two components:

- General Psychiatry and related specialties.
- Child and Adolescent Psychiatry.

There are 54 funded approved Senior Registrar (SR) posts within the National Higher Training Scheme in Psychiatry as follows:

Specialty	No. of Posts	Location of Posts
General Psychiatry	24	ERHA (7), Mid-Western H.B. (3), North-Eastern HB (6), Northern Western HB, South-Eastern HB, Southern HB (2), Western HB (2), St. Vincent's, Elm Park, Cluain Mhuire.
Psychiatry of Old Age	7	NAHB(2), St. James's/St. Patrick's Hospitals, St. Vincent's/Elm Park, Mid-Western HB, North Eastern Health Board, South-Eastern HB
Child & Adolescent Psychiatry	16	Hospitaller Order of St. John of God Services, Dublin (3), Western HB (3 ; 2 in Galway and 1 in Mayo), ERHA (3), Mater Hospital (4), MWHB (1), NEHB (2)
Psychiatry of Learning Disability	2	Dublin Region
Forensic Psychiatry	2	Central Mental Hospital, Dundrum
Substance Misuse	1	Drug Treatment Centre Board, Dublin
Rehabilitation Psychiatry	1	North-Eastern HB
Liaison Psychiatry	1	Cluain Mhuire

There is a Coordinator of the General Psychiatry and Related Specialities Scheme. Within the Child and Adolescent Psychiatry Scheme, there is a National Speciality Director and a number of Programme Directors in local segments of the national scheme. These individuals are responsible for placements in posts on the schemes, coordinating academic programmes and providing continuous assessments with the higher trainees.

Senior Registrars are appointed to the National Higher Training Scheme by a national panel appointed by the IPTC, which includes representatives of the medical schools, employing authorities and psychiatric specialities. The chairman of the IPTC chairs the national selection panel. Because of the rotational nature of the schemes candidates for SR posts are interviewed by the IPTC once or twice a

year for both General Psychiatry and Related Disciplines and Child Psychiatry and vacancies filled from this panel. Competition is keen (See Questions and Answers, Chapter 6). Further information in relation to higher training in Ireland is available on www.iptc.ie

Higher Training: Expectations of SR Training

It must be emphasised that SR training is not simply an extension of Registrar work. The SR works more independently and has a greater supervisory and managerial role.

Higher training placements are not intended as permanent posts in a clinical service. The allocation of trainees to clinical placements is determined by the training needs of the individual SR. The first higher training post for each doctor is decided by the HTSC, thereafter the posts are decided by the relevant coordinator in consultation with the trainee.

Every SR has a training consultant who holds a regular, weekly, timetabled supervision session lasting one hour where difficult clinical issues, personal, managerial and training matters can be discussed. In addition to core clinical experience, some sessions are usually set-aside for special clinical interests. The HTSC requires that two sessions each week be devoted to planning, conducting and communicating the outcome of a research project. A common distribution of work, therefore, is 6 sessions of core placement (including academic time), 2 sessions of special clinical interest, which may or may not be taken within the core placement and two sessions of research. Special interest sessions are not a component of the Higher Training Programme in Child and Adolescent Psychiatry. Core placements should each last 12 months. Within the 3 years of training each SR should rotate at least once with at least one placement outside their home base to achieve a broad experience. There are currently two academic programmes to cater for the needs of General Psychiatry and Child and Adolescent Psychiatry, with joint meetings for topics common to all. These programmes are more collaborative than just didactic lectures and the SRs have input into the programme curricula. For successful completion of training, attendance at these programmes is mandatory. In addition SRs must keep abreast of developments in basic knowledge and clinical practice and should continue with personal study and reading, attending clinical conferences and journal clubs. It is also expected that they regularly participate in local and national meetings and courses, including those provided by the College. All SRs are required to participate in an 'out of hours' senior on-call rota with consultant cover. Systematic annual assessment of SRs in higher training is central to the award of a Certificate of Specialist Doctor (CSD). These will be conducted with the trainee, in consultation with the scheme co-ordinator. Logbooks kept by each trainee are an integral part of this process. Annual assessment also provides information to the trainee about his/her progress, strengths and weaknesses and information to the co-ordinator for planning of further training, as part of an on-going appraisal process. A comprehensive review of the knowledge, skills and personal attributes required for completion of higher training is included in the Higher Specialist Training Handbook (Occasional Paper OP43 available from the Royal College of Psychiatrists).

The Royal College of Psychiatrists has published "A Competency Based Curriculum for Higher Specialist Training" which details, specialty by specialty, that which should be achieved by a higher trainee prior to the awarding of their completion of training certificate. The 2nd edition was published in October 2004 and is available as a PDF download from www.rcpsych.ac.uk/traindev/curriculum/index.htm

Higher Training: Training Requirements

In order to gain a single CSD, an SR must satisfactorily complete three years of approved higher training. One year of time spent in a lecturer or research post may count towards higher training but requires prior approval by the IPTC and also the Royal College of Psychiatrists in the case of research posts. They will also have acquired the professional attributes, skills in research and audit, teaching, supervision and management and the core knowledge and skills as mentioned above. The IPTC accepts that trainees should have the option of seeking dual certification. While the minimum duration of higher training for an award of a single CSD is three years, there is considerable overlap between some of the psychiatric specialities so that a full six years of training is not needed for dual certification.

Training should be agreed prospectively and the dual CSD will be awarded on completion of the full programme of training which ranges from 4-5 years depending on the speciality. For example, to obtain dual certification in General Psychiatry and Psychiatry of Old Age a higher trainee must complete two years higher training in each speciality. (Refer to Higher Specialist Training Handbook for further details and discuss your training needs with the higher training coordinator).

Higher Training: Flexible Training

Flexible training has been slow to develop in Ireland despite an acknowledged need for this form of training structure. In 2002 the Postgraduate Medical and Dental Board (PGMDB) initiated a scheme encompassing all medical specialities. A coordinator has been appointed to organise and manage the scheme. Ten full-time posts were funded by the Department of Health (the equivalent of two half-time posts per major speciality). Within psychiatry, one flexible trainee has been appointed and funded in Child and Adolescent Psychiatry and a second is to start in Psychiatry of Old Age in July 2003. There is a third locally arranged flexible higher trainee post in Child and Adolescent Psychiatry. It is hoped that this form of training will expand as experience elsewhere has proven its value. For further details contact the PGMDB (see Appendix II: A Useful Contact List).

Higher Training: Approval of Training Schemes

To ensure training is of a high standard and training locations suitable, it is necessary to formally approve any training scheme for training purposes. The IPTC invites the Royal College of Psychiatrists to approve its basic and higher training schemes. This is done on a reciprocal basis with the IPTC being responsible for approving basic training in psychiatry in one region in the UK and IPTC representatives on the Specialist Advisor Committees of the Royal College of Psychiatrists are involved in approving higher training in all psychiatric specialities in the UK. The approval process consists of a formal visit by a small team of approval visitors (consultant psychiatrists) organised by the relevant training committee of the college. The team visit the training scheme and examine it in detail, including meeting with trainees, to assess if it is suitable for training. This is an excellent way of ensuring standards in training are adhered to and a good assurance for trainees.

Accreditation as a Specialist in Psychiatry

In order to register your name as a medical specialist in one of the specialties in psychiatry detailed earlier in the chapter, you must satisfy the Medical Council that you have completed specialist training. The IPTC is the recognised body to support your application for registration in the psychiatric specialties. An information leaflet and application forms are available from the Education and Training Section of the Medical Council (See Useful Contact List).

All doctors satisfactorily completing the majority of their basic and higher training on schemes in Ireland as certified by the IPTC are awarded a Certificate of Specialist Doctor (CSD), which entitles them to work as a specialist in all European member states. The IPTC also advises the Medical Council, at the latter's request, on individual applications by doctors who have not completed training supervised by the IPTC, for recognition as a specialist. This applies to a doctor who have trained in psychiatry outside the EU in particular. If such a doctor is considered to have a training equivalent to that supervised by the IPTC the Medical Council is advised of the training standard achieved and thus may include the doctor's name on the relevant register. However since the training has not been directly supervised by the IPTC, the doctor is not awarded a CSD therefore can only be registered to work in Ireland and not throughout the EU.

CHAPTER TWO: THE COLLEGE

The Royal College of Psychiatrists

The Royal College of Psychiatrists (RCPsych) is based at 17 Belgrave Square, London. The structure of the College includes Examinations and Training Committees, Public Policy Committees, a Collegiate Trainees Committee, 12 Divisions, Specialist Faculties and Special Interest Groups. It provides library and information services, publishes regional reports and also has a very active Research Unit.

The Irish Division of the RCPsych is one of 12 Divisions of the College. Up to March 2002, Irish psychiatry was represented by one 32 county Division of the College. Recent changes have seen the development of Irish and Northern Ireland Divisions. The Irish Division is known locally as the Irish College of Psychiatrists. Continued links between Northern Ireland and the South of Ireland are considered very important. This led to the establishment of the All-Ireland Institute of Psychiatry (AIIP) which is a joint body representing the interests of psychiatrists from both Divisions i.e. Irish College of Psychiatrists and the Northern Ireland Division. The two separate Divisions will continue to deal with their local Departments of Health and service providers to further the promotion of practice and service standards in psychiatry in their own jurisdictions. Both will be represented in the College centrally. Members may be a member of one Division only (usually the one representing their area of work).

Irish College of Psychiatrists

Since October 2002, the Irish College of Psychiatrists (ICPsych) has been the registered business name of the RCPsych in Ireland and is the replacement name for what was known as the Irish Section. It has an Executive Committee comprising two officers, 8 elected members and co-optees from all Faculties, the Public Education Committee, Regional Advisors, the CPD Sub-Committee, the Trainee Section, 3 CTC representatives and the IPTC Chairman. A Management Committee meets monthly and the Trainee Section is represented on this committee.

All who have passed the MRCPsych examination are eligible to vote and to go forward for election to the Executive Committee. Inceptors may participate through CTC representation.

The Faculties within the ICPsych reflect the Faculties of the College. While they are not officially recognised by Central College, they are the vehicle whereby the ICPsych representation on Central College Faculty Executive Committees is obtained.

The Faculties hold general business meetings and academic meetings. Some have small executive committees, which have a trainee representative. Trainees are encouraged to attend business meetings and participate. These Faculties concern themselves with practice and policy matters in psychiatric services and aim to influence the future development of psychiatry in Ireland. You may get on the mailing list by contacting the Irish College of Psychiatrists office.

These meetings can be useful sources of information. Don't be afraid to speak up and give your opinions. After all, it's **your** future! You may also volunteer to help on sub-committees examining various issues. It all adds up to good experience for your CV.

While the ICPsych does not have direct responsibility for training in Ireland it nominates the largest number of members to the IPTC. It is also represented by its Chairman on the IPTC and the Chair of the IPTC sits on the ICPsych Executive Committee.

Trainee Section of the Irish College of Psychiatrists

The Trainee Section of the Irish College of Psychiatrists was formed in 2002. The Section is open to all Psychiatry Trainees in Ireland. Initially, trainees from both North and South Ireland were represented, but in November 2004 the Northern Ireland Trainee Section was launched. There continue to be representatives from Northern Ireland on the ICPsych Trainee Section committee. As the Trainee Section is formally recognised by the College, all members must be either Inceptors or Members of the

College. An elected Executive Committee of trainees is responsible for the functional aspects of the Section with administrative support from the Irish College office.

The Trainee Section Committee, to date, has organised three successful Annual National Trainees Meetings, with the next meeting scheduled for December 2005. Additionally this document is the work of the Trainee Section Committee. Future projects include involvement in obtaining trainees views on an ideal academic training programme and other aspects of training. The Section aspires to democratically represent the views of all trainees in Ireland and therefore ask people to join the Trainee Section and give us feedback on your views.

You can get involved by joining the Section as a trainee member. If you wish to get involved in the work of the Trainee Section Committee please note that there will be elections for representatives on this committee every two years (in June). All inceptors and trainee members of the college will receive notification of the nomination process. Please note that you must be an Inceptor or Member of the College to go forward for election, as must those nominating individuals for election. The positions of Chairman, Vice-Chairman and Honorary Secretary will also be filled by election and the term of office is two years. Please visit the Trainee Section webpage on www.irishpsychiatry.com for details on the work of the Trainee Section.

Senior Registrar Committee

The Senior Registrars Committee comprises all the SRs on the National Higher Training Scheme. They have an elected Chairman and Secretary and are an active group who meet eight times a year for business meetings and lectures. The Senior Registrars arrange these meetings and the lectures supplement those in the IPTC academic series, in particular those relating to management and service development. The committee is formally recognised by the Irish College of Psychiatrists as a subgroup of the Trainee Section. Arising from this SRs have wide representation on most committees of the College, including the Management Committee and on the Higher Training Subcommittee of the IPTC.

Categories of Membership of the Royal College of Psychiatrists

Inceptors

Ultimately all trainees in psychiatry aspire to achieve membership of the College through the MRCPsych examination. As you are required to work for a minimum period of 30 months in psychiatry before you sit the Part II of the examination you will essentially wait some time before achieving Membership. Therefore, to encourage future Members to be actively involved in College activities the category of Inceptorship was created.

Inceptorship is open to qualified medical practitioners who intend to train for the MRCPsych (Membership) examination and are working on recognised training schemes. The benefits of enrolling as an Inceptor include:

- A copy of the Inceptors Handbook detailing information about psychiatry training, though this is focused on training in the UK.
- The British Journal of Psychiatry each month.
- The Psychiatric Bulletin each month. This periodical is a great source of information on training issues.
- Advances in Psychiatric Treatment at a reduced rate. An essential reference for the Part II examination of MRCPsych.
- Notification of scientific meetings organised by the College.
- Access to the College's Information Service, which includes the full use of psychiatric texts and on-line electronic journals.
- Affiliation to two Specialist Faculties / Sections of the College.

As an Inceptor you will be eligible for membership of the Trainee Section of the Irish College of Psychiatrists and for election to the Trainee Section Committee and the Collegiate Trainees Committee

(CTC) (See section on the CTC, page 27). Application forms and further details are available from the Irish College of Psychiatrists. The annual cost is £89 sterling (approximately 128 Euro) and this is reimbursable from your training grant. You can pay the College in Euro currency. The Trainee Section highly recommends that you become an Inceptor as soon as you embark on your career in psychiatry to fully benefit from involvement in the College.

Members

Membership of the Royal College of Psychiatrists is granted to qualified medical practitioners who have undergone training in psychiatry and have passed the Membership Examination (MRCPsych).

Affiliates

A doctor can register as an Affiliate of the Royal College of Psychiatrists through the recommendation of 2 members. Thus, psychiatrists who have not obtained membership of the College can develop relevant links as an Affiliate. This category does not entitle one to become a member however, this group is encouraged to register for Continuing Professional Development (CPD). Please refer to 'Good Psychiatric Practice: CPD in Ireland: Council Report CR107, The Irish College of Psychiatrists, 2002.

Fellows

Members with at least five years of seniority are eligible for election to Fellowship of the College.

Honorary Fellows

The College has the right to elect as an Honorary Fellow any individual who is eminent in psychiatry or connected disciplines, who has made a significant contribution to the field of psychiatry or the work of the College.

Associates

Two members of the College can nominate a non-medically qualified member of a profession closely allied to psychiatry as an Associate of the College. These individuals would be regarded as valuable contributors to the work of the College.

Collegiate Trainees Committee (CTC)

The Royal College of Psychiatrists involves trainees in its affairs to a very significant degree, via the CTC. This is a special committee of the College consisting of trainees of all grades elected by postal ballot from the divisions. These correspond to the eight English Divisions and one division each in Wales, Scotland, Northern Ireland and Ireland with a further place reserved for a Military representative. Each division elects three trainees who serve a two-year term of office, which may be extended a further two years. Elections are held in half of the divisions each year in order to maintain some continuity within the committee. At the time of election one trainee from each division should be a general professional trainee (pre-membership) and an Inceptor of the College, thus ensuring that at least a third of the CTC membership is made up of general professional trainees. In Ireland the 'three geographical regions' (Eastern, Southern, and Western) should be represented. At present all CTC representatives from Ireland are invited to sit on the Executive Committee of the Irish College. Northern Ireland is represented by three trainees.

The main aim of the CTC is to provide a link between psychiatry trainees and their College, and to represent their views and interests, in particular with regard to postgraduate training and education. The committee meets in London four times a year, and has a residential meeting to welcome new committee members in October each year. The CTC often forms working groups of four or five members in order to formulate ideas about particular training issues. Recent working groups have produced reports on the 'Specialist Registrar Research Day' (See section on Research, page 53) and 'Training in Community Psychiatry'. These reports are often published in the Psychiatric Bulletin, which you will receive as an Inceptor or Member of the College. The CTC was also actively involved in the revision of the MRCPsych examination and curriculum and continues to participate in projects such as the implementation of the

new examination at Part I MRCPsych i.e. the OSCE (See section on the MRCPsych examination, page 37). In addition to work on examination changes, the CTC has been involved in the production of the document titled, 'The Rights and Responsibilities of a Trainee Psychiatrist' (See Chapter 1). CTC members represent trainees on committees at all levels in the College. This demonstrates the breadth of trainee involvement in College matters. Thus membership of the CTC provides a range of valuable opportunities for trainees. Not only does it allow you to see the important work of the College at close hand, it also gives the opportunity to have a voice in matters pertaining to training and to meet fellow trainees from other regions.

Further information about the CTC is available at the Royal College of Psychiatrists website, www.rcpsych.ac.uk/traindev/ctc.htm

CHAPTER THREE: THE MRCPsych EXAMINATIONS (AND HOW TO SURVIVE THEM)

Examinations are formidable even to the best prepared, for the greatest fool may ask more than the wisest man can prepare.

Charles Caleb Colton.

There sometimes exists a tension between the desires and goals of the trainer and trainee. The trainer generally and quite sensibly wants to ensure that the trainee becomes the best psychiatrist he/she possibly can. The trainee generally wants to ensure that the membership examinations are passed as quickly as he/she possibly can. These goals do not always translate into the same preparations. The conflict may be encapsulated in the question: “does one teach examinations or does one teach psychiatry?” There has always been debate about the difficulties with summative assessment, but formal examinations are considered necessary in an attempt to ensure clinical competence. Furthermore, attempting to ensure that one is well prepared for the examinations and attempting to ensure that one becomes the best psychiatrist one can are not mutually exclusive processes. Indeed, educationalists have noted that appropriate changes in the examinations selected for summative assessment can have profound effects on the type and quality of study and preparation that trainees do. It is from this perspective that the Royal College of Psychiatrists has made in recent years some of the most extensive changes to date to the structure of the MRCPsych examination; this process is still ongoing. Aspects of these changes, together with the examination requirements, current examination format, and simple strategies to assist new trainees beginning their preparations are now discussed.

Examinations requirements and logistics

The MRCPsych examinations are divided into two parts, *Part I* and *Part II*. Part I may be taken after you have completed twelve months training in psychiatry (six months of which must have been in a General Adult Psychiatry post, the other six months may be in General Adult or Psychiatry of Old Age). Part II may be taken after you have completed thirty months training. It is possible to sit the examination if you have not had experience in Child and Adolescent Psychiatry or Psychiatry of Learning Disability. However the designation ‘MRCPsych’ will not be awarded even if you have passed the examinations until you have six months experiences in either (or three months of each). Experience in non-psychiatric specialities such as general practice or obstetrics and gynaecology may possibly be accredited for six months psychiatric training purposes for part II candidates upon submission to the College. Refer to the examinations regulations published by the College for further details (See Recommended Reading List).

Trainees need to nominate two Consultant Psychiatrists as sponsors for their examination application (see below). First-time applications (forms are available from the College Examinations Department) must be accompanied by a number of documents. These are listed in the requirements and include: Irish Medical Council Full Registration Certificate and current Annual Registration Certificate or all Irish Medical Council Temporary Registration Certificates and a letter from the academic organiser confirming that the trainee has attended, satisfactorily, the approved academic course (IPTC Teaching Programmes, in Ireland). Trainees generally need to be on an approved training scheme in Ireland or Britain to apply to sit for the exams. Some psychiatric training abroad is also approved such as in Canada or Australia. Again, trainees should consult the examination requirements. Additionally it is important to clarify recognition of training at the outset if you are considering working overseas for a period.

Venue for the examinations

Dublin is one of the centres in which the written components of the examinations are held. The exact venue changes from year to year so read your letter of information carefully. If you are successful in the

written paper you can be sent to any participating clinical centre in Ireland or Britain for the individual patient assessment/patient management problems, except any centre in which you have worked, or any centre in which you have been previously examined. You are informed of the centre a couple of weeks before the clinical examination and you obviously need to make careful arrangements to ensure you arrive in good time. The introduction of the Objective Structured Clinical Examination (OSCE) in 2003 has reduced the number of clinical centres required for part I candidates. At present there are two centres in London and each year a new centre outside of London is being used.

Sittings of the examinations and sponsorship

Both parts of the MRCPsych examination are held twice per year: Spring and Autumn. You need to pay careful attention to the deadlines for application forms to be received as late applications attract a penalty fee on top of the already considerable examination fee and applications that arrive two weeks or more after the closing date will not be accepted. **Table 1** gives an indication of the yearly examinations timetable: please note that this is meant to be a **rough guide only**, you should check the College website (<http://www.rcpsych.ac.uk>) or contact the Examinations Department in writing to get exact dates.

**Examination Services Department,
The Royal College of Psychiatrists,
17 Belgrave Square,
London,
SW1X 8PG.**

You are asked to name two sponsors on the application form, these are generally your Tutor and your current Educational Supervisor/Consultant. This emphasises that you must discuss your plans to sit the examination in detail with both before applying, as the College requires their confirmation that you are a suitable examination candidate before your application is accepted.

	Spring Sitting	Autumn Sitting
Application Deadline	Part I Early December	Part I Early June
Written Paper	March	September
OSCE	April	October
Overall Results	May	November
Application Deadline	Part II Early January	Part II Early July
Written Paper	April	October
Clinical Exams	May	November
Overall Results	June	December

Table 1. Approximate Examinations Timetable.

Corrections, Examiners and Feedback

A welcome introduction to the marking process of the MCQs has been the replacement of the former peer referenced system with criterion referencing. The former refers to setting the pass mark by selecting a certain percentile. Thus, if one picks the 50th percentile, half the candidates will pass. This system has fallen out of favour among educationalists as it penalises candidates in a good cohort. Criterion referencing involves a panel inspecting the questions set and deciding the likely mark a

candidate who has just about sufficient knowledge to pass would score. Candidates who achieve this score or higher will thus pass.

The MCQs are corrected by computers, hence their popularity with the College. A panel of individuals who have volunteered for the task correct the essay and critical review papers for part II. Directions and training on what is required in the answers are provided to the panel for each sitting of the examination. The examiners for the clinical components are made up of consultant psychiatrists working in Ireland or the UK who have volunteered for this and who receive ongoing training for the task.

On the application form you can indicate whether you want feedback on your attempt. You will not receive any breakdown of your scores on any section you pass. Feedback is only given if you fail a part (written or viva) of the examinations. It is worthwhile to receive this feedback as it can indicate areas in which you need to improve.

Number of attempts

Since the introduction of the written papers as a screening procedure to see who progresses to the clinical examinations, the definition of an 'attempt' has changed. A candidate is only considered to have had an attempt at either part if he/she has been allowed to progress to the clinical exam. Thus one can fail the written papers *ad infinitum* without using up attempts. The limit on the number of attempts at the exam have been removed. There are no further 'Final Fail' notices being issued and no restrictions placed upon the time elapsed since the last attempt.

The Results

The results of the part I MCQ paper are posted just a few days after you sit it. For the part II, it takes about three weeks to get the results of the written papers. If you pass the written papers, the overall results are available about a month after you sit the clinical examination. The examinations results are posted to you, but are available beforehand in the Irish College office, or most conveniently, on the College website if you have not chosen to have your name excluded from this list on the application form. You are given a breakdown of your scores on the various components of the exams only if you fail: if you pass you do not get your scores on individual components.

What does passing the exam mean? Passing part I in itself is just a milestone, although some training schemes in Ireland use this as a criterion for promotion to registrar grade. After you pass part II (assuming you have fulfilled the learning disability /child psychiatry requirement) you will get a slightly deflating letter from the College congratulating you but warning you not to use the letters 'MRCPsych' after your name until you pay your membership fees. Possession of full membership makes you eligible for higher specialist training, so that you can now apply for a senior registrar post in Ireland or a specialist registrar post in Britain.

MRCPsych. Examination Prizes

There are two prizes of interest for candidates sitting the part II examination. The Laughlin Prize is awarded to the candidate who achieves the highest overall mark, while the Standish-Barry Prize is awarded to the highest scoring candidate who attended a medical school in Ireland as an undergraduate. Since these prizes only amount to around Stg£250, it is unlikely that you will consider early retirement should you win either. They will obviously however brighten up the dullest of *curriculum vitae*.

Structure of the Examinations

Both parts of the MRCPsych examination consist of a written component and a clinical component (**Table 2**). A recent development has been the necessity to obtain a satisfactory mark in the written

components to be allowed to progress to the clinical components. While this may disadvantage some candidates who tend to compensate for lacklustre written papers with scintillating oral presentations, it means that if you are allowed to progress you have the relief of knowing you have passed all of the written section and need now only concentrate on performing adequately in the vivas. If a candidate fails any of the components then he/she must repeat all the sections.

MRCPsych examination		
<i>Examination Component</i>	Part I	Part II
Written	❖ MCQ paper: individual statement questions (ISQs) and extended matching items (EMI's)	❖ Basic sciences MCQ paper: ISQs and EMI's ❖ Clinical Topics MCQ paper: ISQs and EMI's ❖ Essay Paper ❖ Critical Review Paper
Clinical	❖ Objective structured clinical examination (OSCE)	❖ Individual patient assessment ❖ Patient management problems

Table 2. Components of the MRCPsych examination.

Multiple Choice Questions (MCQs)

Obviously all trainees are keen to demonstrate to the examiners their expertise in establishing rapport with the patient, elucidating key diagnostic features and synthesising these into a coherent picture that suggests management strategies. Unfortunately you will not get a chance to do this until you have achieved a sufficient grade in the multiple choice question papers that allows you to progress to the clinical sections of parts I and II. Your answers to these questions are corrected by optical scanners and processed by computer analysis, thereby presenting a cold, formal barrier to whether you progress in your attempt. Unsurprisingly, many trainees have found these papers considerable obstacles to overcome over the years. Unfortunately, given the utility of these papers to test a range of factual knowledge and particularly given their ease of correction, the MCQ papers are likely to remain a significant component of the MRCPsych examinations for the foreseeable future.

These papers have also seen a number of recent revisions in format. The old format of fifty 'stem' questions, each with five items has been replaced with the individual statement questions (ISQs). Examples of these formats are presented in **tables 3 & 4**. Since there were a number of educational concerns about this format of question, the College introduced extended matching items (EMIs) into the MCQ papers in 2003. At present the part I written is composed of 133 ISQs and 30 EMIs based upon 10 themes. These must be completed within 90 minutes.

The following are predictors of poor response to electroconvulsive therapy (ECT):		
a. Psychomotor retardation.	T	F
b. Histrionic features.	T	F
c. Biological symptoms.	T	F
d. Pre-morbid personality difficulties.	T	F
e. Fluctuating course of illness.	T	F

Table 3. Stem-and-five-item MCQ (old format).

1. A variable ratio schedule of reinforcement is associated with a high resistance to extinction.	T	F
2. In classical conditioning, Pavlov found that generally one cannot condition dogs beyond fourth order conditioning.	T	F
3. Kohlberg's three stages of moral development correspond closely to the three stages proposed by Piaget.	T	F
4. After ingestion, chlordiazepoxide is metabolised to diazepam.	T	F
5. Anhedonia in schizophrenia indicates the presence of co-morbid depression.	T	F

Table 4. Individual statement questions (new format).

Theme:	Side effects of antidepressants.		
Options:	A. Amitriptyline.	G. Doxepin.	
	B. Citalopram.	H. Phenelzine.	
	C. Clomipramine.	I. Reboxetine.	
	D. Doxepin.	J. Sertraline.	
	E. Fluoxetine.	K. Trazodone.	
	F. Imipramine.	L. Venlafaxine.	
	<i>Each option may be used once, more than once or not at all.</i>		
Lead-in:	For each patient, select the antidepressant most likely to have caused the side effect.		
Stems:	1.	A 36-year-old woman on antidepressant therapy develops sweating, nausea, headache and a stiff neck acutely after using an over-the-counter preparation containing ephedrine.	—
	2.	A 24-year-old man commenced recently on a selective serotonin reuptake inhibitor develops headache and reduced appetite.	—
	3.	A 72-year-old woman on tricyclic antidepressant therapy develops postural hypotension.	—

Table 5. Extended matching items question.

Part I has just one MCQ paper: examinable topics are listed in the new curriculum (See Appendix III: Recommended reading list) and broadly cover the areas of psychology, psychopathology, psychopharmacology and clinical theory. Part II has two papers that cover clinical topics and basic sciences. You are allowed 90 minutes to answer each paper. There are 165 ISQs and 15 EMIs based upon 5 themes. An example of the EMI format is presented in **table 5**.

Objective Structured Clinical Examination (OSCE)

This is a new development as discussed above, and has replaced the part I individual patient assessment (IPA) since 2003. The OSCE has been piloted in a number of locations to date and has been moderately well received. There are two centres in London and peripheral centres to which candidates travel. The exam consists of twelve stations, each of which contain a task of relevance to clinical practice. Professional actors play the patients, and there is an examiner seated at each station.

Each task lasts seven minutes with a warning bell after six minutes and a final bell at seven minutes. Following the final bell each candidate must leave the station and progress to the next numbered station and task. They have one minute to read the instructions at this next station. The total examination time is approximately 1 hour and 36 minutes and may include a rest station.

An advantage of OSCEs in examining terms is that they allow the observation of the trainee performing a greater variety of tasks than the traditional IPA allows. Thus possible stations include breaking the news to a woman that her son has schizophrenia and answering her questions, examining the retina with fundoscopy and advising a woman on lithium who wishes to get pregnant about possible risks. It should be noted that it is planned to use actors to simulate many of the patients/relatives of the planned stations. It will be obvious that candidates preparing for the OSCE will have to practice and prepare for a range of situations that were generally not assessed in the IPA. Further information on the OSCE is available on the Irish College of Psychiatrists website www.irishpsychiatry.com

Part II of the MRCPsych Examination

Essay

The essay appears in the written section of the part II. Candidates are expected to write one essay from a choice of 3 in 90 minutes. Evidence for your essay must be drawn from general adult psychiatry, all relevant specialties and basic sciences. Extra marks are awarded for quoting from relevant literature in support of your argument.

Various chief examiners have been at pains to point out in the past that the primary goal of the essay is not to test knowledge (the MCQs do this). Obviously you won't score very highly if you don't know any facts or make them up as you go along, but the main point of the essay is to see how you use what you know to argue a particular viewpoint. The necessity for a psychiatrist to be able to put across his/her views in a reasoned and clear fashion is evident, given the need to deal with patients, patient rights groups, managers and legal professionals. It is these skills that the essay hopes to promote and examine and means that the essay is likely to remain a significant component of the MRCPsych examination.

Critical Review Paper (CRP)

Introduced in 1999, the CRP has become an established component of the written section of part II. It replaced the old short answers questions of the examination and was designed to promote a level of expertise with literature appraisal and evidence-based practice among trainees. Candidates have 90 minutes to answer ten questions examining facets such as your knowledge of study design or facility with terms such as *number needed to treat* or *positive predictive value*. The paper consists of seven questions in Section A based on a presented abridged version of a paper that has appeared in a journal. Most questions have numerous parts to them. Section B comprises three questions based on a related but separate scenario, and generally involve application of evidence-based knowledge to clinical applications. Since candidates have to read the presented material and answer the numerous questions set in 90 minutes, it must be appreciated that the CRP needs to be completed within a tight time period.

Individual Patient Assessment (IPA) – 'The long case'

As you might suspect, this component of the examination involves interviewing a patient you have not met before in whatever examination centre you have been sent to. You have about 60 minutes to obtain a history, perform a mental state examination and examine the patient physically, so this component is also generally quite time pressured. You then have a further 10 minutes to collect your thoughts and structure your findings in the manner the examiners expect.

Upon being ushered into the examining room you will be faced by two examiners sitting behind a desk, who will ask you to outline in ten minutes a summary of the history, mental state and physical examination and preferred diagnosis. You may also observe another individual behind the examiners: this is the observer and his/her task is to assess the examiners' performance not yours. The next ten minutes will be occupied with examination of the patient with the examiners giving you tasks, such as assessing the risk of self-harm. The patient leaves the room at this point and the exam is concluded by a further period in which the examiners ask you to consider aspects of the case in terms of issues such as differential diagnosis, aetiology, management and prognosis.

This component of the MRCPsych examination, however, has not escaped the recent reforms. Since 2003, the part I IPA has been replaced by an OSCE (see above). Since it is essential to see how potential future members of the College actually perform clinically with a real patient, the IPA will be retained for part II. Additionally trainees should be aware that they will now have 40 minutes to spend with the examiners instead of the current 30 minutes: the extra ten minutes will be spent discussing issues such as diagnosis and treatment.

Patient Management Problems (PMPs)

This section appears in the part II examination and is given equal weighting to the IPA. It takes place on the same day as the IPA and you will have two different examiners questioning you. Half of the candidates do their PMPs before the IPA and vice versa. This section has changed slightly in that examiners no longer read vignettes that they have brought themselves to the exam, rather they will now give you three standardised vignettes. You will be handed a piece of paper with the scenario written on it; typical scenarios might include the assessment at night of a patient who has taken an overdose but who is refusing treatment, or the management of a patient with treatment resistant schizophrenia. Cases will be drawn from both General Adult Psychiatry and all the specialities such as Forensic Psychiatry and Child and Adolescent Psychiatry. You are expected to outline the most salient features of the case together with how you would proceed in assessing and managing the situation. Generally you will be allowed to proceed in your own manner unless you are straying from the crucial issues, in which case the examiners may use probes to direct your answering. Since this component lasts thirty minutes, you will now have ten minutes per vignette to discuss these issues.

Eight strategies for beginning study

Some general pointers are given in the following section, to help orientate those preparing for the MRCPsych examinations, especially new trainees, towards a reasonable approach to beginning study. Each individual obviously has found his/her own preferred study techniques over the years and so the following advice is meant to be taken as a guide only, although most of the points are thought by the authors to be important and sometimes essential:

1. **Obtain the College documents pertaining to the exams.** These include the examination regulations, the curriculum, the reading list, and the sample papers (see recommended reading list). The curriculum and reading lists in particular are essential documents, but it is surprising how many would-be members of the College consult them infrequently if at all. Reading the curriculum can be anxiety-provoking in that it is long and very detailed, but it is a better way of discovering what the College expects you to have studied than scratching your head in amazement while reading the MCQ paper on your first attempt.
2. **Speak to senior colleagues.** Speak to your colleagues about their experiences with the exams, especially those that have done it recently. Ask particularly about what approaches and texts they found helpful/unhelpful. Don't necessarily follow everything any particular individual will tell you, as each will have his/her own idiosyncrasies, but collate what information you receive and distil the advice that appears most useful.
3. **Choose textbooks with which you are comfortable.** Most trainees new to psychiatry choose their textbooks based on the advice of colleagues. This can be useful, but different textbook styles suit different people. Spend some time reading a few sample chapters from identified possible texts

before deciding to buy any. Obviously your library is more appropriate for this than the bookshop: if some common texts recommended by a number of colleagues are not available in your library, you should bring this up with your tutor.

4. **Find a group with which to study.** You may be used to completely individual study prior to this exam. Indeed, the great majority of your study will continue to be done individually; however, if you do not avail of group study you are putting yourself at a disadvantage. Some potential benefits of group study are listed in **table 6**. The chief advantage of group study is for the MCQ papers. When one looks at old questions from the photocopied banks of questions that float around from time immemorial, one is often struck with how difficult it is to locate a source that will allow you to confidently answer 'true' or 'false' to a given item. Having a good study group allows one to have the experience of the members, each with their own textbooks, thereby permitting areas of uncertainty to be checked in multiple sources in a fraction of the time it would take the individual. The group also allows the individual to gauge how well his/her study is progressing: if you are answering questions correctly significantly less frequently than your peers, then it is obviously time to shift your preparations up a gear.
5. **Avoid using superficial learning excessively.** One difficulty with MCQs is that they can lead candidates to learn off 'facts' in a random fashion, rather than encouraging them to synthesise new learning with that which is already assimilated. No matter how many MCQs you have seen prior to the exam, you will not have seen the majority that will come up on the paper, or else their form will be significantly different from what you have encountered before. Thus, one should aim to synthesise what one learns, stopping frequently to consider how any new information ties in with what one has encountered during study or in clinical practice. In this way one will be able to utilise one's knowledge to answer novel questions, rather than praying that the ragbag of facts one has painstakingly memorised turns up on the paper.
6. **Practise old/mock papers.** This is the essence of preparing for the written papers. Doing MCQs or essays, without studying the core material first is obviously of little benefit, but it is equally senseless to study without checking how you are doing beforehand. Obtain old banks of questions from senior colleagues (the old format MCQs are still useful) as well as MCQ books. Practise papers under exam-style conditions to perfect your timing. You need to correct these afterwards: this will tell you how you are scoring overall (you need to score at least around 80% on average to pass the MCQs for part I), and will highlight areas where you require further study (e.g. psychology or psychopharmacology). For part II candidates, you should get senior colleagues to correct your practice essays where possible and check your answers to mock critical review papers with model answers. One difficulty of the new formats introduced into the exams is that there is a relative lack of up-to-date mock questions, but this will be remedied with time, and the old format questions are still of use.
7. **Present cases in an exam-style format as often as possible.** This is a corollary of the preceding point. Most (though, worryingly, not all) trainees recognise the importance of presenting cases formally prior to the exams. You should not limit yourself to just these times however. Where time permits you should try to present cases fully to senior colleagues during routine clinical practice for example at new referral clinics. Particularly important is to have your interviewing techniques observed, either directly, or on videotape in teaching settings, to receive constructive feedback. It is only when you are thoroughly familiar with such formal presentations and in having your interviewing observed can you be confident in approaching the OSCE or the individual patient assessment.
8. **Get your timing right.** Timing is an important concept in a number of ways. Obviously being able to time manage individual components of the exam (especially since many are time-pressured as mentioned) is essential, but should come with frequent practise of mock papers. As important is the amount of time you prepare prior to each part of the examination. In an ideal world, you should be studying on a daily basis once you gain your place on a training scheme. In the real world, you will likely do what the majority do and take the unsatisfactory approach of limiting the majority of active study to the immediate few months prior to taking parts I and II. If this is the case, what is the minimum amount of time of hard study that is likely to be compatible with passing? This is obviously subjective, but most would argue that part I requires four months and part II, six months **as an absolute minimum**. Some would argue convincingly that more is required. Another aspect of timing

that you need to consider is when to sit the exams. You cannot sit them any earlier than the times mentioned earlier (unless you have exemptions. See the examination requirements). Equally, you should not sit the exams if you are ill prepared or have major personal/family crises happening at a crucial time in your preparation. This aspect of exam timing is one you should discuss carefully with your tutor.

- ❖ Reduced time in verifying answers.
- ❖ Increased number of texts available to each member.
- ❖ Access to different interests/specialties of members.
- ❖ Memorable rehearsal of material.
- ❖ Stimulus for further study.
- ❖ Comparison of exam readiness.
- ❖ Exposure to different skills/attitudes of members.
- ❖ Exposure to a range of experiences among group members.
- ❖ Interpersonal support and enjoyment.

Table 6. Some reasons for Group Study.

In summary, in this chapter we have looked at a number of aspects of the MRCPsych examinations. Some of the most pertinent examination requirements have been covered, together with recent changes to the examination format and some strategies for beginning your studies. It is necessary to emphasise the importance of consulting the relevant College documents pertaining to the examination yourself, particularly the examination requirements. Equally essential is the need to discuss your examination plans and preparations with your supervising consultant and tutor. Preparing for and attempting the MRCPsych examinations can be an anxiety-provoking experience, but also a very rewarding one: most trainees appreciate how the increased factual knowledge one is expected to assimilate can inform and change one’s clinical practice. The difference in activity between a good preparation and an inadequate one is often qualitative rather than quantitative: in other words, an inadequate preparation often results from not focusing on the essential areas rather than from a lack of study. It is hoped that some of the pointers in this article, along with advice from one’s senior colleagues, will orientate the trainee towards these essential areas. It just remains for us to wish you the very best of luck in your preparations!

Answers to Sample MCQ’s:	
Stem-and-items MCQ:	a. F, b. T, c. F, d. F, e. T.
Individual statement questions:	1. T, 2. T, 3. F, 4. T, 5. F.
Extended matching items:	1. H, 2. E, 3. F.

CHAPTER FOUR: OTHER ASPECTS OF TRAINING

Psychotherapy Training

Psychotherapy encompasses all types of psychological therapy. People using mental health services have a wide-range of problems and expect appropriate treatment to be delivered by adequately trained practitioners. Additionally, there is an increasing demand for psychological treatments either as complementary to physical and social interventions or as an alternative to them. Therefore it is clear that psychotherapy training needs to be an integral part of training in psychiatry.

The Royal College of Psychiatrists has updated the requirements for psychotherapy training as part of general training. Further information can be found on the RCPsych website www.rcpsych.ac.uk/traindev/postgrad/ptBasic.pdf

It should be noted that fulfillment of the basic requirements of psychotherapy training will be mandatory in order to sit the MRCPsych Part II examination. The extent of theoretical knowledge required for trainees is based on the Curriculum for Psychotherapy for MRCPsych Examinations (2001). The practical application of models of psychotherapy can be monitored with the use of your training logbook and under the supervision of an accredited Psychotherapist. Supervision is a fundamental aspect of this form of training, however there are currently no Consultant Psychiatrists in Psychotherapy posts formally approved in Ireland though there are many Consultant Psychiatrists with considerable training and experience in psychotherapy. The introduction of formal psychotherapy training will be a challenge without psychiatrists in formal psychotherapy posts however, efforts are being made to develop these posts.

Specialist Training

The development of basic skills in psychotherapy is necessary for all psychiatrists but some individuals may choose to train to a higher level in a certain modality. For psychiatrists, there are two types of specialist training:

- a) Higher training in psychotherapy accredited by the Royal College of Psychiatrists, with the aim of gaining a Certificate of Completion of Specialist Training (C.C.S.T.) in psychotherapy in the UK and becoming a Consultant Psychiatrist in Psychotherapy. Currently there is no training scheme available in Ireland in order to take this route.
- b) There is a wide range of courses available in Ireland that many psychiatrists in training attend with a view to improving their psychotherapy skills. This type of training usually involves participation in a taught course at diploma or masters degree level. Courses vary in length and generally psychiatrists in training engage in part-time courses while working in a clinical post. Courses involve didactic teaching of psychotherapeutic theory and clinical supervision. Additionally there may be a requirement to pursue personal therapy particularly if participating in a psychoanalytic course. Assessments can include the writing of case reports, essays and examinations. A research-based thesis is normally required for a master's degree.

Psychotherapy Courses

Psychoanalysis

There are a number of courses relevant to psychoanalysis available in Dublin.

1. School of Psychotherapy, St. Vincent's University Hospital, Elm Park, Dublin 4.

M.Sc. in Psychoanalytic Psychotherapy

Further details available at www.ucd.ie. Telephone: 01 209 4577

2. Trinity College Dublin

M.Sc. in Psychoanalytic Psychotherapy

Further details available at www.tcd.ie/Psychiatry/postgrad.htm

Telephone: 01 608 1166

M.Sc. in Child and Adolescent Psychoanalytic Psychotherapy

Further details available at www.tcd.ie/psychiatry/postgrad.htm

Telephone: 01 269 3883

3. Dublin Business School (incorporating L.S.B.)

M.A. in Psychoanalysis (Clinical specialisation)

M.A. in Psychoanalysis (Research)

Further details available at www.dbs.ie Telephone: 01 648 5455

Humanistic and Integrative Psychotherapy

University of Limerick

M.A. in Humanistic and Integrative Psychotherapy.

Further details available at www.ul.ie/graduatestudies/prospectus

Cognitive Therapy

1. Trinity College Dublin

M.Sc and Diploma in Cognitive Psychotherapy

Course Director: Dr. Tony Bates, Jonathan Swift Clinic, Dept. of Psychiatry, St. James's Hospital, Dublin 8.

Further details available at www.tcd.ie/Psychiatry/postgrad.htm.

Telephone: 01 4162621

2. Queen's University, Belfast

Diploma in Cognitive Therapy

Further details from Queen's University. Course coordinator: Anne Kelly.

Telephone: +44 (0) 2890 665570 Website: www.belfastCTcentre.com

3. University College Cork

H.Dip in Behavioural and Cognitive Psychotherapy and MA in Behavioural and Cognitive Psychotherapy

Course Director: Dr. Ethel Quayle and Dr. Veronica Cullinan

Telephone: 021 494552 Website: www.ucc.ie

Family Therapy

1. Department of Child and Family Psychiatry, Mater Misericordiae Hospital, Dublin.

M.Sc in Systemic Family Therapy

Further details available at www.ucd.ie/pgstudy

Telephone: 01 803 2349

2. University of Limerick
M.A. in Systemic Family Therapy
 Further details available at www.ul.ie/graduatestudies/prospectus
3. Clanwilliam Institute, 18 Clanwilliam Terrace, Dublin 2.
Foundation Year for Professional Training in Family Therapy
Certificate in Family Therapy
Diploma in Family Therapy
MA in Systemic Family Therapy (Affiliation with University of Limerick)
 For further details e-mail: office@clanwilliam.ie

Management Courses

1. Royal College of Surgeons
RCSI Healthcare Management Centre
 Course Director: Ms. Teresa O'Hara, RCSI, 123 St. Stephen's Green, Dublin 2
 The RCSI offers various diplomas in healthcare management.
 Website at www.rcsi.ie/index.asp
2. Royal College of Physicians in Ireland
Personal Management Skills for Doctors in Training
 Further details from Adrienne Pullen, Education and Training Manager, RCPI, Dublin 2
 Telephone: 01 6616677 Website: www.rcpi.ie

The above list is clearly not exhaustive and indeed is focused primarily on University based courses. Details of other courses and training opportunities are available from the organisations listed below.

Some Organisations relevant to Psychotherapy

- **Psychotherapy Faculty, Irish College of Psychiatrists.**
 All inceptors and members with an interest in psychotherapy are welcome to join this Faculty.
 Contact via the ICPsych office.
- **Irish Council for Psychotherapy.**
 This organisation publishes ethical guidelines for the practice of psychotherapy and produces the popular book, '**A Guide to Psychotherapy in Ireland**'. This is essentially a directory of psychotherapy practice in Ireland.
 Contact details: 73 Quinn's Road, Shankill, Co. Dublin. E-mail: info@icpty.ie
- **The Association for Psychoanalysis and Psychotherapy in Ireland.**
 The association's objective is to advance Freudian and Lacanian psychoanalysis and psychoanalytical psychotherapy. Further details on www.appi.ie

Further information on other organisations is available in the book 'Psychotherapy in Ireland' (See Appendix III: Recommended reading list).

Research

Research is an important activity at every stage of your psychiatry training. With the introduction of the critical review paper to the membership examination and the advent of evidence-based journal clubs, the relevance of research methodology and outcomes are more obvious to trainees. As our careers progress we are expected to utilize evidence-based medicine, and research experience will undoubtedly

facilitate this process. Indeed as you progress in your career as a psychiatrist you may aspire to supervise others in research.

Research for trainees includes the presentation and reporting of clinical cases, literature reviews and participation in more formal scientific research projects, which may involve working within a research team. The College recommends that all general professional trainees in psychiatry should have some experience of supervised research. There should be a Research Tutor on each training scheme and their role is to advise trainees on the suitability of projects for their level of experience. When a trainee embarks on a research project they must have a direct supervisor whom the Research Tutor may nominate.

The College recommends that early in your training, research could be limited to a case report or a literature review. Later, trainees might focus on the design of research protocols and involvement in larger projects. The Association of University Teachers of Psychiatry (AUTP) has recommended that any research project undertaken by trainees should be manageable in content, in order to complete projects before taking Part II of the MRCPsych examination. To assist you in the process of initiating research there are lectures on research methodology and basic statistics available as part of the IPTC educational programmes for trainees. Additionally, a number of schemes that have associated research departments organise lectures and tutorials on research. Check with the various scheme organisers for further details pertaining to individual schemes.

Presenting Research

There are numerous opportunities for trainees to present their research findings both at local and national level. The Irish College of Psychiatrists and the Northern Ireland Division of the Royal College of Psychiatrists jointly invite inceptors and trainee members to present research findings at the annual winter meeting, with prizes awarded for the best oral presentation and poster presentation. Most of the Faculties and Sections of the College invite presentations at their annual meetings and frequently there are specific awards available to trainee representatives for research findings presented. These meetings provide opportunities for trainees, interested in research, to identify centres with ongoing research projects and to speak with colleagues already involved in research. Additionally the Royal College of Physicians in Ireland hosts a National Scientific Meeting annually, at which you could present a research study and The Royal Academy of Medicine in Ireland, Psychiatry Section hosts separate research prize meetings for Registrars and SRs each year. The website www.rdinfo.org.uk provides a list of awards funded by the Royal College of Psychiatrists in both the UK and Ireland.

Individual schemes and academic departments also run research days. Presenting your research to your peer-group and senior colleagues is invaluable in terms of general experience and for the feedback received. You should check with your educational supervisor about the events organised on your scheme. Finally, a number of pharmaceutical companies run competitions for trainees in psychiatry, based on presentations of research and literature reviews. Again information about these competitions should be available from your Educational Supervisor or Tutor.

At the post-membership stage of your career you may decide to obtain more experience of research. The options include working in research full-time as a research fellow attached to an academic department or part-time while working as a Senior Registrar. There are a number of departments actively involved in psychiatric research (more details later). Most trainees engaged in full-time research register for a higher degree, Doctor of Medicine (MD) or Doctor of Philosophy (PhD). Generally, the Universities recommend that for an MD degree you require two years full-time research and three years for a PhD. Further information and specific requirements are available from the admissions office of each university.

Educational Approval of Research prior to appointment to a Higher Training Post

Trainees can apply for educational approval for time spent in research from the IPTC at the outset, which will then submit the application to the relevant Specialist Advisory Sub-Committee of the Higher Specialist Training Committee of the Royal College of Psychiatrists. Recognition of the time spent in a research post as higher training may be granted for a maximum period of one year for trainees at the post-membership stage of their training. This prospectively achieved recognition only becomes effective when an appointment to a higher training post has been made, i.e. a Senior Registrar (SR) post in Ireland.

In Ireland, trainees must initially send their application to the administrator of the IPTC. Applications forms are available from the IPTC office or can be downloaded from the Royal College of Psychiatrists website in the Training and Development Section. The trainee's curriculum vitae (CV), a timetable for their placement, the research protocol and a covering letter from the training programme director, must accompany the application form. It is important to note that trainees should receive educational approval before they commence in a research post or during the first 6 months in a post. In addition, trainees who receive prospective recognition are required to attend the academic programme for SR's. Other conditions related to the recognition of time spent in a research post are available in the Higher Specialist Training Handbook (1998).

Research and Higher Training

Research is recognised as an integral part of higher training for psychiatrists. The Higher Specialist Training Handbook (1998) highlights the importance of research at this level and states, **'increasingly, clinical practice and service organisation and delivery are informed by research studies. A natural reluctance to change impedes the diffusion of advances in knowledge and practice and there is an increasing awareness in the profession of the importance of the ability to judge and assimilate new information. There is probably no better way to obtain insight into these matters than to undertake a piece of original research and the HSTC (Higher Specialist Training Committee) now requires two sessions each week to be devoted to planning, conducting and communicating the outcome of a research project'**.

In Ireland Senior Registrars are allocated these two sessions each week for research (See section on Higher Training, Chapter 1). However, a recent article from the CTC highlights some problems with research at higher trainee level (Ramchandani et al, 2000), particularly the fact that research can become a 'poorly structured training experience, with many trainees experiencing a failed attempt to achieve publication'. The authors conclude by stressing the need for better supervision of research and the sourcing of assistance from other professional groups. The Specialist Training Committee (STC), with CTC input, is currently in the process of reviewing the research day for higher trainees however, it must be stated that in Ireland the research day is used well by trainees.

In conclusion, clinical research is an activity, in which trainees at all levels can engage, and certainly enhances one's CV. Additionally, with the emphasis on evidence-based medicine in clinical practice, experience of research will no doubt prove very useful for a career in psychiatry.

Research Opportunities in Ireland

There is a wealth of research activity ongoing in Ireland in the specialty of psychiatry. The following list of research centers is reasonably comprehensive but by no means exhaustive but should give you an idea of the type of research taking place in Ireland. As mentioned previously research posts are advertised in the medical press. You can inform yourself about research projects in your area of interest by attending academic meetings and keeping up to date with publications in psychiatry journals. Your tutor will be able to inform you of research opportunities available during your time on a training scheme.

Trinity College Dublin

Professor Michael Gill at the Department of Psychiatry supervises a number of projects in the area of Neuropsychiatric Genetics. Projects include studies of the genetics of Recurrent Unipolar Depression, Attention Deficit Hyperactivity Disorder, Autism and Psychosis.

Further details on www.tcd.ie/Psychiatry/Neuropsychiatry/latenews.htm

Professor Brian Lawlor at Mercer's Institute for Research on Ageing supervises a number of psychiatrists who are engaged in research. There are a number of projects ongoing in this department including research on sleep disorders in the elderly, the consequences of alcohol use in the community dwelling elderly and other work in the area of Psychiatry of Old Age. Additionally, the department is involved in a multi-centre project examining the genetic basis for late-onset Alzheimer's Disease in collaboration with Professor Michael Gill.

Further details from Mercer's Institute for Research on Ageing, St. James's Hospital, Dublin 8.

Professor Michael Fitzgerald at the Department of Child Psychiatry supervises a number of projects in the area of Child and Adolescent Psychiatry.

Dr. Greg Swanwick, Adelaide and Meath Hospital, Tallaght, supervises a study on post-stroke depression and plans to seek further funding for Psychiatry of Old Age research.

University College Dublin

Professor Eadbhard O'Callaghan, Stanley Research Foundation, St. John of God Hospital, supervises projects in the area of Schizophrenia and Psychosis.

Further details on www.sjog.ie

Professor Patricia Casey, Department of Adult Psychiatry, Mater Hospital and Professor Carol Fitzpatrick, Department of Child Psychiatry, Mater Hospital are both very involved in research. Ongoing projects include the ODIN project in Europe; a multiagency study of treatments of child abuse in Ireland; a collaboration with St. John of God Hospital (SJOG) on suicidal thoughts in young people and a collaboration with SJOG and Our Lady's Hospital for Sick Children, Crumlin evaluating a group for parents of children with conduct disorder.

Website: www.ucd.ie/medicine/psych/mater.htm#research

Professor Kevin Malone, Department of Adult Psychiatry, St. Vincent's University Hospital, Elm Park, Dublin 4, is the coordinator of The Ireland North-South Urban-Rural Epidemiologic Study of Suicidal Behaviour in Major Psychiatric Disorders (INSURE).

Dr. John Sheehan, Mater Hospital, is researching aspects of Post-natal Depression, the impact of alcohol abuse on hospital utilization and quality of life assessment in patients with prostate cancer.

Royal College of Surgeons in Ireland

Professor Kieran Murphy, Department of Psychiatry, Beaumont Hospital, is involved in a number of multicentre Behavioural Genetics studies in the area of velocardiofacial syndrome and tuberous sclerosis.

Further details on www.rcsi.ie/research

Dr. Jogin Thakore, Neuroscience Centre, St. Vincent's Hospital, Dublin 3, supervises a number of projects in the area of the Metabolic Syndrome and Cardiovascular Disease in the major psychoses.

Further details on www.rcsi.ie/research

Professor John Waddington, Stanley Research Foundation coordinates a number of projects in the area of Major Psychoses based in the Cavan/Monaghan region.

Health Research Board

The Health Research Board (HRB) funds a number of research posts in the field of psychiatry. The number of posts varies from year to year depending on the amount of funding available. Recently, psychiatrists have completed projects on the genetics of psychiatric illness under the supervision of Dr. Dermot Walsh and Professor Michael Gill.

Further details from Ros Moran, Head of Mental Health Research Division, Health Research Board, Baggot Street, Dublin 4. Website: www.hrb.ie

National University of Ireland, Galway

There are opportunities to engage in research projects as part of a Masters in Medical Science Degree (M.Med.Sc).

Further details on www.nuiq.ie

Forensic Psychiatry

Dr. Harry Kennedy, Consultant Forensic Psychiatrist, supervises a number of research psychiatrists on projects pertaining to the forensic services in Ireland.

Substance Abuse

Dr. Eamon Keenan, Consultant Psychiatrist in Substance Abuse, supervises a large number of research projects with his colleagues in the Drug Treatment Service. These include projects on pregnant opiate users, the introduction of a Methadone Protocol, physical illnesses associated with IVDA and psychiatric comorbidity in the drug using population.

There are opportunities for all trainees working in the service to engage in research projects.

Further details from AIDS/Drugs Service, Cherry Orchard Hospital, Dublin 10.

Learning Disability

Dr. John Hillery, Consultant Psychiatrist in Learning Disability, supervises a number of projects involving people with Learning Disability.

Audit

Medical audit is an essential principal of clinical practice today. The process involves analysing a feature of clinical practice, identifying deficiencies, setting standards to correct these deficiencies and later reanalysing the practice. As a Consultant Psychiatrist, you will be expected to utilise the audit cycle to review and improve your service.

With this in mind it is recommended that you participate in audit projects during your training. Ideally you should choose an area that interests you and which is manageable in terms of resources and time. Your Educational Supervisor or Tutor may provide more guidance about the types of audit you might perform, an example being the use of hypnotic medication in the pre-discharge ward. You should aim to present the findings of your audit to your colleagues and consultants. It is also possible to publish the results and outcome in a medical journal if the topic is of interest to a wider audience.

Safety Issues for Trainees in Psychiatry

Doctors by the nature of their work are at increased risk from violent acts against them. This is a very real risk in the specialty of Psychiatry and you must consider your personal safety in all clinical situations.

The Royal College of Psychiatrists has produced two documents pertaining to safety and violence, both giving very practical advice on maintaining personal safety. These documents are essential reading for all psychiatrists in training, indeed for all mental health workers.

The first document titled, '**Safety for Trainees in Psychiatry**' was published in 2000 as a Council Report CR78 and is available on the college website. The CTC formed a working party that developed this document in the form of a report. Of note surveys of trainee psychiatrists in the eastern region of Ireland, in 1995 and 2000, reported that 10% of trainees had experienced some form of violent attack (including verbal attacks). Presenting this statistic is not meant as a shock tactic but to stress to you the importance of considering this risk. Precautions and awareness can significantly reduce your personal risk.

In brief, the report recommends:

- Being aware of **personal privacy** i.e. avoid revealing personal information to patients, advising switchboards not to give out your mobile or home phone number and being aware that your number may be traced when you make a call. It is reassuring to report that the Medical Council will not publish any personal details of doctors on its proposed website. Please note that in the UK, if you register with the General Medical Council your home address will be published in the register if you use it as your contact address. It is always preferable to use your work place as a contact address.
- Ensure that your **personal appearance** is professional and not sexually provocative. Take care with clothing that may be used as a means to harm you i.e. scarves, neckties, etc.
- Your **behaviour** during a consultation with a potentially aggressive patient may further agitate the patient if you appear confrontational. Remember that a suspicious patient may not be comfortable with you taking notes. **Always terminate an interview if you feel under threat.**
- Do not assess patients in an **isolated area** and always inform another member of staff if you are seeing a patient alone. Ideally another staff member should accompany you when assessing a new patient or even a known patient whose mental state has deteriorated, particularly if you are performing a physical examination. Always ask what procedure is in place for this assistance. Additionally you must be familiar with the protocol for raising an attack alarm either with a panic button or a personal alarm. Remember that personal alarms only work in areas with sensors, so familiarise yourself with the layout of the clinic / hospital.
- Remember that family members and carers may be a risk to you also.
- Avoid walking around the grounds of the hospital after dark. Ask that the security guard accompany you to your car, etc.
- If someone is brought in to A+E or the psychiatric hospital by the Gardai for being violent, ask the Gardai to wait until the situation is under control.
- Ideally, you should always be accompanied when making home visits, especially when you don't know the patient. This is not required in Psychiatry of Old Age. Always make an assessment of risk before making a visit by calling the GP. Failing this always let your team secretary know where you are going and carry your mobile phone at all times. If you feel threatened terminate the interview and leave.
- All trainees should receive instruction in **Breakaway Techniques**, at induction and ideally every six-months as a refresher. Your Educational Supervisor should advise you about local arrangements.
- A practical measure to consider is always to sit nearest the door in the interview room beside the panic button or with your personal alarm on your person and ensure there are no objects available that could be used as a weapon.

These measures should significantly reduce your risk, however in the event of an assault, you must discuss the matter with your immediate Educational Supervisor. It is advisable to complete an incident

report form with details of the assault. You should seriously consider supportive psychotherapy and perhaps take some leave from work.

The second publication we recommend is 'Management of Imminent Violence' (1998) from the Royal College of Psychiatrists' Research Unit. This document is based on research evidence about the contributing factors to violence, how to recognise imminent violence and techniques to reduce aggression in psychiatric patients including advice on rapid tranquillisation. It is available from the College at a small cost. However, it should also be in your library.

Mental Health Legislation

Up until recently the practice of psychiatry in the Republic of Ireland has been legislated for by the Mental Treatment Act 1945. There is in the process of being replaced by a new Act, the Mental Health Act 2001. This Act provides for the involuntary admission to approved centres of persons suffering from mental disorders; the independent review of the involuntary admissions of such persons; the establishment of mental health commission tribunals and an Inspector of Mental Health Services; the repeal of the Mental Treatment Act 1945 and to provide for related matters.

Some of the key areas of relevance covered by Mental Health Legislation, with which you should be familiar, are as follows:

- (a) The legal **definition of "mental disorder"**.
- (b) **Voluntary and involuntary admissions to Psychiatric Hospitals** (both public and private) and the processes involved. For example, what are the conditions required for an individual to be admitted involuntarily under the Law and how should an application proceed.
- (c) **Detention of persons originally admitted voluntarily** (e.g. changing the admission status of a voluntary inpatient due to a deterioration of their mental state).
- (d) **Independent review of detention**. The implementation of the new Act will result in the mandatory review of involuntary admissions by Mental Health Tribunals, once the act is fully operational. This is new to Ireland but has been the practice in the UK and Northern Ireland for a number of years.
- (e) The principle of **consent to treatment** and the conditions under which you can treat mental illness without consent.
- (f) **Approval of treatment by an authorised second opinion**. There are many issues pertaining to this in the new Act such as the use of ECT for detained patients and continuing medical treatments not received voluntarily beyond 3 months.
- (g) **Seclusion and restraint**. When it is appropriate to use these techniques.
- (h) **Detention of children**. Issues such as the legal definition of a child and how does detention of children differ from that of adults? This is relevant even if you are not working in Child and Adolescent Psychiatry.

Health reform is also ongoing with the Health Act 2004 providing for the establishment of the Health Service Executive and the dissolution of the Health Boards which were established under the Health Act 1970. Details of the government's Health Service Reform Programme can be found on the Health Service Reform website www.healthreform.ie. This website includes links to 3 important reports relating to these reforms that impact on doctors. The Brennan Report (*Report of the Commission on Financial Management and Control Systems in the Health Service*), The Prospectus Report (*The Audit of Structures and Functions in the Health System*) and the Hanly Report (*Report of the Taskforce on Medical Staffing*).

The website of the Department of Health & Children www.dohc.ie is another valuable source of information with regard to ongoing legislation and mental health initiatives.

The list above outlines some of the important issues for you when you start off as a trainee in psychiatry. As the scope of the legislation is much broader than this a list of recommended reading has also been suggested (See Appendix III: Recommended reading list). This will hopefully provide answers to the questions posed above and an opportunity to "fill in the gaps".

CHAPTER FIVE: NON-EU GRADUATES

The Trainee Section is aware of the significant numbers of doctors training in psychiatry that come from outside the European Union. For the purposes of this chapter on the particular issues pertaining to this group of doctors we use the terms non-EU graduates and non-EU doctors.

Registration with the Irish Medical Council

The first issue to highlight is that of registration with the Medical Council (MC). This process can be stressful for doctors, however there is no option but to proceed with the protocols, as all doctors who wish to practice in Ireland must be registered with the MC. For doctors who graduated outside the European Union, you may obtain Temporary Registration for a maximum period of seven years. The good news is that Temporary Registration can be a route to Full Registration, which allows unrestricted practice.

The Temporary Registration Assessment Scheme (TRAS) sets out the mechanisms by which doctors can obtain temporary registration. This includes language and clinical assessments. If you have a higher degree obtained in Ireland then you are exempt from assessment. In January 2001, the MC introduced changes with regard to the temporary registration of non-EU doctors in Ireland. In place of the Temporary Registration Book (green book), non-EU doctors will now receive a Certificate, which will contain details of former periods of temporary registration, which the doctor has held, and the current registered assignment. The employing authorities used to retain the original certificate for the duration of employment. However, it is now acceptable to submit a copy of the original certificate. Therefore you can retain the original certificate of registration as you may be required to submit it for the purposes of visa applications. You will be issued with a new certificate every six months.

Since 2001 you can apply for Full Registration with the MC after a period of **two years** on the temporary register, prior to this you had to wait for five years. The MC has set down the requirements and procedures for application and eligibility for Full Registration by non-EU doctors. This document is awaiting the approval of the Minister for Health (March 2003).

It is interesting to note that the General Medical Council (GMC) in the UK has agreed to consider doctors for full registration after **one year** on the temporary register in that country. Thus in order to maintain parity between the UK and Ireland, the MC may have to consider this time frame also.

Visas

The Department of Foreign Affairs has responsibility for issuing entry visas in Ireland. However, because immigration matters are the responsibility of the Department of Justice, Equality and Law reform, decisions on visa applications are also that Department's responsibility. The two government departments have a close working relationship regarding visa applications. Doctors who have temporary registration are not required to have a **work visa** in Ireland. Though once you achieve full registration you must apply for work visas. (See Appendix II: A Useful Contact List for details of both Government Departments).

The Visa Office of the Department of Foreign Affairs and Embassies and Consulates Abroad provide information about visa requirements and application procedures, they process applications and they respond to enquiries about individual applications. Visa applications received at the Department's Visa Office in Dublin are normally either decided on the basis of delegated sanction or are passed, within one working day, to the Department of Justice, Equality and Law Reform for decision.

The current **entry visa** policy with regard to non-EU doctors was agreed in 1998. This agreement states that after a doctor has completed six months employment, he/she can have their visa endorsed for

twelve month periods thereafter even if they only have employment confirmed for the following six months, as is often the case for non-consultant hospital doctors who sign contracts every six months. The Irish Medical Organisation (IMO) is working with the Department of Justice, Equality and Law Reform, on the issue of visas for doctors and hopes to see substantial improvements in the system in the coming year. Please note that there are a number of states outside of the EU whose nationals do not require an entry visa for Ireland. You can access this information from the IMO website (See Appendix II: A Useful Contact List). Any specific queries should be directed to the IMO Non-EU Graduates Committee.

We recommend that you carry your hospital identification card (ID) with you at all times to avoid unnecessary confusion about your work status when dealing with authorities.

Family members and Visas

One of the problems doctors have had in the past is difficulty arranging entry visas for their spouse and dependent children. The government had stipulated a waiting period of **12 months** before a doctor's family could apply for a visa. This situation clearly created significant stress for the families affected. Consequently, the IMO lobbied the Department of Justice, Equality and Law Reform on this issue and was successful in achieving a reduction in the waiting period to **3 months**. Although not ideal, this effort demonstrates the impact an organisation like the IMO can have in effecting change.

In view of the existing problems non-EU doctors can experience in terms of visas and registration, the Trainee Section recommends that all trainees in psychiatry should seriously consider joining the IMO. This organisation has formed a Non-EU Graduates Committee that has been very active in tackling some of the issues particular to doctors from outside the EU states.

Racial Discrimination

Unfortunately doctors are not immune from racial discrimination. In fact, in two surveys of trainees in psychiatry working in the eastern region of Ireland, 9% of trainees reported racial discrimination in both 1995 and 2000. These statistics demonstrate that 35% of non-EU doctors working in psychiatry experience racial discrimination.

'Racial Discrimination' is defined in article 1 of the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) as meaning:

'Any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life'.

It is important to note that Ireland ratified this convention (CERD) in December 2000 thus demonstrating the Government's ongoing commitment to resolutely ban racial discrimination in Ireland. For more information on this topic and in particular in relation to employment equality see the Department of Justice website (www.justice.ie).

The Trainee Section advises that you inform yourself about the legislation on this topic. Additionally, if you have concerns pertaining to discrimination you should discuss these with your Educational Supervisor or Tutor in the first instance.

CHAPTER SIX: QUESTIONS AND ANSWERS

Q.

What do I need to get a place on a training scheme in psychiatry?

A.

Most training schemes take people directly after internship. It can be useful to have some prior general medical experience and indeed some trainees choose to start psychiatry training having trained in general medicine, general practice or more rarely surgery.

At interview you will more than likely be asked about previous experience of managing psychiatric illness in your training or general medical work and of course your reasons for wishing to pursue a career in this area.

Q.

How long does training take?

A.

The absolute minimum is five and a half years. That includes a minimum of two and a half years for basic specialist training and a minimum of three years higher specialist training. The reality is that it usually is longer – you may choose to take more time in basic training – most schemes offer up to four years. Time spent in other medical specialties prior to commencing psychiatry training can count towards your training requirements, allowing you to sit the part II of the MRCPsych examination before you have completed 30 months in Psychiatry.

After gaining the MRCPsych. you may choose to take a research job or a lecturing post. These can be recognised for higher training. If you decide on a specialty such as Psychiatry of Learning Disability or Psychiatry of Old Age higher training in this country can extend to four years, as you are obliged to obtain dual accreditation in your specialty and in General Adult Psychiatry. Child and Adolescent Psychiatry higher specialist training takes three years to complete.

If you have done some training abroad you will have to apply to the College for recognition of this experience or for exemption from exams.

Q.

Who is in charge of psychiatry training in Ireland?

A.

Currently the Irish Psychiatric Training Committee regulates training in psychiatry in Ireland. This body is recognised by the Postgraduate Medical and Dental Board (PGMDB) and the Medical Council as the regulator of psychiatric training. In turn training schemes at basic and higher levels receive educational approval from the Royal College of Psychiatrists in London. The College sends out teams to inspect facilities and programmes on a regular basis. These teams always include a trainee.

Q.

Why should I become an Inceptor of the Royal College of Psychiatrists?

A.

Once you've started training in psychiatry we recommend that you apply to become an Inceptor. This allows you to become involved in the College before you get your Membership. You will be invited to various meetings and are encouraged to join the Trainee Section. You receive the British Journal of Psychiatry and Psychiatric Bulletin each month. Additionally you can put yourself forward for election to the CTC and join two Faculties of the Irish College of Psychiatrists. As an Inceptor you can be involved with any of the Faculties of the Royal College. Currently the fee can be fully reclaimed from your training grant.

Q.

Is there anything else I should join?

A.

All doctors are indemnified under the Enterprise Liability Scheme. However this is limited and for full cover you should take out supplementary insurance with e.g. the Medical Defence Union or the Medical Protection Society. The fee can be claimed back against income tax paid.

It is also a good idea to join the Irish Medical Organisation, which represents doctors' interests (See Chapter 7).

Finally you can join the Psychiatry Section of the Royal Academy of Medicine in Ireland (RAMI), which holds monthly meetings. These are currently held in the National Library, Kildare Street, Dublin 2. (See Chapter 7 for further information on RAMI).

Q.

How do I choose between training schemes?

A.

Currently the various training schemes advertise and interview separately. Look out for the 'ads' in the medical and national press, such as the Irish Medical Times and the Sunday Independent. This can lead to problems in that the scheme you prefer may interview later – bear in mind that the Medical Council regards accepting a job and subsequently declining it as an unethical practice. The coordinators of the training schemes usually include a contact number with the advertisements, so you may choose to obtain more information about each scheme by speaking with this designated person. Additionally it is a good idea to speak with a trainee psychiatrist who is currently working on a particular scheme to obtain more information.

(See Section on the Training Schemes in Chapter 1 and Appendix I)

Q.

Should I have an induction period when I start work on a training scheme?

A.

Yes, induction is a very important process that should be made available to you when you start a new job in a new location. The Irish Psychiatric Tutors Association (IPTA) is very keen to formalise this process in terms of the type of material you learn about at induction. At present different centres run individualised induction programmes, usually on your first day in a job or for part of a day over a few days. Essentially the induction process should include a general introduction to psychiatry, to the scheme on which you work and to the centre in which you work. The IPTA recommends that an 'Induction Pack'(information pack) be made available detailing local training matters, more general matters in relation to the IPTC and the College and finally training requirements. Having this information to hand, particularly early in your career, is very empowering so that you can take some responsibility for your training. Ideally you should obtain and familiarise yourself with your induction pack before you start in your post.

Q.

What teaching is available?

A.

The Royal College of Psychiatrists through the IPTC regulates teaching requirements. You can obtain the Basic and Higher Specialist Training Handbooks, which delineate the requirements for training in psychiatry, from the College website (See Appendix II: A Useful Contact List).

The IPTC invites representatives from the Royal College of Psychiatrists to inspect training schemes at least every five years. The types of posts available to trainees, the teaching programme, safety measures and on-call facilities are inspected during these visits. Standards are set down in the Basic Specialist Training Handbook

Each trainee is issued with a logbook detailing skills that you are expected to acquire during your basic training. This book should be updated regularly with your Educational Supervisor and Tutor in order to ensure you are achieving the standards set by the College in addition to gaining a wide range of skills.

The formal teaching programme is organised by the regional committees of the IPTC. In the Western region there is a full day release programme held fortnightly. The Eastern and Southern regions run a weekly half-day of lectures. Consultant Psychiatrists and Senior Registrars in Psychiatry give lectures. Other professionals such as psychologists, social workers, psychotherapists and statisticians will also give lectures. Some schemes organise seminars on particular topics, in which trainees actively participate. You are entitled to be released from your job to attend the formal teaching programmes. It is the responsibility of your tutor to ensure you get this time off work. There are usually separate teaching programmes for candidates taking part I and part II of the MRCPsych examination. Your Tutor is responsible for informing the "Teaching Programme Coordinators" of your name and place of work so that you will be sent a timetable and other practical information about attending the programme. You should note that an attendance record is taken at the teaching programme. In order to sit the membership exams you should have attended at least 70% of the lectures and your record of attendance is sent to your Tutor who is responsible for sponsoring your application to sit the MRCPsych examinations.

In addition to the formal programmes held regionally, there should be weekly journal clubs and case conferences held locally at your place of work, usually organised by your Tutor.

Trainees should have an hour per week for individual supervision with the Consultant Psychiatrist for whom they work (also called your Educational Supervisor). This protected time is designed for training purposes rather than routine clinical reviews.

Psychotherapy training is a requirement of training and is now mandatory. Unfortunately opportunities for this training are variable at this time (See section on Psychotherapy Training, Chapter 4).

Q.

What exams exist?

A.

The main exam is Membership of the Royal College of Psychiatrists, Part I and II (See section on MRCPsych examinations, Chapter 3).

Others include:

◆ Diploma in Psychological Medicine (DPM) – run by the Royal College of Surgeons in Ireland. There are two parts – a basic sciences (part I) and psychology and neurology (part II). If you have passed part I of the MRCPsych examination, you should be exempted from the part I of the DPM. You need to have worked for two years in psychiatry to be eligible. Full regulations are available on the Royal College of Surgeons website (www.rcsi.ie).

◆ Diploma in Clinical Psychiatry (DCP) – run by the Royal College of Physicians in Ireland and designed for doctors working in general practice. You need to have at least 6 months clinical experience in psychiatry in order to sit this exam.

◆ Membership of the Royal College of Physicians in Psychiatry. This again requires that you have passed part I of the MRCPsych examination and is made up of an exam in psychiatry and one in general medicine with an emphasis on neurology. You must have worked for at least one year post-registration (SHO) in general medicine in order to sit this exam. The psychiatry part is similar to the part II MRCPsych examination and the medical part is similar to the part II of the MRCPI examination, except that it also includes an oral examination with the emphasis on neurology. Again more information for the latter two exams can be found on the RCPI website (www.rcpi.ie).

Q.

Are there any 'revision courses' available to help me prepare for the MRCPsych examinations?

A.

There are courses available both in Ireland and in the UK. Details of courses in Ireland are advertised in the Irish medical newspapers. Additionally there are a number of exam preparation courses available in the UK. Perhaps the best known is 'The Guilford Course', a weeklong residential course run for both parts of the examination. This course covers both the clinical and theoretical components of the

examination. The courses available in the UK are advertised in the British Journal of Psychiatry ('Yellow journal') and in the Psychiatric Bulletin.

The 'Training and Development' part of the College website (www.rcpsych.ac.uk) is a source of information about courses. Useful websites containing information about the courses available include www.superego-café.com and www.trickcyclists.co.uk

Q.

What does the training grant entitle me to?

A.

Each NCHD is entitled to a training grant of €1,904 per six month period. Trainees are allowed accumulate a maximum of €11,424 in the training grant. Information should be provided by hospitals on procedures relating to the local administration of the grant. Each trainee should have a logbook of claims made which should be submitted to the designated administrator no later than 1st June and 1st December each year to be updated and validated. Individuals who purchased laptops with prior approval more than three years ago are entitled to seek approval for a new one.

Q.

Do I need to get involved in a research project?

A.

Audit is considered an important part of training and your scheme should have some structure in place in order to ensure your participation.

Research is important particularly as you advance in your career. Most schemes have at least one Consultant Psychiatrist who is involved in active research and it is advisable to participate in the research programme where you work.

Some people choose to work full-time as research fellows after they have obtained the MRCPsych qualification. Most psychiatrists involved in this type of research, work towards writing a thesis in order to obtain an M.D or PhD in Psychiatry, in addition to publishing research findings in peer-reviewed journals. One year spent in full-time research may be recognised for higher training (See section on Research, Chapter 4).

During your time as a higher specialist trainee you will be expected to work on a research project (See section on Higher Training, Chapter 1).

Q.

What options are there after I finish my basic specialist training?

A.

Unfortunately there are limited places available for higher specialist training. There are approximately 500 Non-Consultant Hospital Doctors working in psychiatry and approximately 54 Senior Registrar (SR) posts in the Republic of Ireland (as at May 2005). The number of SR posts has significantly increased in recent years.

The IPTC co-ordinates the National Higher Training Scheme in General Adult Psychiatry and Related Disciplines and in Child and Adolescent Psychiatry. The IPTC interviews candidates at least annually in order to create a panel of doctors to fill available S.R. posts. This process is perceived by trainees as highly competitive. Being short-listed for an interview depends on achieving the basic requirements i.e. being in good health, possessing the MRCPsych or an equivalent professional qualification in psychiatry, and being registered, or entitled to be registered in the General Register of Medical Practitioners. With limited posts available, the reality is that an applicant must have achieved much more. Anecdotally, the extent of your clinical experience, management experience, an additional professional qualification, research experience, publications in peer-reviewed journals and psychotherapy experience gives you an advantage in the shortlisting process. The interview marking scheme is available on the IPTC website (www.iptc.ie). Ultimately selection is by interview.

Psychiatry has retained the Senior Registrar level as opposed to Specialist Registrar. This confers a small benefit in terms of salary though it must be said that doctors commencing higher training in Psychiatry are generally older and often more experienced than doctors in other specialties.

The alternative to continuing your higher training in Ireland is to obtain a Specialist Registrar post in the UK or Northern Ireland. It is useful to discuss this option with a senior colleague and preferably one who has trained in the UK. This networking will give you the necessary information in order to choose the training scheme best suited to your career intentions and personal life.

Some trainees choose to take a full-time research post after gaining the MRCPsych (See section on Research, Chapter 4). A number of trainees choose to obtain further experience in the US, Canada, Australia or New Zealand.

Special Lecturing posts attached to the universities are another option. One year of lecturing can be recognised as a year of higher training, subject to approval from the Irish Psychiatric Training Committee.

University College Dublin has 6 Special Lecturer posts – 2 in St Vincent’s University Hospital, 2 in the Mater Misericordiae, 1 in St John of God Hospital and 1 in St Brendan’s Hospital.

The Royal College of Surgeons in Ireland has 2 Special Lecturer posts based in Beaumont Hospital and in James Connolly Memorial Hospital.

University of Dublin (Trinity) has 1 Special Lecturer post based in St James’ Hospital.

The National University of Ireland, Galway (NUIG) has 1 Special Lecturer post based at University College Hospital, Galway and NUIG. There is no full-time special lecturing post at University College Cork.

For more details, contact the Department of Psychiatry at each of the universities.

The final option is to continue working in clinical posts in order to gain more clinical experience particularly in the specialty you wish to pursue. In tandem with this you could aim to gain more management experience and pursue part-time research work.

It is vitally important that you seek career guidance from a number of sources once you obtain your MRCPsych. This period of your career should be structured in a way that you are gaining appropriate experience and building your career.

Q.

How do I get management training?

A.

You can obtain management experience in the course of your clinical work by getting involved in projects where you work. Also getting involved in trainee committees locally and nationally is also useful. Ideally management courses should be undertaken towards the end of higher training when you are about to embark on your career as a Consultant Psychiatrist. However, some trainees choose to do formal management courses earlier in their career if they have a particular interest in management. The following courses are available:

- ◆ Diploma in Management for Medical Doctors – a one-year course run by the Royal College of Surgeons and the Institute of Public Administration (IPA) – one night a week. This is oversubscribed and if you are interested you need to apply early.

- ◆ Westmoreland College runs a similar diploma.

- ◆ MBA in Health Services Management – a two-year part time course run by the Royal College of Surgeons and University College Dublin.

- ◆ The Office of Health Management and the RCSI run a ‘Leadership and Management Programme for Senior Registrars and Specialist Registrars’. This is advertised in the medical press. Again it tends to be over subscribed.

- ◆ M.A. in Healthcare Management, run by the IPA, which is specifically designed for doctors.

Q.

Do I have access to libraries?

A.

Schemes affiliated to universities usually enable trainees to use the university libraries. There are no affiliations between the university libraries and the Irish College of Psychiatrists or the Irish Psychiatric Training Committee, at this time. Your Tutor can apply to a university library for access for you. Each training scheme should have its own library with at least 10 psychiatric journals and as well as access to general medical journals. There may not be a library in the hospital in which you work but your tutor will advise you about local arrangements for library access. Ideally you should have access to a literature search mechanism such as Medline CD ROM or the Internet accessed PubMed. Many schemes have set up Internet access for their trainees at work, check with your educational supervisor about access.

Q.

What do I do if one of my patients commits suicide?

A.

The suicide of a patient is, unfortunately, something many of us will encounter during our career. There is an increased risk of suicide associated with many of the disorders our patients experience. When a suicide occurs you will have many questions and concerns. Often our tendency is to assume some of the responsibility. Your hospital may have a protocol for such an event, if so this should be included in your Induction Pack. If the suicide occurs during routine working hours you should immediately contact your Educational Supervisor and if on-call, contact the Consultant 'on call'. They should direct further management of practical issues such as contacting family members, the Gardai and the coroner. Ongoing emotional support should also occur for all involved with the case. A clinical review of the patient's management is necessary in order to inform future practice. However, the trainee should not see this as adversarial.

Q.

What do I do if a patient threatens me or stalks me?

A.

You should discuss the issue with your Educational Supervisor. Doctors by the nature of their work are at increased risk of threats and stalking. You should always be vigilant as to risk in your clinical duties (See section on Safety and Trainees, Chapter 4).

While there is no specific anti-stalking legislation in this country, it is dealt with under Harassment Law in the 'Non-fatal Offences Against the Person' Act 1997. Thus involvement of the Gardai at an early stage is usually advised. You are entitled to protection from threats and unwanted attention.

Q.

What do I do if there is a complaint about me from a patient or there is a threat of legal action?

A.

Firstly you must make yourself aware of the exact nature of the complaint or access the solicitor's letter that threatens legal action. These letters usually are addressed to the managers of the institution in which you work. Please note that it is rare for an individual doctor to be sued. Usually a team or institution is sued. Obviously you should talk to the Consultant in charge of the case. He/she will advise you about the appropriate procedure depending on the nature of the complaint.

You should also contact your medical indemnity scheme for advice particularly if the complaint involves a complaint to the Medical Council or indeed civil legal action. Be aware that the Enterprise Liability Scheme stipulates that you must inform the relevant authorities of any adverse incident at the time the incident occurs, not at the time a complaint is received. In view of this recommendation/stipulation, most hospitals and institutions encourage the use of 'Incident Report' documents. Additionally the notes you write in the medical chart may become available to the patient and their solicitor under the Freedom of Information Act, 1997.

If you are required to document the incident or send any correspondence it is advisable to ask a designated person in your medical indemnity company to review the letter before submission. We stress

the need for trainees to obtain supplementary medical protection insurance, as the Enterprise Liability Scheme does not provide advice to you individually and does not have any obligation to you in the event of an investigation by the Medical Council's Fitness to Practice Committee.

Q.

What do I do if I become unwell?

A.

It is important for all of us to look after our health and all trainees should be registered with a GP. If your illness is work related, the individual HSE area will have occupational health departments, as do a lot of the larger hospitals. They also provide free Hepatitis B vaccination and should always be the first port of call in the unfortunate event of needle stick injuries.

If your illness is affecting your work or you believe that your work is causing you to become ill, you should approach your Tutor to discuss your concerns and seek support. You should take proactive measures to manage occupational stress in terms of self-care.

A sick pay scheme applies to all NCHD's, post internship, who are sick for more than 2 working days. An NCHD in the first year after internship is entitled to 6 weeks sick leave with full pay. This is extended to 12 weeks paid leave in the subsequent 2 years. After 3 years service in the public health system an NCHD is entitled to up to 6 months sick leave with full pay in any 4-year period.

CHAPTER SEVEN: OTHER ORGANISATIONS

Irish Medical Organisation

The Irish Medical Organisation (IMO) is essentially your union and the Trainee Section Committee recommends that you join this organisation.

The IMO have summarised their role as follows:

- The national representative medical organisation linking all branches of the medical profession in Ireland.
- The sole negotiating body on behalf of all doctors in Ireland.
- The representative body and the mediator for doctors with the Department of Health and Children, the HSE, Voluntary Hospitals, University Medical Schools, the Irish Insurance Federation, the Incorporated Law Society, the Department of Justice, An Post, An Bord Telecom, the Department of Social Welfare, Coras Iompar Eireann, the Conciliation and Arbitration Scheme, the Labour Relations Commission, the GMS Board, the Irish Medical Council, and the Labour Court.
- A source of personal advice on professional issues.
- A provider of information on a wide range of Industrial Relations and Personnel Management issues which effect members of the medical profession and on any aspect of the Irish health Service.
- The voice of Irish-based doctors in World and European affairs and the representative for Irish-based doctors on the World Medical Association, the Standing Committee of European Doctors (CP), the European Union of General Practitioners (UEMO), the European Union of Medical Specialists (UEMS) and the Permanent Working Group of Junior Hospital Doctors in Europe (PWG).
- A publisher of a medical periodical, the Irish Medical Journal.

As a Member of the Irish Medical Organisation:

- Your interests are protected at national and local level.
- You will receive advice on disputes, disciplinary hearings, appeals and industrial tribunals, with representation where appropriate.
- You can avail of a medico-legal and taxation advisory service if required.
- You can avail of advice on superannuation problems.
- You will receive the Irish Medical Journal.
- You will receive an invitation to the IMO Annual General Meeting (AGM) and various other conferences and seminars.
- You can avail of advantageous membership schemes through IMO Financial Services with substantial savings.
- The IMO Non-EU Graduates Advisory Committee offers a dedicated forum in which concerns specific to non-EU graduates can be raised and acted upon.

The IMO has been successful in improving the pay and working conditions of Non-Consultant Hospital Doctors (NCHDs) with the 1997 and 2000 agreements. Of note Psychiatry trainees are represented on the NCHD Committee. In turn this committee is very involved in lobbying for NCHDs in the implementation of the Hanly Report in order to reduce our working hours and improve training standards. Much work has to be done in order to comply with a European Directive, adopted into Irish law, requiring that the maximum average working hours for NCHDs will be 48 per week, by 2010. Therefore it is extremely important to be involved with your union during this time of change.

To join, contact: The Membership Department,
IMO House, 10 Fitzwilliam Place, Dublin 2.

Website: www.imo.ie

Membership Unit: aoneill@imo.ie or cbrennan@imo.ie

The annual membership fee incrementally increases as you progress in your career and please note that union subscriptions are tax-deductible.

We highly recommend the IMO NCHD Handbook, Second Edition. This book is a rich source of information about working as a doctor in Ireland and enumerates your rights in terms of pay and working conditions.

Royal Academy of Medicine in Ireland (RAMI) Psychiatry Section

The Royal Academy of Medicine in Ireland was founded in 1882 to provide a forum for the exchange of views and knowledge amongst medical practitioners. Fellows and members come from all over the world, but principally from the 32 counties of Ireland.

The Psychiatric Section of RAMI holds six academic meetings a year, two of which are research prize meetings for registrars and senior registrars. The other four meetings are generally devoted to areas of current interest for psychiatry in order to stimulate discussion. The Section has attracted some well known and interesting speakers in recent years including Professor George Russell (eating disorders), Professor Cornelius Katona (Dean, Royal College of Psychiatrists) and Dr. Samuel Shem (writer, *The House of God & Mount Misery*).

The meetings have both an educational and social value, providing trainees in psychiatry an opportunity to meet colleagues, senior psychiatrists and experts in the field.

The annual membership fee is approximately 58 Euro per year, which can be reclaimed from your training grant. On completion of the application process and payment of fees you will receive a certificate of membership. Thereafter you will receive notification of all meetings scheduled.

To join the Psychiatry Section of RAMI please contact the Secretary at 01 662 3706.

APPENDIX I: ROTATIONAL TRAINING SCHEMES IN PSYCHIATRY

In this review of the schemes an attempt has been made to synthesise the information received from the Directors/Coordinators of each individual scheme. The following information is a guide only and no substitute for contacting Scheme Directors or Coordinators and Tutors directly and speaking to other trainees on the schemes. Directorships and Tutors do change, as do the number of positions available from year to year. There are strong links with General Practice Training and GP trainees may take up positions. The schemes have been presented in alphabetical order.

1. CAVAN/MONAGHAN POSTGRADUATE TRAINING SCHEME IN PSYCHIATRY

Applications Fax: 00 353 47 81527. Email sheena.mckenna@nehb.ie

Scheme Coordinator: Dr Rachel Cullivan, Dept of Psychiatry, St Davnet's Hospital, Monaghan.

The NCHD staffing of the Cavan/Monaghan Mental Health Service comprises 4 Senior Registrars and 11 SHO/Registrars with posts as follows:

Team	Consultant	SR	SHO/Reg	Base
Monaghan Community Mental Health Team	2	1	3	Monaghan
Cavan Community Mental Health Team	2	1	3 + 1 GP Trainee	Cavan
Community Rehabilitation Team	1	1	1	Cavan/Monaghan
Psychiatric Service for the Elderly	1	1	1	Cavan/Monaghan
Child and Adolescent Psychiatry	1		1	Cavan/Monaghan

All of the trainees attend the Eastern Regional Academic Programme and a weekly in-house teaching programme takes place including case presentations, journal clubs and critical review, examination preparation, interviewing skills and presentation skills. Research techniques and supervision and psychotherapy supervision are also offered. The service has a research department with a full-time research coordinator.

2. DONEGAL MENTAL HEALTH SERVICES TRAINING SCHEME

Clinical Tutor: Dr. Clifford Haley, Department of Psychiatry, Letterkenny General Hospital, Letterkenny, Co. Donegal.

Tel: 00 353 77 61500

Number of Posts: 9

Types of Post

General Adult and Community Psychiatry (6), Psychiatry of Old Age (1), Child and Adolescent Psychiatry (1), Psychiatry of Learning Disability (1).

Location of Posts

Letterkenny and Co. Donegal.

Trainees preparing for the MRCPsych examinations attend the Queens University Belfast (full-day) Academic Programme.

All trainees attend twice weekly in-service teaching comprising of case presentations and journal clubs, which are also attended by consultants.

Training in psychotherapy is available.

Trainees are provided with full library facilities including multimedia teaching aides and internet access.

3. DUBLIN UNIVERSITY PSYCHIATRIC ROTATIONAL TRAINING PROGRAMME

Programme Director: Dr James Lucey, Consultant Psychiatrist, St. Patrick's Hospital, James's Street, Dublin 8.

For information contact the Administration Office: Tel: 00 353 1 2493457.

Fax: 00 353 1 249 3451. E-mail: DUPRTP@stpatsmail.com

Number of Posts - 73

Types of Posts

General Adult Psychiatry (52), Rehabilitation Psychiatry (1), Child/Adolescent Psychiatry (4), Learning Disability (3), Consultation / Liaison Psychiatry (5), Psychiatry of Old Age (5), Forensic Psychiatry (1), and Substance Misuse (2). Special interest posts are available in eating disorders, alcohol misuse, young adults, and mood disorders.

Location of Posts

St Patrick's Hospital, Dublin 8; St James's Hospital, Dublin 8; Adelaide and Meath Hospital, Tallaght; Naas General Hospital; St Luke's Hospital, Kilkenny; Central Mental Hospital, Dundrum; Stewart's Hospital, Palmerstown; St Vincent's Centre, Navan Road, Dublin; Cheeverstown House, Templeogue, Dublin; St Loman's Hospital, Palmerstown, Dublin; Drug Treatment Centre, Pearse Street, Dublin 2. Child Psychiatry in various locations including Co. Kildare.

There is an extensive teaching programme relevant to psychiatry training within the scheme. Opportunities for IT training are available.

Trainees are encouraged to carry out audit projects or to become involved in research projects during basic specialist training.

Psychotherapy training is available to trainees in all the main psychotherapy modalities.

A mentoring scheme was established in January 2003, whereby trainees can regularly meet with the same consultant psychiatrist over the 3-4 year period of basic specialist training. It is envisaged that this scheme will provide a more continuous form of guidance to trainees on all aspects of the training experience.

4. MATER / UCD POSTGRADUATE ROTATIONAL TRAINING SCHEME IN PSYCHIATRY

Scheme Coordinator: Dr. Jogin Thakore, St. Vincent's Hospital, Fairview, Dublin 3.

Tel: 00 353 1 884 2400

E-mail: jthakore@indigo.ie

Scheme Secretary: Ms Karen Ruth

Tel: 00 353 1 837 5101

E-mail: Karen.ruth@nahb.ie

Number of Posts - 41

Types of Posts

General Adult Psychiatry (28), Rehabilitation Psychiatry (1), Child & Adolescent Psychiatry (4), Learning Disability (1), Liaison Psychiatry (2), Substance Misuse (2), Psychiatry of Old Age (2), and Forensic Psychiatry (1).

Location of Posts

Dublin - Mater Hospital, Eccles Street; St. Vincent's Hospital, Fairview; St. Brendan's Hospital, Grangegorman; Drug Treatment Centre, Pearse Street (Substance Misuse Psychiatry); Central Mental Hospital, Dundrum (Forensic Psychiatry); Child Guidance Clinic, St. James's Hospital and Mater Hospital, Eccles Street (Old Age Psychiatry).

Elsewhere - St. Brigid's Hospital, Ardee, Co. Louth; Our Lady's Hospital, Navan, Co. Meath; St. Mary's Hospital, Drumcar, Co. Louth (Learning Disability Psychiatry); Child and Family Centre, St. Mary's Hospital, Drogheda, Co. Louth.

This scheme offers a 3½ year training programme in clinical psychiatry. Psychotherapy supervision is an integral part of the scheme and to this end there is an in-house scheme wide teaching programme for different types of this clinical discipline. Trainees will be offered the opportunity to gain administrative and managerial experience early in the programme. Opportunity for research exists throughout the scheme and trainees at all stages are encouraged to get involved in local projects.

5. MIDLAND HEALTH BOARD PSYCHIATRIC TRAINING SCHEMES

There are two psychiatric training schemes in the Midland Health Board, based at St. Fintan's Hospital, Portlaoise and St. Loman's Hospital, Mullingar. There are close links between the two schemes and joint interviews are held and trainees can move from one scheme to the other if they wish to do so.

St. Fintan's Hospital, Portlaoise, Co. Laois.

Clinical Tutor, Dr. Arthur Dorman. Tel: 00 353 502 22925.

There are ten posts on this scheme including one in General Adult Psychiatry for a trainee from the Midland Health Board Training Programme in General Practice.

The scheme offers training in General Adult Psychiatry (6), Psychiatry of Old Age (2), and Child and Adolescent Psychiatry (1). There is also 1 post with the Regional Service for Childhood Autism and Learning Disability which alternates on a six monthly basis between the St. Fintan's and St. Loman's Schemes. The scheme is currently approved by the Royal College of Psychiatrists for twenty-four months training.

St. Loman's Hospital, Mullingar, Co. Westmeath.

Clinical Tutor, Dr. Michéal O'Cuill. Tel: 00 353 44 84363.

There are eleven posts on this scheme, which offers training in General Adult Psychiatry (6), Psychiatry of Old Age (2), Child and Adolescent Psychiatry (1), Substance Misuse (1) and Childhood Autism and Learning Disability (1). One post is allocated to a trainee from the Training Programme in General Practice, MHB. The scheme is currently approved by the Royal College of Psychiatrists for twenty-four months training but it is anticipated that a recent application to be approved for full training will be granted in the near future.

There is an active postgraduate teaching programme on both schemes, which include a weekly journal club, a case conference, and an interview skills training/exam workshop. There is also a regular programme of teaching and supervision in Cognitive Behavioural Therapy provided by a Senior Clinical Psychologist on both schemes.

Psychodynamic Psychotherapy: Training and supervision on both schemes takes place at St. Loman's Hospital once weekly. This is provided by a Consultant Psychotherapist and involves a one-hour weekly training seminar and one hour per week of personal supervision for those trainees who have a patient in therapy.

Trainees are encouraged and expected to participate in clinical audit. Opportunities to become involved in research are readily available for appropriate trainees in the areas of General Adult Psychiatry, Psychiatry of Old Age and Substance Misuse.

6. MID-WESTERN PSYCHIATRIC TRAINING SCHEME

(Incorporating Clare, Limerick, and North Tipperary Mental Health Services and Services for Learning Disability)

Scheme Coordinator: Dr. Mary McInerney, Clinical Director, Clare Mental Health Services, Dulick, Gort Road, Ennis, Co. Clare.

Tel: 065 6863777

Number of Posts: 19

Type of Posts:

	Clare	Limerick	N Tipp
Gen. Adult	4	6	2
Old Age	1	1	
Rehab.	1		
Child & Adol.		1	+
Learning Dis.		2	
Liaison		1	

All trainees receive weekly supervision. There are weekly journal clubs, case conferences and seminars in each area.

Trainees are required to attend an academic programme in preparation for the MRCPsych. Examination, either the half-day per week programme at UCC (Cork) or the full-day academic programme, on alternate weeks, at NUIG (Galway).

All trainees are taught basic research skills and a Research Forum has been established in Limerick.

7. ROYAL COLLEGE OF SURGEONS OF IRELAND/EASTERN REGIONAL HEALTH AUTHORITY PSYCHIATRIC TRAINING SCHEME

Chairman of the Tutors group: Dr R Cantrell, St Francis Day Hospital, Station Road, Raheny, Dublin 5.

Tel: 01 831 8788 Fax: 01 831 8804

Number of Posts: approx. 40

Types of Posts

General Adult Psychiatry (30), Psychiatry of Learning Disability (2), Liaison Psychiatry (3-4), Child and Adolescent Psychiatry (3-4), Forensic Psychiatry (1), Psychiatry of Old Age (3), and Rehabilitation Psychiatry (2).

Location of Posts

St Ita's Hospital, St Brendan's Hospital, James Connolly Memorial Hospital, Beaumont Hospital, Vergemont Hospital, Newcastle Psychiatric Hospital, Co. Wicklow., Dept. of Child Psychiatry, St James Hospital, Central Mental Hospital, Dundrum.

All trainees who are on the scheme have access to weekly case conferences, tutorials and supervision. In addition to didactic teaching, in-service exam preparation teaching is provided in most locations particularly with regard to trainees sitting MRCPsych exams. Research opportunities are available and encouraged.

8. ST JOHN OF GOD POSTGRADUATE MEDICAL TRAINING SCHEME IN PSYCHIATRY

Scheme Coordinator: Prof. Eadbhard O'Callaghan
Email: Eadbhard.OCallaghan@sjog.ie

All enquiries to: Ms. Louise McCarron, Administrator, St. John of God Hospital, Stillorgan, Co. Dublin.
Tel: 01 277 1467 Fax: 01 288 1034 E-mail: louise.McCarron@sjog.ie

Number of Posts: 32

Types of Posts

General Adult Psychiatry (9), Psychiatry of Old Age (2), Child & Adolescent Psychiatry (5), Learning Disability (2), Liaison Psychiatry (4), Community Psychiatry (7), Forensic Psychiatry (1). Drug and Substance Misuse (2).

Location Of Posts

St John of God Hospital, Stillorgan., Cluain Mhuire Service, Newtownpark Ave, Blackrock., St Vincent's Hospital, Dublin 4., St. Raphael's, Celbridge, Co. Kildare., Drug Treatment Centre, Pearse St, Dublin 2., Central Mental Hospital, Dundrum, D14., Lucena Clinic, Rathgar, Dublin 6., Waterford Regional Hospital.

The scheme offers a four-year training programme in clinical psychiatry and the sciences basic to psychiatry. There is an extensive 'in-house' training scheme supported by all the consultants on the scheme. Additionally, a special Joint Academic Session has been introduced. Each week a national or international guest speaker is invited to make a presentation on a topic of interest. In turn, a trainee presents a related case and journal.

The Scheme has developed a psychotherapy training programme. Trainees will gain experience of cognitive, transference based and dynamic psychotherapies. Supervision for short and long cases is also provided.

A research orientation is a binding and unifying theme across all centres of the rotation and trainees are actively encouraged to get involved in research. A number of trainees have published in international peer reviewed publications.

On entry to the Scheme a full induction programme is provided.

9. SLIGO MENTAL HEALTH SERVICE TRAINING SCHEME IN PSYCHIATRY

Clinical Tutor: Dr. Owen Mulligan, Sligo Mental Health Service, Ballytivnan, Sligo.
Tel: 00 353 71 42111
Applications to Carmel Gallagher: email carmelegallagher@nwrb.ie

Number of Posts: 11

Types of Posts: Adult Psychiatry (5), Psychiatry of Old Age (2), Child and Adolescent Psychiatry (1), Community and Rehabilitation Psychiatry (1), Special Care Unit (1), Liaison Psychiatry (on-call). There is one General Practice trainee post on the scheme.

Location of Posts:

The service covers Sligo and Leitrim and is community based with sector teams. Acute admissions are to St. Columba's Hospital until the new mental health unit in Sligo General Hospital is established.

Trainees attend the Queens University Belfast (full-day) Academic Programme.

All trainees attend twice weekly in-service teaching (Tuesday & Thursday).

Sligo Research and Education Foundation provides support in audit and research.

Trainees are offered supervised training in Cognitive Behavioural Therapy and lectures in psychotherapy.

The Medical Library, which has a full-time librarian, provides information technology training, teleconferencing facilities and interlibrary loans.

10. SOUTH EASTERN REGIONAL ROTATIONAL TRAINING SCHEME IN PSYCHIATRY

Chairman of Regional Training Committee: Dr. Catriona Crowe, Consultant in Psychiatry of Old Age, Rosehill Day Hospital, Glenconnor, Clonmel, Co. Tipperary.
Tel. 00 353 52 77491

Regional Coordinator: Dr. Mary Mooney, Clinical Director, Department of Psychiatry, St. Luke's Hospital, Kilkenny.
Tel. 00 353 56 7785086

General Professional Tutors

Carlow/Kilkenny Dr. Darina Sloan, Dept. of Psychiatry, St. Luke's Hospital, Kilkenny
Waterford Dr. Stephen Browne, Waterford Regional Hospital, Ardkeen, Waterford
Wexford Dr. Liam Watters, St. Senan's Hospital, Enniscorthy, Co. Wexford
Tipperary Dr. Catriona Crowe (as above)

Psychotherapy Tutor Dr. Mary Mooney, Dept. of Psychiatry, St. Luke's Hospital, Kilkenny

Tutor in Psychiatry of Later Life Dr. Michael Kirby, Regional Hospital, Ardkeen, Waterford

Overall Medical Establishment

	CARLOW/KILKENNY	WATERFORD	WEXFORD	TIPPERARY
Consultants	7	6	7	5
Senior Registrars	1	1	0	0
Trainees in Psychiatry	10	4	8	7
Trainees in General Practice	-	2	-	-

	CARLOW/KILKENNY	WATERFORD	WEXFORD	TIPPERARY
General Adult	5	2	4	5
Old Age	1	1	1	1
Rehabilitation	1	-	1	-
Child & Adolescent	1	1	1	1
Liaison	1	-	-	-
Community Psychiatry	1	-	1	-
General Practice	-	2	-	-

The South Eastern Regional Training Scheme offers a 4 year approved training programme comprising two years at each of two of the four training centres. Trainees have the opportunity to attend the regional academic programme at St. Patrick's Hospital Dublin or at University Hospital Cork. There is an active in-service programme at each training centre where weekly schedules include case presentations, evidence based journal clubs, psychotherapy training and exam practice. There is trainee representation on the regional training committee. The training committee is proactive in promoting and developing training in the southeast region. A long established regional clinical society offers monthly lectures by guest speakers of national and international stature. Trainees are encouraged to engage in audit and research projects. Libraries are well stocked and offer information technology facilities and related training.

11. SOUTHERN REGION PSYCHIATRIC TRAINING PROGRAMME

Scheme Coordinator: Dr. Eleanor Mullan

Academic Administrator: Ms. Karen McCarthy. c/o IPTC, Southern Region, Unit 4a,
South Ring Business Park, Kinsale Road, Cork.
Tel. 00 353 21 4927272 E-mail: mccarthy1@shb.ie

Number of Posts: 46

Types of Posts

General Adult Psychiatry, Liaison Psychiatry, Child & Adolescent Psychiatry, Learning Disability, Psychiatry of Old Age.

Location of Posts

Tralee General Hospital (6), Cork University Hospital (12), Sisters of Mercy Hospital, Cork (12), St. Stephens Hospital (5), Bantry General Hospital (5), St. Finbar's Hospital (3), Brothers of Charity (3).

Each hospital has its own in-house training including case conferences, journal club and critical appraisal. The academic programme consists of weekly lectures following the Royal College curriculum. Exam case supervision is seen as a priority.

Research is strongly encouraged and consultants are happy to supervise projects. The Department of Psychiatry at Cork University Hospital is a Professorial Unit and therefore has strong links with the University and other academic departments. Special interests of the scheme include the Suicide Prevention Programme and Psychotherapy.

12. WESTERN POSTGRADUATE TRAINING SCHEME IN PSYCHIATRY

Regional Coordinator: Dr. PA. Carney, Department of Psychiatry, University College Hospital, Galway.
Secretary of Training Committee: Dr. A. Jeffers, St. Brigid's Hospital, Ballinasloe, Co. Galway. Tel. No.: 0905 48400

Number of Posts: 25

Types of Posts

General Adult Psychiatry (19), Child and Adolescent Psychiatry (3), Learning Disability (2), Rehabilitation Psychiatry (1), Psychiatry of Old Age – commences in 2005
In addition there are 2 GP trainee positions on the scheme.

Location of Posts

University College Hospital Galway (6); East Galway Mental Health Services, Ballinasloe (6); Mayo Mental Health Services (6); Dept. of Psychiatry, Roscommon County Hospital (3); St. Anne's Children's Hospital, Taylor's Hill, Galway (2); Child & Adolescent Services, Castlebar (1); Brothers of Charity Service, Renmore (2).

Tutors

Dr. Karena Meehan – Dept. of Psychiatry, University College Hospital, Galway. Tel: 091 544458

Dr. Ann Jeffers – St. Brigid's Hospital, Ballinasloe, Co. Galway. Tel: 091 964 2117

Dr. Anne Cullen – Dept. of Psychiatry, Roscommon County Hospital, Roscommon. Tel: 090 6626200

Dr. Charles Smith – St. Mary's Hospital, Castlebar, Co. Mayo. Tel: 094 9021333

Training Programme

All trainees attend a full day Training Programme (IPTC Western Region) on alternate Tuesdays during the academic year. There is protected time for attendance.

Within this programme there are scheduled educational activities as follows:

Case conference

Journal club

Didactic lectures

Seminars on specialised topics

Psychotherapy training

Psychotherapy

The Training Scheme has a dedicated psychotherapy tutor. Supervision is available in cognitive behavioural therapy, family therapy and psychodynamic psychotherapy.

Research

All trainees are encouraged and facilitated to register for a Masters in Medical Science (National University of Ireland, Galway – NUIG). This part-time masters programme incorporates a research module and supervision is available from a number of psychiatrists working in the local services.

Teaching

All trainees are involved in teaching medical undergraduates from NUIG.

APPENDIX II: A USEFUL CONTACT LIST

The Irish College of Psychiatrists

www.irishpsychiatry.com

121 St Stephen's Green, Dublin 2

Tel.: 01 4022346

The Royal College of Psychiatrists

www.rcpsych.ac.uk

17 Belgrave Square, London SW1X 8PG, UK

Tel.: 00 44 207 235 2351

The Irish Psychiatric Training Committee

www.iptc.ie

Contact The Administrator.

Corrigan House, Fenian Street, Dublin 2

Tel.: 01 6763875

The Postgraduate Medical and Dental Board

www.pgmdb.ie

Corrigan House, Fenian Street, Dublin 2

Tel.: 01 6763875

The Irish Medical Organisation

www.imo.ie

10 Fitzwilliam Place, Dublin 2

Tel.: 01 676 7273

Irish Medical Council

www.medicalcouncil.ie

Lynn House, Portobello Court, Lr Rathmines Rd, Dublin 6

Tel.: 01 4965588

Department of Health & Children

www.dohc.ie

Hawkins House, Hawkins Street, Dublin 2

Tel: 01 6354000

The Medical Defence Union

www.the-mdu.com

Dept. AA791, PO Box 4214 Business Reply, Dublin 2

Tel.: 1800 509 132

The Medical Protection Society

www.mps.org.uk

Mssrs Hayes and Sons, Lavery House, Earlsfort Terrace, Dublin 2

Tel.: 01 6624747

Department of Foreign Affairs

www.irlgov.ie/foreignaffairs

80 St. Stephen's Green, Dublin 2

Tel.: 01 4780822 LoCall: 1890 426700

Visa Office,

Burgh Quay, Dublin 2

Tel Enquiries: 01 4082301

Department of Justice, Equality & Law Reform

www.justice.ie

72-76 St. Stephen's Green, Dublin 2

Tel.: 01 6028202

Appendix III: RECOMMENDED READING LIST

General Training

- The Basic Specialist Training Handbook, Royal College of Psychiatrists, March 1999.
- Higher Specialist Training Handbook, Occasional paper OP43, Royal College of Psychiatrists, March 1998.
- The College website on Training and Development is a rich source of information on all aspects of training: www.rcpsych.ac.uk/traindev

Examinations

- Katona C, Tyrer S, Smalls J. Changes to the MRCPsych examinations. *Psychiatric Bulletin* 2000; 24: 276-278.
- Royal College of Psychiatrists. General Information & Regulations for the MRCPsych Examinations. London: Royal College of Psychiatrists, 2001.
- Royal College of Psychiatrists. Curriculum for Basic Specialist Training and the MRCPsych Examinations. London: Royal College of Psychiatrists, 2001.
- Royal College of Psychiatrists. Recommended Texts for the MRCPsych Examinations for Basic Specialist Training. London: Royal College of Psychiatrists, 2001.

Research

- Altman DG. Practical Statistics for Medical Research. Chapman & Hall/CRC 1999.
- Bartlett AEA et al. The problem with registrar research. *Psychiatric Bulletin* 1992; 16: 361-362.
- Ramchandani P et al. The place and purpose of research training for specialist registrars: a view from the Collegiate Trainees' Committee (CTC) of the Royal College of Psychiatrists. *Irish Journal of Psychological Medicine* 2000; 18(1): 27-29.
- Williams CJ & Curran S. Research by senior registrars in psychiatry: Lessons to be learned for the specialist registrar grade. *Psychiatric Bulletin* 1998; 22: 102-104.

Psychotherapy

- Royal College of Psychiatrists. Executive Summary: Requirements for psychotherapy training as part of basic specialist psychiatric training. 2002.
- A Guide to Psychotherapy in Ireland. Third (revised) Edition. Author. Irish Council for Psychotherapy. Columba Press, 2000.
- Psychotherapy in Ireland. (Revised edition). Ed. Edward Boyne. Columba Press, 2001.

Mental Health Legislation

- Mental Health Act, 2001. (This should be available from your college tutor in your induction pack).
- An annotated guide to the Mental Health Act, 2001, by Mary Keys. (This is a useful guide to the new Act).
- Mental Treatment Act, 1945. (This is available from the Government Publication Office in Molesworth Street, Dublin 2. There may be a copy in your local Department of Psychiatry, although it can be notoriously difficult to get your hands on.)

General Working Conditions

- Know your entitlements. NCHD Handbook. A Guide to Frequently Asked Questions. Irish Medical Organisation, 2001.