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Sketches from the history of psychiatry

The development of psychiatric education in the United Kingdom

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Although there was some specialist interest in teaching psychological medicine in the 18th century, it was the Asylum Acts of 1808 and 1845 which made the subject a speciality and was responsible for drawing attention to the need for undergraduate and postgraduate training. By 1827 Alexander Morison was giving lectures on insanity in Scotland, to be followed by Dr W. A. F. Browne who, in 1836, was giving a series of lectures at the Montrose Asylum which he repeated at the Crichton Royal Hospital in 1851. Dr D. Skae of Morningside Asylum also gave lectures and clinical demonstrations on insanity from 1846. Edinburgh students benefited from teaching in insanity by Thomas Laycock, professor of medicine following his appointment in 1851 (Crichton Browne, 1851).

A leading article of the *Lancet* in 1853, written following scandals in asylums and private madhouses, deplored the lack of teaching in insanity, to which John Conolly responded by stating he had started giving instruction in Hanwell in 1842 but difficulties had resulted in his abandoning teaching. In 1852 he had written a report indicating the need for clinical instruction in insanity and offering to give this, but the disregarding of this report led to his resignation. Possibly Conolly continued to teach Charing Cross Hospital medical students, but many years were to lapse before psychiatrists were accepted as full staff members of London teaching hospitals.

Thomas Laycock, 1812–1876 (Wellcome Institute Library, London).

Real impetus was given to psychiatry in 1841 with the foundation of the Association of Medical Officers of Asylums and Hospitals for the Insane, great-grandparent association of the present Royal College of Psychiatrists. Among the original members of the association are many famous names, including Dr Conolly and Sir Alexander Morison who were already teaching their speciality, but later others, including Thomas Laycock and Henry Maudsley, who were not Asylum or Medical Officers of Hospitals for the Insane, joined the Association. Students at the Leeds medical school received teaching in psychological medicine when Dr (later Sir) James Crichton Browne was appointed director of the West Riding Asylum (1866). This association of medical school and asylum was to continue, notably through Dr Bevan Lewis and then in 1911 to Dr Shaw Bolton who became professor of psychiatry at Leeds, by then a university.

It soon became apparent that many felt their training inadequate for the posts they were filling and the Association became instrumental in furthering psychiatric education, both at undergraduate and postgraduate levels. At the Annual Meeting of 1879 a motion was passed that mental diseases should be included in the qualifying medical examination but

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the annual meeting of 1880 records the rejection of this proposal by the General Medical Council (GMC). The University of London, however, at the instigation of Henry Maudsley, required a certificate of instruction to sit the final MB and stated the examination from 1865 should include insanity. The GMC did not make such conditions compulsory until 1885 (Walk, 1990). This did not entirely satisfy the association, for at a meeting of the Education Sub-Committee (1908), the advantages were considered of universities and other qualifying bodies making it essential that candidates should answer at least one question on mental diseases.

A Royal College of Physicians Committee on Psychological Medicine, chaired by Sir David Henderson, published a first interim report in 1943 on undergraduate education in psychiatry, making extensive recommendations. Although not all of these were adopted, standards of knowledge on qualification did improve.

A specialist qualification in psychological medicine was suggested at the Association's annual meeting in 1866 and again raised the following year, although no specific action was taken. In his presidential address of 1869, Thomas Laycock took the Medico-Psychological Association to task for its various deficiencies, and described some of the confusion current at that time with reference to "mental science" and teaching. To remedy the defects, Laycock said the Association should appoint an education committee and conduct an examination for candidates seeking asylum appointments. The next move for a specialist qualification was at the annual meeting of 1885 when a committee was appointed to consider a Certificate in Psychological Medicine (CPM) and in 1886 rules for such an examination were established and examiners appointed. It would appear the examination made rather a shaky start; candidates could sit the examination, although they could not receive the certificate prior to qualification. The situation in relation to the CPM was considered in 1893 by the newly appointed Education Sub-Committee and it was resolved that examinations were to be held in the same place each day and each examiner was to see the questions set by others to avoid overlap. The six written questions were to be kept to that knowledge required of a practitioner.

A more thorough review of the CPM was made by the Education Sub-Committee meeting the next year when the following resolutions were passed. The written examination should be of three hours duration for the six questions, a *viva voce* at the examiners' discretion, the clinical examination to include certification procedure including correction of a faulty certificate, and the subjects of the examination detailed.

Although the CPM continued, in some years there were very few candidates and in 1909 the Education Sub-Committee resolved "Psychiatry should be placed on a sound scientific basis", and to this end suggested the Association approach universities with a view to establishing a diploma similar to those in Public Health and Tropical Medicine. The diploma should not be granted until the candidate had been qualified two years and spent one year under instruction at an institution. This brought forth a quick response, Manchester starting a DPM in 1912, Leeds and Edinburgh the following year and many other universities and licencing bodies followed. The Association, however, was still giving its own certificate until 1923 when four candidates were examined and all passed. After this, although occasionally mentioned in the Educational Sub-Committee minutes, the CPM (sometimes referred to as the DPM or MPC) appears to have faded out as there is no formal record of its discontinuation. With the universities' interest in mental illness and their granting of diplomas, various academic departments were started with teachers who were invariably members of the Association.

The Maudsley Hospital opened in 1923 with its emphasis on teaching and research, and offered its first course lasting six months for a DPM. Although these courses, conducted by prominent teachers, were very popular, most candidates sat for the Conjoint Board DPM (Lewis, 1964).

By 1940, there was general dissatisfaction with the various DPMs which often differed in their requirements. The situation was reviewed in July 1941, when the War Emergency Committee of the British branch of the International General Medical Society for Psychotherapy formed a committee of physicians, psychiatrists and neurologists to review the future of psychiatry. Sir Walter Langdon Brown was elected chairman and the committee's opinions and recommendations published in June 1943. They were of the opinion standards of training and examination of existing diplomas needed to be raised and listed a suggested curriculum and training requirements for the diploma. In fact two diplomas were suggested, a general diploma covering all branches of the subject and an honours diploma covering one branch of psychological medicine at an advanced level.

Apparently in parallel with the work of the above Committee, the Royal College of Physicians established in October 1942 a larger committee on psychological medicine chaired by Sir David Henderson, although Drs Russell Brain, Strauss and Gillespie served on both committees. Their second interim report (October 1944) devoted to postgraduate psychiatric education, stated the standard of, and training for, the DPM needed to be raised, and before beginning training all should have held house appointments for one year in a general or paediatric hospital. Training should take five years, the first three devoted to general psychiatry,

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neurology and basic sciences followed by an examination, and then two years at an approved institution, at the end of which the diploma would be given. It was also recommended that all candidates should have a higher qualification in medicine, and, when the time was ripe, the Royal College of Physicians should approach Vice Chancellors of universities granting a diploma in psychological medicine with a view to setting up a central board.

With the advent of the National Health Service in 1948, most medical officers with a DPM became consultants in the new state hospitals and there was a need to review the training and qualification for such status. Academic departments needed to be expanded and gradually other universities began to follow the pattern set by Edinburgh and London.

An extensive appraisal of the training of psychiatrists was made at a conference in 1969 (Russell & Walton, 1970). The argument that postgraduate students need only produce evidence of supervised training was rejected. Dissatisfaction with the English Conjoint Board two part examination was expressed and it was noted the examination in most universities took a similar form. The Royal College of Physicians of London reported part 3 of their membership examination in psychiatry had not been a success while The Royal Colleges of Physicians of Edinburgh and Glasgow allowed candidates to select psychiatry as a speciality in part 2 of their membership examinations. The London University Institute of Psychiatry had terminated the external DPM and instituted an academic DPM available to London-trained candidates only. This academic DPM was itself terminated in 1969 and an MPhil degree substituted. The continued need for research degrees was recognised (MD and PhD) although the value of the older high standard London MD which prior to 1950, could be taken internally or externally, by examination in psychological medicine, was not considered.

The Royal Medico-Psychological Association could give only interim information on its proposed membership examination, as discussions with the Privy Council were still in progress. The conference played an important part in the general framework of postgraduate psychiatric education although there were predictably strong differences of opinion on psychoanalysis and psychotherapy.

In an endeavour to ascertain the type of training and qualifications of those holding consultant appointments in general psychiatry, the education committee issued a questionnaire to all those appointed as consultants between 1966 and 1969. More than one-half had trained at regional hospitals (for the most part old asylums), one-quarter at university centres, and one-seventh at the Maudsley Hospital. Over one-half of all consultants had higher medical qualifications (MD or MRCP) and nearly two-thirds had the English Conjoint Board DPM. Eight consultants are recorded as having two DPMs, presumably one being in mental deficiency at a time when it was possible to take a DPM in either mental deficiency or general psychiatry. Because of the multiplicity of DPMs, a single DPM conducted at various regional centres was suggested. The following year (1971) the Royal College of Physicians of London, the main body concerned with the English Conjoint Board DPM stated the opinion of professors and senior tutors in psychiatry was that the DPM should be retained for certain groups of trainees and gave a revised syllabus. However, the last examination for the Conjoint DPM was in 1983; the DPMs of various universities have also been discontinued or replaced by other higher psychiatric qualifications. Monro (1970) records that as early as the late 1950s discussions took place between the Association and the Royal College of Physicians of London. The RMPA envisaged that there might become a faculty of psychiatrists within the Royal College of Physicians but when it was clear this was unlikely to happen, the RMPA realised the only alternative was to become a Royal College of Psychiatrists. To this end a Special Petition Committee was established to explore with the Privy Council Secretariat such a transformation, a necessary move as the Association already had Royal Charter status.

The negotiations were not easy as the Charter and By-Laws had to be rewritten but eventually on 30 April 1971 the Queen signed the Supplemental Charter and the first President, Sir Martin Roth, and the Council were elected soon afterwards. Foundation members and fellows were elected and in November of 1971 the first examinations for the membership were held.

Since then the College has continued to grow in numbers and influence with its membership the recognised entry for a career in psychiatry.

(*A fuller version of this article with a complete list of references is available in the College library*).

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