new postgraduate programmes, at random. The College could have delegates at the national annual meeting of psychiatrists. By recognising local training and degrees, the College could promote the development of a strong programme that would attract the best and the brightest to psychiatry. In addition, the College could consider waiving its own Part I examination for those with FCPS-Psych or MD-Psych degrees from Bangladesh, so that they could directly take the MRCPsych Part II examination. The College could also offer opportunities for sub-specialty training in psychiatry to psychiatrists with strong roots in Bangladesh, who would then lead the development of various domestic sub-specialty programmes.

Conclusions

Teaching and training in psychiatry in Bangladesh are in an advanced state of development. However, to meet the acute shortage of trained psychiatrists and to provide quality psychiatric care to large numbers of patients, Bangladesh must adopt short- and long-term strategies: expanding supervised high-quality postgraduate training to existing medical colleges; and incorporating expanded, structured psychiatric training at undergraduate level. To accomplish these ambitious goals with limited resources, it needs regional and international help. The Royal College of Psychiatrists played a historic role in training the first generations of Bangladeshi psychiatrists. The College can now play a pivotal role in improving psychiatric care in Bangladesh by helping to establish local training programmes for a new generation of psychiatrists, who will be well qualified and dedicated to improving the mental health of Bangladesh.

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Teaching and training in psychiatry in India: potential benefits of links with the Royal College of Psychiatrists

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Education in modern medicine in India began in 1835 with the establishment of the Madras Medical College, in what is now Chennai. Initially the growth of new medical schools was slow but it gathered pace after independence in 1947. In the past decade or so, the growth in terms of the creation of new medical schools has been phenomenal.

Undergraduate medical education

The Medical Council of India (MCI) is a statutory body charged with the responsibility for regulating the establishment of medical schools in India. It lays down standards for undergraduate and postgraduate medical education and prescribes curricula for both. It has the power to accredit, recognise or de-recognise medical schools. According to a recent release from the MCI, India has 233 recognised medical schools, to which 25374 students are admitted every year at the undergraduate level (see Table 1).

The undergraduate curriculum of the MCI gives meagre representation to psychiatry. Undergraduate medical students are exposed to psychiatry for only 15–20 hours by way of didactic lectures during the entire course of their medical education, which spans 4.5 years! The clerkship in psychiatry lasts only 2 weeks. During the 1-year compulsory internship, the psychiatric rotation is optional, and in any case that, too, lasts only 2 weeks. Furthermore, psychiatry has no prominence in the final examinations.

At organisational level, many medical schools even today do not have independent departments of psychiatry but rather psychiatry is catered for within the department of medicine; for those schools that do have a psychiatry department the staffing situation is generally poor. Moreover, training in psychiatry is perfunctory and tends to address the cognitive aspects rather than the psychomotor or affective aspects of mental disorder.

Table 1 Undergraduate medical schools in India, as listed by the Medical Council of India

State	Number of recognised medical schools	Yearly intake of students
Andhra Pradesh	31	3825
Assam	3	391
Bihar	8	510
Chandigarh	1	50
Chhattisgarh	2	100
Delhi	5	560
Goa	1	100
Gujarat	13	1425
Haryana	3	350
Himachal Pradesh	2	115
Jammu and Kashmir	4	350
Jharkhand	3	190
Karnataka	32	3585
Kerala	15	1650
Madhya Pradesh	8	830
Maharashtra	39	4995
Manipur	1	100
Orissa	4	421
Pondicherry	4	375
Punjab	6	520
Sikkim	1	50
Tamil Nadu	22	2315
Tripura	1	100
Uttar Pradesh	13	1262
Uttaranchal	2	100
West Bengal	9	1105
Total	233	25374

Undergraduate students do not gain the clinical competence they need to deal with common mental disorders. There is no quality assurance in the training given. Since psychiatry has no significant place in the final examinations, most students pay only lip service to a posting in psychiatry and absenteeism during postings in psychiatry is high.

Postgraduate training

MD in psychiatry

There are only 49 medical schools in the whole country that are recognised by the MCI for training at postgraduate level for the award of an MD in psychiatry. These medical schools admit about 240 medical graduates every year for the 3-year degree course.

The MCI is the regulatory authority for postgraduate courses. It prescribes the curriculum in a broad sense. The universities to which medical schools are affiliated are the examining authorities. There is no uniformity in teaching, and training varies from university to university. Even the examination system is not uniform. This leads to wide variation in standards.

Diploma in Psychological Medicine

There are 29 medical institutions in the country that provide training that leads to the award of the Diploma in Psychological Medicine (DPM). Their combined yearly intake is 89 students.

The MCI is the regulatory authority and the university to which the medical institution is affiliated is the examining authority. The duration of the DPM course is 2 years. Again, the standards of teaching for the DPM across the country are variable and there is no uniformity in the conduct of examinations.

Training in psychiatry for general practitioners

Little information is available about the needs of general practitioners (GPs) vis-à-vis psychiatry. It is felt that they need more psychiatric expertise and that they should be thoroughly conversant with psychological medicine.

Felt need: the national perspective

For the huge population of India and its needs for mental health infrastructure and professional resources, the current training base is not sufficient. At the present rate, it will take a long time to establish a healthy ratio between the population and the number of psychiatrists serving it. Looking at this dismal scene, it is obvious that undergraduate training in psychiatry needs to be strengthened, postgraduate psychiatric training needs to be improved and GP training programmes in psychiatry need to be expanded.

Stumbling blocks

All levels of training in psychiatry – undergraduate, postgraduate and GP – lack a competence-based curriculum. This can be rectified only if policy and decision-makers recognise the importance of psychiatry, not only in medical education but in all healthcare. Unfortunately, the representation of psychiatrists at the higher levels (the MCI, university senates and university syndicates) is marginal. Furthermore, psychiatry has a very thin slice of the medical curriculum 'cake'. Therefore, the profession as a whole will have to exert pressure on others to give psychiatry its due recognition.

The Royal College of Psychiatrists

The Royal College of Psychiatrists is known for its integrity, high standards and professionalism. Its training programmes, system of accreditation and examinations are highly regarded. For these reasons, the College could make substantial contributions to psychiatric education in low- and middle-income countries such as India. However, while the College has the professional base to do so, it does not necessarily have the resources to undertake such a mammoth task. None the less, what can be achieved is suggested as follows.

Psychiatric education in India and links with the College

India has a shortage of teachers and trainers in psychiatry. Links with the College at undergraduate, postgraduate and GP levels could be of great benefit in this respect. In relation to the teaching and training of GPs, the College could develop links with the Indian Psychiatric Society and the Indian Medical Association. At the undergraduate and postgraduate levels, links could be fostered with the existing

medical schools, the universities and the Indian Academy of Medical Sciences, and so on.

What could be developed?

To overcome the shortage of teachers in psychiatry in India, a system of visiting teachers could be initiated. A large number of eminent College Members and Fellows are of Indian origin. They could be asked to provide some teaching and training in India. The logistics of operating such a system – by whom, for how long and how much – needs to be worked out through the good offices of the institutions mentioned above, as would the financial support required. Material support to the visiting faculty (costs of travel within India, board and lodging) could be provided with relative ease at institutional level. A pool of visiting professors and teachers from the membership of the College could be established and a group from this pool could visit India for variable lengths of time to provide the requisite teaching and training. With the help of the visiting faculty from the College, special programmes in continuing medical education could be developed for both psychiatrists and GPs. Links could be fostered by developing 'memoranda of understanding', initially between the Indian Psychiatric Society and the College, and later with the medical schools.

Is this feasible or is this a figment of our imagination? We believe that, given the will, this can be achieved.

Further reading

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Training in Europe in perspective

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In psychiatric medicine, as in other fields, Europe offers a diversity of history and academic tradition that belies its limited geographical area. There are numerous centres of excellence – in psychiatric research, service innovation and practice – and many countries have internationally recognised and excellent training schemes in psychiatry. But uniformity of practice is seldom in evidence.

An increasing number of states now belong to the European Union (EU) and, as with other groupings, the profession of medicine has found itself drawn into a need for greater unity by the Treaty of Rome (1957). This is reflected in European law. For example, in Council of Europe Directive 93/16/EEC some important principles are outlined:

- The legal expectations of member states are clarified in respect of such matters as the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications.
- Psychiatry is recorded as a medical specialty with a training duration of a minimum of 4 years following basic medical training.
- The recognised titles of European training qualifications in medical specialties are listed. For the UK, for example, it is the Certificate of Completion of Training; for Germany, it is the Fachärztliche Anerkennung.
- These qualifications must be mutually recognised across national boundaries. Member states are not entitled to require medical practitioners who have such certification to complete any additional training in order to practise within its social security scheme, even when such training is required of holders of diplomas of medicine obtained in its own territory.

The Directive also recognises the need for some coordination over the requirements of training in specialised areas of medicine but leaves it to representatives of the specialties themselves to provide the details – the minimum training period, the method by which such training is given, the place where it is carried out, as well as the supervision required. These, therefore, are the focus of committees referenced for each of the European medical specialties. In psychiatry, this is the Union Européenne des Médecins Spécialistes (UEMS) Section and Board of Psychiatry, on which each EU national medical association is entitled to have two delegates.

Training in practice

With the requirement of mutual recognition of training already in place, one would expect there to be not only unity of content in training but also unity of conduct and audit. This is not the case. Surveys of UEMS national organisations of specialist training in psychiatry in Europe reveal continued variation in all aspects of training. The UEMS has sought