

Training psychiatrists in South Africa

The content which follows formed the basis for presentations at the South African Society of Psychiatrists (SASOP) – State Employee Special Interest Group meeting held in Windhoek, Namibia, 31st March – 2nd April 2012, as well as the SASOP 2012 17th National Congress held in Johannesburg, South Africa, 7th - 11th September 2012. My positions as Head of the Division of Psychiatry at the University of the Witwatersrand, Johannesburg, South Africa and President of the College of Psychiatrists in the Colleges of Medicine of South Africa served to inform the content. Whilst clearly focused on South Africa, issues of specialist training are universal.

The issue of specialist training is perennial as disciplines constantly seek to ensure that qualified specialists are suitably equipped to perform the tasks they are registered to perform. This requires continuous review and refinement. There are a multitude of factors that impact on the training of specialists, with such factors extending from the undergraduate to the postgraduate and ultimately work based specialist settings. The content which follows is not exhaustive, with a selective focus on certain issues.

Specialist training

The culmination of training to be a specialist is an exit exam (with the duration of such training to be not less than 44 months continuous over a 4 year period). In South Africa this has been the part II exam of either the Master of Medicine (MMed, in Psychiatry) or the Fellowship within the Colleges of Medicine of South Africa (CMSA) i.e. Fellow of the College of Psychiatrists (FCPsych). The successful candidate receives either the MMed degree (upon successful completion of a dissertation) or the Fellow of the College of Psychiatrists qualification (FCPsych). Regulations related to the College of Psychiatrists within the CMSA now include research as a requirement for eligibility to write the FCPsych II. This emphasizes research as a significant component within training.

A changing landscape

In South Africa significant change is underway in relation to specialist training. This change will see a single qualification being accepted for specialist registration i.e. a qualification from the Colleges of Medicine of South Africa (CMSA), thus doing away with a University MMed as a qualification for specialist registration. This change was introduced as of January 2011, and should come into full effect from about 2014. The MMed remains a possibility for specialist registration for any specialist trainees whose period of training commenced before January 2011. There will thus no longer be two centres of equivalent power in terms of qualification. Universities will now serve a training function, whilst the CMSA will serve a purely examining function – although this may extend to include training related functions. As things stand there is a

5 year contract between the Health Professionals Council of South Africa (HPCSA) and the CMSA as the national examining body. Given that there will be a single national exit exam leading to the FCPsych, the implication is that all specialist trainees must receive equivalent training, irrespective of their University, thus creating a national standard. This being the case it is unlikely that the CMSA's role can simply remain that of an examining body.

The contract between the HPCSA and the CMSA follows "the process of aligning qualification for specialist and subspecialist training with the Higher Education Qualification Framework (HEQF) of South Africa"- undertaken by "The Standards Generating Body (SGB) Subcommittee of the Medical and Dental Board", which led to a number of resolutions being taken.

Specifically that:

1. All candidates would be "required to undertake a national professional examination" under the auspices of "a national examining body" – whose period of appointment would be "on a 5 yearly basis";
2. "All specialist trainees will be required to complete a relevant research study" which would be a requirement for specialist registration in South Africa [Subcommittee for Postgraduate Education and Training (Medical)- January 2010].¹

It is now likely that the MMed II exams will no longer be offered, with the existing equivalence of the FCPsych II with the MMed Part II being maintained, with the FCPsych II used as a requirement for MMed degree completion together with the dissertation. In essence, South African trained specialists will in future most likely hold both a professional qualification i.e. the FCPsych as well as a higher degree i.e. the MMed. All registrars are required to be registered for the MMed degree, which notwithstanding changes, will remain the case given that training is university based.

A further significant change within the CMSA is that of "blueprinting" curricula together with exam reform. With regard to the latter, the long question format of examining is viewed as too arbitrary in terms of the questions asked and this has led to the drive to revise the form of examination. Whilst such a move has seen significant change internationally, the process is only beginning in South Africa. Aside from seeking optimal ways of examining that provide a more comprehensive and

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objective means of assessing knowledge, it also limits the possibility of legal challenge where a candidate feels unduly prejudiced. The “blueprinting” of curricula requires specification of core knowledge together with a weighting such that content is essentially ranked and exam questions – both in terms of nature and extent - are determined on the basis of relative importance. In order to achieve a balance, the format of examination will move away from the exclusively long question format towards more use of other forms of examination e.g. the single best answer approach. Hence the written exam will evolve in time, as will the oral exam for general psychiatry which has also been viewed as somewhat arbitrary and subjective and will likely be replaced by the *objective structured clinical examination* i.e. the OSCE. Reform is thus underway, but tangible change is some way off as individual Colleges grapple with moving beyond their traditional clinical and academic functions and attempt to come to grips with becoming medical education scientists.

The FCPsych II

The training of registrars has most likely followed a similar format at the Universities accredited for specialist training across South Africa (University of the Witwatersrand, Cape Town, Kwa Zulu Natal, Pretoria, Free State, Stellenbosch, Limpopo –Medunsa Campus – and Walter Sisulu University). Such training involves both didactic teaching related to a range of relevant topics; clinical supervision of cases ; case presentations at both routine ward rounds and academic meetings; and journal article presentations, all within the context of service delivery. Many registrars have also been tasked with teaching duties for undergraduate students – itself an opportunity for learning.

2 recent requirements, beyond successful completion of either the FCPsych part I or MMed part I exam, for entry to the Part II of the FCPsych have added dimensions to training that previously were absent i.e. psychotherapy training and research. Each of these has created challenges for both registrars as well as the training institutions. For both psychotherapy and research there has been a need to build capacity for implementation. Regarding the former, Departments may well have had to call on psychologists within the Departments to assist with supervision and examination. Certainly at the University of the Witwatersrand this has been the case. With respect to research – a number of issues have arisen, not least of which was the need for MMed students to be supervised by staff with at least an equivalent qualification. Given that there was previously no culture or requirement of higher degree completion this has been a significant challenge and may well remain so i.e. limited capacity. This applies equally to internal (and external) examination of research reports– where an examiner is required to have a least an equivalent degree to that being examined. In practice this does not necessarily always happen, but any deviation requires suitable justification. Whilst the benefits of undergoing psychotherapy training are obvious, in terms of clinical skills for practice, the same might be less so for research.

Regarding research, the role of the College has been

questioned. Specifically whether the research requirement for entry to the Part II exam should remain given that research is ultimately a university function and contributes to the MMed rather than the FCPsych. A major issue relates to what constitutes appropriate research at this level. At the University of the Witwatersrand, the Faculty of Health Sciences has unequivocally endorsed a retrospective clinical record review as sufficient for the MMed across all medical disciplines. One should note that the requirement for the MMed is that the candidate is able to demonstrate an understanding of the research process – which includes the need for ethics approval even if the focus of the research is a retrospective record review. The notion that retrospective reviews do not yield valuable data appears unjustified. Entering the term “retrospective review” as a search phrase into the Pubmed database <http://www.ncbi.nlm.nih.gov/pubmed/> yielded 90 324 articles - on the 25th August 2012.

Part of training requires presentation of journal articles; part of ongoing professional development requires keeping abreast of developments in the discipline – generally through journal articles; many such articles are provided by industry and involve drug trials. An ability to critically appraise and evaluate such content is essential. Conducting research provides an important basis for developing an ability to critically assess data whatever the nature of the study. Further, it shapes an approach to dealing with clinical challenges. In this respect, research is very much a part of clinical training and I would argue is an entry requirement to the FCPsych II that must remain. Currently within the College of Psychiatrists - this entails progress to the satisfaction of the Head of Department, which will require presentation of a first draft of a dissertation. Beyond any personal or other sentiment in relation to the FCPsych II, and as mentioned, research will be a requirement for specialist registration with the HPCSA for specialist trainees commencing in 2011. Further, research in this group is viewed as part of South Africa's strategy for achieving the Millenium Development Goals.² This was noted at the 2011 National Health Research summit, with specific reference to masters level research, where it was stated that such research should not simply be for academic purposes but should “...address important health systems questions.”²

Clinical versus non-clinical time allocation

Given the burden of service delivery experienced by registrars, the allocation of time for non clinically based training remains an issue; not least of all with the requirements of psychotherapy training and research completion. Whilst most programmes most likely offer dedicated time within the working week for attendance at lectures and clinical teaching sessions – this may not be uniform, nor necessarily possible for registrars to attend due to service requirements. Given that all registrars are in fact registered students (for the MMed) and jointly appointed by both the provincial government and their University- there should be no tension, and yet the extent of dedicated and protected time for the pursuit of purely training related activities is yet to be defined. In addition, the extent of in situ clinical training, supervision and

teaching is not always uniform depending on the placement or site of a given registrar. A recently published study questioned whether, in relation to otolaryngology specialist training, South African universities provide equivalent training. The findings were that they do not. The authors cited a lack of oversight by the HPCSA.³ If there is a national exit exam, there must be equivalent training across all academic platforms – this is a challenge that may require a more flexible approach to training across academic platforms.

Training- amount of time/subspecialist exposure

Whilst the College of Psychiatry is quite specific regarding the nature of training that should occur in terms of exposure to clinical situations – it is not always clear that such exposure occurs or is of the same duration and quality across sites/institutions where it does. Specifically, the requirements of exposure to subspecialist areas of the discipline are not necessarily a possibility at all sites e.g. old age (geriatric) psychiatry. Whilst there is no doubt that some level of the required exposure does occur- the availability of a range of the requisite subspecialists and clinical sites focused on subspecialist practice is a concern. To date, the CMSA has offered only one subspecialist qualification in Psychiatry i.e. the Certificate in Child Psychiatry. With regard to Child and Adolescent Psychiatry, the College of Psychiatrists has included in its regulations a minimum of 3 months of such exposure during general psychiatry training. There are those who feel it should be specified as 6 months.

One simple fact hampering the development of subspecialist disciplines is the lack of available dedicated subspecialist training posts as well as subspecialist posts. In addition, the necessary subspecialists available to implement the necessary training is a further constraint. There has been progress towards having a number of additional subspecialist disciplines within Psychiatry approved by both the CMSA and ultimately national government; these include Certificates in Forensic Psychiatry, Old Age (Geriatric) Psychiatry and Neuropsychiatry (which have been gazetted) as well as certificates for Addiction Psychiatry and Consultation Liaison Psychiatry. Approval of the aforementioned Certificates should then provide impetus for a review of staff establishments to include provision for subspecialists. In support of this the *African Journal of Psychiatry* has published a series of editorials that deal with the need for subspecialist training and expertise within the African setting – not least of all because the need for subspecialists in resource constrained environments has been questioned.⁴

Selection

How well equipped are candidates to successfully complete all of the requirements in the required time? Certainly, there is no specific benchmark for selection that goes beyond having completed the necessary undergraduate training, with some programmes requiring medical officer time in psychiatry at a recognized training site – which does not always tell one what the capacity of an individual will be when placed in the formal training

situation. There has been some use of the Diploma in Mental Health (DMH) as a screening/selection qualification. This is not a recommendation as the intention of the DMH was to promote knowledge and capacity amongst non-specialists. There has been talk of lengthening the period of training to 5 years, but to what extent this is feasible or necessary needs rigorous debate. There has been discussion that the FCPsych I become a requirement for entry to specialist training, with individuals remaining as medical officers until such time as they have either accomplished this or if not likely to succeed should at the very least attempt the DMH before exiting the system. Such an approach would require a reconfiguring of posts within the service, with more medical officers and fewer registrars and with medical officers being given the opportunity to participate actively in the academic programme. Such an approach might have the effect of reducing the number of qualifying specialists which could be seen as counterproductive; alternatively it might see more general practitioners with DMH's which may in fact be more appropriate for a developing world setting. A 2011 article in the *Lancet* by Kakuma et al noted that within developing world settings the shortage of suitably qualified specialists – in relation to mental health – poses a significant problem and that alternative strategies to meet the shortfall are required, specifically the use of non-specialist health professionals.⁵

An ongoing “conversation”

The issue of training is multifaceted, but the preceding content has attempted to focus on pertinent aspects which when viewed as a whole will hopefully provide some direction in relation to the aspects covered and also allow for related, but not mentioned, aspects to be raised and explored as part of both a national and potentially continent wide conversation.

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References

1. Subcommittee for postgraduate education and training (medical)- Health Professionals Council of South Africa. New requirements for the registration of specialists in South Africa. 20th January 2010.
2. Mayosi BM, Mekwa NJ, Blackburn J, Coovadia H, Friedman IB, Jeenah M, et al. Strengthening research for health, innovation and development in South Africa. Pretoria: Department of Health, April 2012. <http://www.nhrc.org.za>
3. Peer S, Fagan J. Do South African universities provide the required training platforms for otolaryngology specialist training? *South African Medical Journal* 2012; 102 (8): 691-692.
4. Stein DJ, Szabo CP, Moussaoui D, Gureje O. Psychiatric subspecialization in Africa - introduction to a series. *African Journal of Psychiatry* 2010; 13(3): 157-9.
5. Kakuma R, Minas H, van Ginneken N, Dal Poz MR, Desiraju K, Morris JE, et al. Human resources for mental health care: current situation and strategies for action. *Lancet* 2011 ;378(9803): 1654-63.