

---

To the Editors:

## **Education in psychiatry: wider reforms needed – a reply**

**K Walsh**

*Ceylon Medical Journal* 2014; **59**: 108-109

Kurupparachch and de Silva have clearly outlined the problems facing psychiatry in Sri Lanka. [1] There is a heavy burden of mental illness and a lack of services for patients. As they outline, there is a clear need for better undergraduate education in psychiatry. However delivery of such education may not be enough in itself to make significant improvements to the system. Other strategies may have to be developed to deliver a psychiatric service that the population needs.

*BMJ Learning, BMA House, London, United Kingdom.*

Correspondence: KW, e-mail: <kmwalsh@bmjgroup.com>. *Competing interests: none declared.*

All too often those who wish to improve medical education look to the education of medical students. However the healthcare workforce that we have now will by and large continue to be our workforce for the next ten, twenty or even thirty years. Educating this existing workforce in psychiatry will have short and long term positive effects. The priority for education of the existing workforce must surely be general practitioners (GPs). Much mental illness presents in primary care, can be

diagnosed in primary care, and can be managed in primary care. Delivering psychiatry training as part of the continuous professional development programmes of GPs would surely make a significant impact.

Secondly more attention needs to be given to the retention of the existing mental health workforce. Educating medical students and engendering an interest in psychiatry among such students is laudable and will likely encourage some to take up psychiatry as a career. However if working conditions and ongoing opportunities are not available to those who do enter the specialty, then these people will leave psychiatry for other specialties or stay in psychiatry and leave the country. Adding more resources into undergraduate education in current circumstances is akin to trying to fill a leaky bucket – you can pour lots of water in but this will not work unless you fix the leak.

Thirdly and lastly giving more attention to medical education on its own will probably not be enough. We will need to consider wider education for healthcare

professionals. Psychiatry is a team based endeavour – even the best psychiatrists on their own will have limited impact without the support of a fully functioning multidisciplinary team of nurses, allied healthcare professionals and social workers. These team members will also need to be educated and recruited and retained. Ideally interdisciplinary education would take hold – interdisciplinary team members would thus learn together before they started to practice together. This form of education might turn out to be not only more effective but more efficient as well. Delivering medical education at lower cost would surely be attractive to a range of stakeholders [2].

## References

1. Kurupparachch KA, de Silva NR. Burden of mental illness and the need for better undergraduate education in psychiatry. *Ceylon Medical Journal* 2014; **59**: 35-8.
  2. Walsh K. Cost effectiveness in medical education. Radcliffe. Oxford 2010.
-