

Royal College of Psychiatrists

The role of the Academic Faculty in Undergraduate Education

Statement from the Academic Faculty Executive Committee

High quality teaching of psychiatry to undergraduate medical students is crucial to the future provision of medical care. Psychiatric education should be led by academic psychiatrists and all psychiatrists have a professional duty to contribute to the teaching and training of the next generation of doctors. Students will take psychiatry seriously if the teaching is relevant to their work as doctors, if they are stimulated and excited by observing the complexities of psychiatric care, and if they are offered new and challenging ideas, including presentation of up to date research in psychiatry. The aim should be to ensure that all future doctors in every specialty respect and support the delivery of high quality psychiatric care across the life span, and that we encourage able students to consider a career in psychiatry.

At its strategy day on 9th April 2009, the Executive of the Academic Faculty agreed the following points:

1. Subject to the College's rules, a group should be established to include the undergraduate teaching leads in psychiatry from each UK medical school, coordinated by the Academic Faculty, and meeting at least once a year, possibly as part of the Academic faculty annual residential meeting. Such a group can promote discussion of core material for undergraduate teaching, agreement about the standards of learning in psychiatry expected of graduating doctors, and the sharing of best practice across medical schools.
2. Undergraduate teaching of Psychiatry should be led by University departments of Psychiatry, with designated academic psychiatrists with a major role in undergraduate teaching. While other medical specialists, such as general practitioners, may play a role in teaching students about mental illness, curriculum design, delivery and assessment should remain the responsibility of psychiatrists. Academic psychiatrists will also teach modules and offer research projects in psychiatry for intercalated BSc degrees.
3. Teaching should be recognised and rewarded. We strongly support academic promotion on the basis of excellence in teaching, while in the NHS, contribution to teaching should be a significant factor in evaluating applications for clinical excellence awards.
4. Psychiatrists who teach medical students should have access to training in appropriate methods of teaching and in developing valid and reliable assessments. Such training should be a recognised part of CPD both for trainees and consultants.
5. Consultants who teach medical students should have protected time for teaching students in their job plans. The consultant's clinical load should be reduced accordingly. Trainees who teach should also have protected time.
6. Trusts should be encouraged, and if necessary challenged, to explain how they use the funding of clinical teaching (Service Increment for Teaching), and they should account for how this funding contributes to additional service costs (see point 5).
7. Teaching issues should be included within the Faculty annual meeting.
8. High quality pedagogic research in psychiatry should be encouraged.
9. Career paths and appropriate substantive posts should be available for clinical psychiatric teachers.