

Aim

To generate recommendations for improving psychiatry placement, particularly by integrating liaison psychiatry more into the medical school curriculum.

Background

Medical students generally rotate through several subspecialties during their psychiatry placements. Despite this structure, students continue to report that their exposure to psychiatry sometimes feels limited. Engaging psychiatrists to identify ways to improve placements-such as integrating liaison psychiatry-is important to ensure meaningful exposure to the specialty.

Methods

First, we surveyed UK medical students to gather their opinion on their liaison psychiatry placements. With presentation of this data, three workshops were conducted with psychiatrists from multiple trusts at the Liaison Psychiatry Meeting in 2025. Discussions explored:

1. What are the challenges involved in organizing a liaison psychiatry placement for students? AND How could these be effectively addressed? Or not?
2. How can we get more consistent about placement experience across UK medical schools?
3. What do you think are the main barriers (educational, logistical, etc) to students gaining more hands-on experience in placement? AND How can we better prepare students to engage confidently and safely with patients?



Results

The answers from participants to each workshop discussion:

1. Organising liaison psychiatry placements is challenging due to limited space on ED and acute wards, brief patient contact and concerns about student preparedness. However, it was agreed that more liaison psychiatry placement would offer greater exposure to the breadth of the specialty. Participants suggested protected teaching time, clear learning objectives so students know what to expect, and more taster days in this subspecialty across schools.
2. While Royal College guidance exists, clearer information for students, including a formal introduction to liaison psychiatry, would improve consistency, especially as many encounter this subspecialty for the first time. This is something participants had not realised.
3. Participants recommended better pre-placement preparation, including teaching about liaison psychiatry, to increase student confidence and readiness.

Conclusion

Consensus among participants was that increased liaison psychiatry exposure seems key to improving psychiatry placements, as it offers experience with diverse mental health presentations and core concepts such as risk assessment. More teaching, pre-placement preparation, and more liaison psychiatry taster days were some key ideas. All participants reported satisfaction with the workshop and supported implementing these ideas. A key recommended next step is development of a Liaison Psychiatry induction pack to go alongside the Royal College guidance to help to enhance and standardise student placement experience across the UK.