

Core Curriculum in Psychiatry, October 2017

All doctors must have an adequate level of psychiatric knowledge, clinical skills and appropriate attitudes to be able to provide comprehensive assessment and humane and effective treatment for all patients. Newly-qualified doctors should be able to recognise, assess and diagnose mental illness, manage psychiatric emergencies effectively; and know when to refer to their seniors and to psychiatric specialists.

Through a collaborative process, the Royal College of Psychiatrists has developed this core curriculum, which is relevant for all doctors. It specifies areas that we think should be covered within the undergraduate medical course. Many areas will be covered on a specific psychiatry clinical placement. The curriculum deliberately does not specify the details and level of depth that should be covered – this is up to medical schools. Outcomes for graduates (Tomorrow's Doctors) (GMC 2015) presents three overarching outcomes for newly qualified doctors: the doctor as a scholar and a scientist; the doctor as a practitioner; and the doctor as a professional. This curriculum maps onto these overarching outcomes and specific outcomes relevant to psychiatry.

Specific to teaching in clinical psychiatry, the principal **aims** of the undergraduate medical course should be:

- To provide students with knowledge and understanding of the main psychiatric disorders and the interface of mental health with other medical conditions, the principles underlying modern psychiatric theory and commonly used treatments (The doctor as a scholar and a scientist)
- To assist students to develop the necessary skills to apply this knowledge in clinical situations (The doctor as a practitioner)
- To encourage students to develop the appropriate attitudes necessary to respond empathically to mental illness and psychological distress in all medical and broader settings. To educate students to maintain their own health and well-being. (The doctor as a professional)

It is essential that psychiatric teaching explicitly covers all age groups (children, adolescents, working age adults and older adults), the perinatal period and people with a learning disability. Students should learn about different presentations and treatments of mental illness in different service settings and comorbidities, eg. primary care, secondary psychiatric services, care of chronic illness and in medical and surgical clinics and inpatient wards.

The questions of when psychiatry should be introduced into the medical course and how much time needs to be devoted to psychiatry in the curriculum are being currently addressed in a number of studies. Preliminary results indicate that students who have early exposure to psychiatry are more likely to choose psychiatry as a career and are less likely later to develop stigmatizing attitudes. The length of time spent in psychiatry varies across schools with up to 17 weeks in some schools.

The **Learning Outcomes** are:

The Doctor as a Scholar and a Scientist

On completion of undergraduate training the successful student should be able to:

1. Describe the prevalence, scientific basis and clinical presentation of common psychiatric conditions and how these may differ between patients, particularly with age, developmental stage and culture.
2. Understand the principles of psychiatric formulation: and how predisposing, precipitating and perpetuating factors impact through biological, psychological and social mechanisms on the patient's clinical presentation; and that every patient has a unique life history and personality through which these factors are refracted.
3. Understand normal life adjustments and transitions (include between age groups). Recognise the differences between mental illness and the range of normal responses to stress and life events (including bereavement). Recognise the danger of inappropriately pathologising normal distress and grief.
4. Describe the current, common pharmacological, other physical (eg ECT), psychological and social treatments for psychiatric conditions, including the indications for their use, their method of action and any unwanted effects. This should take into account recommendations of NICE guidelines (and other evidence-based sources). Students should understand the principles of stepped care. Students should also understand that the goals of treatment are not just limited to reducing symptoms but include achieving improved well-being and personal growth.
5. State the doctor's duties and the patient's rights under the appropriate mental health legislation and mental capacity legislation. Understand the importance of confidentiality and when the patient's wish for confidentiality should be over-ridden, including in young people.
6. Describe what may constitute risk to self (suicide, self harm and/or neglect, engaging in high risk behaviour) and risk to and from others (including child abuse, domestic violence between adults and protection of vulnerable adults). Understand how such abuse (of adults and children) increases the risk of psychiatric and personality disorders.
7. Summarise the major categories of psychiatric disorders, for example using ICD-10.
8. Describe the basic range of services and professionals involved in the care of people with mental illness and the role of self help, patient and carer groups in providing support to them. Describe the varied roles of psychiatrists and other mental health professionals. Students should be aware that services differ from each other and change over time (so future services may be different).
9. Describe the principles and application of the primary, secondary and tertiary prevention of mental illness.
10. Describe the role of mental health disorders and stress-related conditions in the aetiology and outcome of other medical conditions.

The Doctor as a Practitioner

On completion of the course the successful student will be able to:

1. Take a full psychiatric history, carry out a mental state examination (including a cognitive assessment) and write up a case (as would be found in medical records). This includes being able to describe symptoms and mental state features, aetiological factors, differential diagnoses, a plan of management and assessment of prognosis; and to understand that this assessment is key to the evaluation of risk.
2. Prescribe psychopharmacological treatments (if appropriate) safely and effectively.
3. Provide immediate care in psychiatric emergencies, which may occur in psychiatric, general medical or other settings. In particular be able to conduct an assessment of risk to self and others and act appropriately based on this risk assessment.
4. Screen empathically for common mental illnesses in non-psychiatric settings. Recognize the role of psychological factors in patients with other medical conditions (e.g. cardiovascular disorders, cancer) as well as those with unexplained medical symptoms (e.g. chronic pain conditions)
5. Communicate effectively with patients and colleagues from other disciplines. Discuss with patients and relatives the nature of their illness, management options and prognosis. Be able to communicate well and empathically with children and with patients who might be frightened, aggressive, unable to communicate or challenging in other ways. Summarise and present a psychiatric case in an organised and coherent way to another professional. Be able to make appropriate referrals to psychiatric services.
6. Plan which physical and psychosocial investigations should be carried out when patients present with psychiatric symptoms and when prescribing psychopharmacological medication.
7. Evaluate information about family relationships and other relevant social factors (including work, education and finances) and their impact on an individual patient. This may involve gaining information from other sources.
8. Evaluate the impact of mental illness on the individual, their family and those around them.
9. Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance.

The Doctor as a Professional

On completion of the course the successful student will:

1. Behave according to good ethical and legal principles, including, but not limited to, those laid down by the General Medical Council.
2. Recognise the importance of the development of a therapeutic relationship with patients, enabling the patient to be actively involved in decisions about their care.
3. Act in a safe way towards patients. Understand the potential to do psychological harm to patients, including by providing untrained/unsupervised psychotherapeutic interventions and

fostering inappropriate doctor-patient attachments. Recognise the limits of their own competence and know when to ask for help from a more senior/specialist colleague.

4. Accept that illnesses of the brain/mind are of equal importance as illnesses of other parts of the body. View psychiatric patients as being as deserving of the same high standard of medical care as patients with other medical conditions. Demonstrate understanding of how patients' opportunities may be affected by stigmatisation of mental illness and show sensitivity to the concerns of patients and their families about such stigmatisation.

5. Recognise the importance of multidisciplinary teamwork in the field of mental illness in psychiatric, community, general medical, primary care and non-medical settings.

6. Reflect on how working in health settings may impact upon their own health (including mental health) and that of colleagues. Understand the importance of seeking professional help if they themselves develop mental health problems. Know how/where to access this help.

7. Understand the importance of Continuing Professional Development to raise awareness of the latest developments and research pertinent to psychiatrists.

8. Understand the importance and impact of research on Psychiatry.

9. Understand about the importance of maintaining their own mental health and wellbeing

APPENDICES

These appendices provide further detail for the above outcomes on the specific knowledge, skills and attitudes that need to be taught (as a minimum) in the undergraduate medical course. Each individual clinical school should decide how and in what level of detail to teach these topics.

Appendix 1 – Psychiatric Disorders and Other Mental Health Problems

Knowledge of the following core disorders is a minimum. Psychiatrists should be involved in the teaching of these core disorders.

- How, and why, we classify psychiatric disorders
- Mood disorders
- Anxiety disorders
- Substance misuse, especially alcohol, nicotine and cannabis (acute & chronic effects)
- Medically-unexplained symptoms
- Psychosis and specifically schizophrenia
- Child and adolescent mental health problems (including neurodevelopmental disorders, such as attention-deficit/hyperactivity disorder and autism)
- Dementia
- Delirium
- Patients who self harm
- Personality disorders
- Eating disorders
- Acute reactions to stress and PTSD
- Effects of organic brain disease
- Differences in presentation in older people

- The mental health needs and problems of people with Learning Disability
- The mental health needs and problems of people with long-term medical conditions
- Co-morbidity (the fact that people with one disorder may also have another disorder)

Appendix 2 – Psychiatric Presentations

Knowledge of how to assess and manage the following clinical situations:

- The confused patient
- The agitated/aggressive patient
- The sad patient
- The patient who is expressing unusual ideas or complaining of unusual experiences
- The patient who has recently harmed him/herself, or is threatening to do so
- The patient taking psychiatric medication who has become acutely physically unwell
- The patient with unexplained medical symptoms

Appendix 3 – Basic Sciences

A good knowledge of neuroanatomy, neurophysiology, neurochemistry, neuropathology, genetics and psychology. In particular:

- The function of the brain, synapse, and the roles of different neurotransmitters
- Mechanisms underlying attention, perception, executive function, memory, learning
- The role of genes in the aetiology of psychiatric disorders
- Mechanisms relevant to the domains of the mental state including: understanding appearance and behavior, speech, mood, thinking, perception, cognition and insight
- Human development (emotional, physical and social)
- Psychological concepts of health, illness and disease, including illness behaviour
- Psychological factors that contribute to the onset and course of illness
- Psychological aspects of behaviour change and treatment compliance
- The development of the human personality, and how trauma may affect this

Appendix 4 – Psychopharmacology

- Function of the main neurotransmitter systems in the CNS
- Basic neurochemical theories of depression, schizophrenia and dementia
- Mechanism of action, clinical indications, side-effects and monitoring of commonly used psychotropic drugs:
 - Antidepressants
 - Antipsychotics
 - Mood stabilisers
 - Anxiolytics/hypnotics
 - Drugs for dementia (including the problems of antipsychotic use)
- Mechanism of action, adverse effects and withdrawal syndromes of common psychoactive drugs used recreationally including: alcohol, cannabis, stimulants, opiates, benzodiazepines, 'legal highs'
- Prescribing in substance misuse, including substitution medications and vitamins
- Knowledge of common complementary medicine remedies for mental illnesses, and potential benefits and limitations of their use

Appendix 5 – Sociological and Ethical Issues

- The meaning of 'mental illness' to individuals and society

- Awareness that different models of illness lead to varied responses to (and understanding of) psychiatric illness among individuals, groups and societies. In particular: biopsychosocial, multi-axial, medical, developmental and attributional models
- Ethics and the values that underpin core ethical principles
- Relevance of family, culture, spirituality and society and the individual's relationship with these; and the positive and negative effects of these on mental health
- Stigma; students should have the chance to discuss their own attitudes and to recognize the diversity of attitudes in others
- Outline the public health importance of mental health nationally and internationally in terms of personal, economic and social functioning, including a knowledge of prevalence, disability, chronicity, carer burden, cultural attitudes and differences, suicide, and service provision.

Appendix 6 – Psychological Treatments

Students should have an understanding of the principles of psychological management of common mental illnesses, especially depression, anxiety and OCD. Students should know about cognitive behavioural therapy, computer-aided CBT, interpersonal therapy, counseling, motivational interviewing, group therapy, family therapy and psychodynamic therapy.

Recognise the importance of lifestyle on mental health and its impact on treatments including sleep hygiene, nutrition, social interaction, fitness, activity, education, occupation, and family and community involvement.

Appendix 7 – Communication skills

Students should develop their skills in the following areas:

- Active listening
- Empathic communication and building rapport
- Understanding non-verbal communication
- Skills in opening, containing and closing an interview
- Skills in dealing with challenging patients
- Appreciation of the role of psychodynamic factors in basic communication e.g. how a patient acts towards a health professional; and how the professional feels about a patient.