MRCPsych courses: the national picture

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Aims and method MRCPsych courses are a mandatory part of training for psychiatric trainees, yet relatively little is known about them. A questionnaire was devised and sent to all course organisers in the UK.

Results Thirty courses were identified. There was large variation in nearly all areas of content and delivery of courses, including cost, number of hours of teaching, size of course and organisation. Implementation of the College requirements in terms of service user and carer involvement was patchy.

Clinical implications These courses are costly in terms of both time and money, and individuals involved in psychiatric training must be able to demonstrate that they are of a high quality and have been properly evaluated. Suggestions to improve the running of these courses include: the exchange of information among the different courses; a database of courses; and some uniformity in the appointment of those in charge of the course.

The MRCPsych course is a mandatory aspect of a junior psychiatrist's training and attending such a course is necessary for a trainee to sit the MRCPsych examinations.[1] There is currently a multiplicity of challenges facing MRCPsych courses: changes have been introduced to the curriculum and the method of assessment and the full implementation of the European Working Time Directive together with Modernising Medical Careers will reduce the amount of time available for training. There is also a wider National Health Service (NHS) agenda for changing the way the future NHS workforce is trained and the Darzi report has recommended the separation of commissioning from the provision of postgraduate medical education.[2] As a result, patient care should improve through more effective professional education and better quality postgraduate medical education. Although MRCPsych courses are an important component of a psychiatrist's training programme, very little information is available about what constitutes such courses and how they are run. A review of the literature failed to identify basic information such as how many courses were being run in the UK or what teaching methods were being used. As a consequence, a survey to provide this information was devised.

Method

Identifying MRCPsych courses

An initial internet search found a number of MRCPsych courses; course providers were then contacted and gave further information about courses they themselves were aware of. Finally, a local member of the Psychiatric Training Committee was able to identify any missing courses through contacts on the Committee. Once all course providers had been identified, emails were sent out together with a questionnaire, requesting their assistance in the study.

Results

Thirty courses were identified across the country. In 29 cases the course organiser completed the questionnaire. In one case the course organiser refused to complete the questionnaire and so information was obtained from a course attendee who was able to answer the questionnaire comprehensively.

The 30 courses provide training to 1581 psychiatrists. All courses took place in protected teaching time. Courses varied in size from 7 to 190 enrolled students (Table 1). Twenty-two courses provided only an MRCPsych course, whereas eight offered an MRCPsych course in addition to a masters course. The number of hours of teaching offered varied from 70 to 216 hours per year. There was a wide variation in the cost to trainees. Eight courses offered their teaching for free or for a nominal charge of between £25 and £50, although two courses charged well in excess of £1500 per year. The five most expensive courses all offered over 150 hours of training per year. However, two of the five cheapest

Table 1 Size of MRCPsych courses (total $n = 30$)

Number of trainees enrolled on course	Courses, *n*
7–24	5
25–49	14
50–74	5
75–99	3
100+	3

Table 2 Teaching strategies employed by MRCPsych courses for the courses on which full information was available ($n = 29$)

	n (%)	
Type of teaching	Courses offering MRCPsych teaching only	Courses offering a masters degree
Lectures	20 (95)	8 (100)
Small group teaching	14 (67)	8 (100)
Problem-based learning	8 (38)	5 (63)
Case presentations	10 (48)	5 (63)
Journal club	6 (29)	4 (50)
Video role-play	10 (48)	5 (63)
e-learning	5 (24)	6 (75)
All of the above	1 (5)	3 (38)
Other		
Revision sessions	16 (76)	7 (88)
Work place-based assessments	5 (24)	2 (25)

courses also offered over 150 hours of training per year. Of the five most expensive courses, four were masters courses.

Teaching strategies varied from course to course. Lectures were the mainstay of delivering teaching for 29 out of the 30 courses. A wider range of teaching strategies appear to be utilised by those courses providing masters degrees (Table 2). There was no standard title for course organisers, who were known by a variety of terms; as would be expected, masters courses were run by academics. Uniquely, in Bristol, the course is run by an organisation called South West Division Training on behalf of the Royal College of Psychiatrists (see www.rcpsych.ac.uk/college/divisions/southwest/mrcpsychcourses.aspx for further details).

The appointment of course organiser was made in a variety of different ways, with appointments made by the university, trusts, the school of psychiatry and the deanery, or in some cases by the course organiser simply expressing an interest in the post to consultant colleagues. Only eight of the course organisers had a formal medical teaching qualification. Of these, four had masters in medical education degrees and the remaining four had other education qualifications.

There were large differences in the level of service user and carer involvement across courses. Of the 28 courses that responded to this question, 11 stated that there was no service user and carer involvement (of the 8 masters courses, 3 did not involve service users and 1 did not disclose either way). In 17 courses, service users and carers were involved; however, for 5 courses this was only in the delivery of the material rather than in both the design and delivery of the course.

Courses were evaluated predominantly by student feedback; this was the only method used for 21 courses. In eight courses, MRCPsych examination results were systematically collected as a way of evaluating the effectiveness of the course. The teaching in the masters courses was also evaluated by other methods common in higher education such as teaching observations by an external teacher and external examiner input.

On only two of the courses had trainees been prevented from taking the MRCPsych examinations because of poor attendance; course organisers commented that they did not consider it their responsibility to stop candidates from enrolling for the examinations.

Discussion

This is the first national survey of MRCPsych courses ever carried out. Information was obtained on all 30 identified courses giving an overview of the way that these courses are delivered. Similar courses are run in other countries, for example the Republic of Ireland, but there were practical difficulties in getting information about courses outside the UK. The total number of psychiatrists undergoing basic training in the UK is 1537 (Royal College of Psychiatrists personal communication, 2009), with 1581 psychiatrists attending the courses. Some trainees will have stopped attending courses after obtaining the MRCPsych examination so the numbers will have been made up from specialty doctors.

The size of the courses (7–190) will often have been dictated by local circumstances. In rural areas, because there are fewer trainees, courses were smaller, for example Dundee had 7 course attenders and Norfolk had 18. In heavily populated urban areas, numbers were far higher with Birmingham having 121 course attenders and Leeds 190. Smaller courses may ensure that trainees receive more individualised teaching however, the location of larger courses in densely populated areas gives greater access to more teachers and lecturers. London (with six courses) was the only region in the country where trainees were able to exercise a genuine choice as to which course they might attend.

The number of courses offering a masters degree is falling: 11 were identified in 1995,[3] 10 in 1997[4] and the figure is now 8. Masters accounted for four of the five most expensive courses. Although most courses stated that MRCPsych results were their key indicator for evaluating

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their course together with individual trainee feedback, few seemed to monitor these results. Masters courses had more robust evaluation systems that reflects the more systematic approach that universities take to evaluating teaching.

The courses were led by a disparate group of educationalists. The appointment process was non-uniform ranging from those who had simply been directed to do it, to those with a desire to build a career in medical education. Only a minority of the course leaders had any formal qualification in medical education. Those courses led by someone with medical education qualifications appeared to utilise a greater range of teaching styles.

Most courses did not involve service users and carers in the design of the course. Worryingly, over a third of trainees will have had no exposure to any teaching by service users and carers through an MRCPsych course. This is despite the College's position that service user and carer involvement is a mandatory component of a trainee's education and that it should be seen to be meaningful and not tokenistic.[5]

Conclusion

Vehicles for sharing good practice and developing teaching strategies should be explored. It was clear from contacts made with course organisers that many welcomed a dialogue about how best to run their courses. The annual College education and training conference would be one forum that could be used to do this. The College has recognised the need to look at the way MRCPsych courses are delivered[6] but could take the lead on developing a national context within which courses could operate. One relatively easy first step would be to keep a national database of courses and course organisers; this study provides the information that could form the basis to do this. There is also scope for developing shared e-learning materials for trainees, although the resources required to do this are considerable;[7] again, this might be an area that the College could look at.

Large sums of money and a great deal of time (often taken away from clinical work) are being spent on MRCPsych courses and as a consequence there are both financial and educational governance issues. MRCPsych courses not only prepare trainees for the College examinations but also contribute to the development of the senior medical workforce. The changes both in postgraduate medical education and the wider health economy outlined above mean that it is inevitable that these courses will come under increasing external scrutiny. It is essential that all those involved in training psychiatrists not only continue to help improve the running of these important courses but are also able to demonstrate that the training offered is both fully evaluated and of a uniformly high quality.

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