

# **ANZAPT Position Paper on the Reintroduction of a Mandatory Research Component into Advanced Training**

## **Executive summary**

Psychiatry trainees are not against research training per se: we recognise the vital importance of research for the advancement of our field, and the necessity of research literacy for life-long practice of evidence-based medicine. However, we are against the reintroduction of a mandatory research component in advanced training (AT), and we believe that research should be encouraged in other ways. This position paper summarises the development of the current regulations, then reviews comparable training requirements from other countries. It is widely recognised that too few young psychiatrists are choosing careers in clinical and translational research, but nowhere else has compulsory research been advocated. Instead, properly supported and recognised research options have been advanced, and specific impediments to their uptake identified. Our position paper extrapolates from this literature to the situation in Australia and New Zealand, and concludes with specific recommendations for research training in psychiatry:

- a) the current emphasis in the training program on research literacy and continuing professional development should be maintained
- b) the educational outcomes of the research curriculum in basic training ought to be formally evaluated
- c) the provision for interested trainees to conduct research as part of their advanced training should continue
- d) an optional clinical research component of up to six months FTE in basic training should be accredited
- e) the Board of Research should investigate ways to improve the appeal of participating in research amongst trainees, and we list several ways here, based on issues identified in the literature

If a mandatory research component into advanced training were to be reintroduced, this position paper closes with a list of conditions that ANZAPT believes should be imposed.

## **Introduction**

Since the introduction of the new Training and Assessment Regulations, November 2003 (the Regulations), the Board of Research has repeatedly petitioned the General Council of the College to reintroduce a mandatory research component into advanced training.

This approach by the Board is understandable, given their responsibility to encourage the generation of research within the membership of the College.

ANZAPT has opposed this, and will continue to oppose it. We believe that there are good reasons why mandatory research was removed from the Regulations when they were being drafted, and that research should be encouraged in other ways.

This paper will examine the evolution of the current Regulations, compare them to equivalent training requirements from other countries, and then look at the United States experience, where they have grappled with this exact same issue. To finish we will produce a list of recommendations to the Board of Research that we feel would serve them better in trying to encourage research amongst trainees.

## **The requirements under the old Regulations**

Under the previous training and assessment regulations trainees were required, in their final year of training, to complete a dissertation on a topic of their choice. This requirement has been described as being “roughly equivalent to a minor thesis for a Masters degree”.<sup>1</sup>

Trainees in this final year had very little other ongoing assessment requirements during this time.

## **Development of the new Regulations**

In early 1998 the College, anticipating the need for change, decided to review the training, examination and continuing education of psychiatrists as part of its strategic planning process.<sup>2</sup> This process involved a comprehensive review of the relevant literature and an extensive consultation process. A project team was established, and an issues paper and the options paper were published in *Australasian Psychiatry*.<sup>1,2</sup> This process culminated in the submission of a report to the General Council in October 2000, commonly referred to as the “Adler report”.<sup>3</sup>

The issues paper identified a number of contentious issues that needed to be addressed through the above mentioned consultation process.<sup>2</sup> These included: “should research in training be optional or mandatory?” and “is the dissertation the appropriate rite of passage to consultant status?” It put forward a model of training that it felt addressed the issues that had been raised, and this included a statement that, as a part of

advanced training, “research, up to full-time PhD/MD, will be encouraged but not a requirement for all trainees”.

This seems to put forward quite clear answers to these two contentious research-related questions.

The Adler report put forward a number of recommendations, several of which are relevant to the issue of research within the training and assessment process.<sup>3</sup> The first of these was Recommendation Three concerning the overall structure of training. This stated “the emphasis in advanced training will be on the acquisition of the skills, knowledge and attitudes required to be a consultant psychiatrist in one’s chosen area(s) of practice. Advanced training will more closely approximate a model of continuing medical education.”

The second was Recommendation 6, which looked at the vocational training experiences during the second and third years of basic training. This includes approved clinical research as an option here, with the explanatory note that “basic training should be flexible enough to accommodate the special needs of particular trainees, such as medical graduates with a prior PhD and/or a real commitment to research, and all trainees should be encouraged to consider spending some time in research during their basic training.” Moreover, it was recommended that “Suitable clinical research for up to six months full time equivalent may be accredited during basic training. All other experience must be in clinical psychiatry.”

The last is Recommendation 14, which looks at advanced training. It includes “up to twelve months of advanced training may be completed in research”, with the explanatory note stating “while research may not be a mandatory requirement of advanced training, trainees are encouraged to consider research as a training and/or career option. To this end, up to twelve months of advanced training in psychiatry may be accredited for those undertaking approved research projects, including those enrolled in doctoral or masters by thesis courses.”

It is important, we believe, to note that both the issues paper and the final report included research as an optional component of advanced training, but that it seems the intent was that this would ultimately take the form of a higher research degree through a University (either a PhD or a Masters).

## **The requirements under the new Regulations**

The recommendations of the Adler report were essentially accepted unchanged and translated into the new Regulations (except, apparently, research accreditation in basic training). Under this system there are components of research literacy within basic training and options for research within advanced training.

More specifically, during basic training there is an emphasis in the curriculum (and the written examination) on trainees having a good grounding in the skills of critical appraisal and research methodology.

Both the generalist stream of advanced training (“this shall comprise ... a further twelve months FTE in ... (or) clinically relevant research”) and the approved advanced training programs (“up to 12 months FTE of this may be spent in clinical research”) include the option of a trainee undertaking research as part of their advanced training.<sup>4</sup>

In fact, three of the advanced training programs (psychiatry of old age, forensic psychiatry and consultation liaison psychiatry) have included a mandatory research component as part of their requirements.<sup>5</sup> The forensic regulations (the only advanced training program regulations currently available), in their section on research states: “trainees are required to undertake research relevant to forensic psychiatry in collaboration with senior colleagues and with supervision by experienced researchers.”<sup>6</sup>

Although the regulations for the other advanced training programs are not available, it is our understanding that each program allows trainees to pursue a research program as part of their training, if they so desire, in line with the Regulations.

It is important to note that there are many more requirements in terms of ongoing assessments during advanced training under the new Regulations as compared to the old system (where the dissertation was the only assessment requirement). In addition to any advanced training program specific requirements, each advanced trainee is required to complete nine learning goals, as well as participating in a modified form of the continuing professional development that the College requires of current Fellows.

Personal communication from a Director of Advanced Training in Child and Adolescent Psychiatry indicated that the relevant Committee (now SATCAP) specifically decided against making a research component mandatory during Advanced Training in Child and Adolescent Psychiatry because of the additional requirements that have been imposed on advanced trainees under the generic advanced training requirements of the new Regulations.<sup>7</sup>

## **The situation in other training programs**

In the United Kingdom the Royal College of Psychiatrists Basic Specialist Training Program includes a component of audit/research. Specifically:

**“All psychiatric trainees are expected to complete at least one formal *audit project*.** Successful projects are usually modest in scope and reflect some area of the trainee’s own interest. College tutors and academic departments may provide support for audit projects but these should primarily remain the responsibility of the individual trainee.

Formal *research projects* will usually need the active collaboration of a senior colleague or the local academic department. All trainees should be readily able to access advice about research projects and practical help in pursuing them. Each rotational training scheme should develop a close working relationship with the local

academic department of psychiatry, although this should not be seen as the only focus for audit and research activities; all training units should be regarded as “teaching hospitals”.<sup>8</sup>

It seems from this that an audit project is considered to be a mandatory component of the training, but that research projects are considered optional, and should primarily be carried out in conjunction with an academic department.

In their Higher Specialist Training Handbook the Royal College makes numerous references towards research.<sup>9</sup> These seem to be primarily in the context of employment by academic departments of psychiatry as a lecturer, and are considered as part of the job requirements. Each appears to lead to a significant lengthening of the time required to achieve a CCST (Certificate of Completion of Specialist Training) in comparison to purely clinical postings.

In Canada the Royal College of Physicians and Surgeons of Canada (RCPSC) is responsible for defining the requirements of psychiatry training. These are outlined in the “Objectives of Training and Specialty Training Requirements in Psychiatry”, which include a number of general and specific objectives.<sup>10</sup> The general objectives include “demonstrate an ability to critically assess the relevance and significance of the literature and research as it applies to the practice and study of psychiatry”.

The specific objectives are broken down according to the CanMEDS format. The relevant one here is the Scholar. Under general requirements it includes “critically appraise sources of medical information” and “contribute to the development of new knowledge”. Under specific requirements it includes “demonstrate an ability to access and critically appraise sources of medical information” and “develop, implement and monitor a personal and continuing medical education strategy”.

It seems that the emphasis here is on developing research literacy and continuing medical education.

In the United States of America certification to practice as a psychiatrist is provided by the relevant Board, but the program requirements for residency training in psychiatry are defined by the Accreditation Council for Graduate Medical Education. Their requirements include a section on “Residents Scholarly Activities”. This states:

**“Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate actively in such scholarly activities.**

1. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of enquiry as a continuing professional responsibility.
2. The program must promote an atmosphere of scholarly enquiry, including the provision of access to ongoing research activity in psychiatry. Residents must be taught the design and interpretation of research studies, including the responsible use of informed consent, research methodology, and interpretation

of data. The program must teach expertise in the critical assessment of new therapies and developments that are described in the literature. Residents must be advised and supervised by faculty members qualified in the conduct of research. Programs must have a plan to foster the development of skills for residents who are interested in conducting psychiatric research. This plan should include opportunities for conducting research under the supervision of a mentor and training in the principles and methods of research.”<sup>11</sup>

It seems that here the emphasis is on both the development of research literacy and also on providing the opportunity, for those who are interested, to participate in a pre-existing research program.

## **The American position on how to improve poor interest in research**

The problems facing the RANZCP Board of Research, that is increasing interest in research from trainees and subsequently Fellows, are similarly being faced in the United States of America. There has been a position statement on this issue released, and also a book has been written on the topic.<sup>12,13</sup> Each of these will be described in turn.

The American Association of Directors of Psychiatry Residency Programs (AADPRT) Research Taskforce has recently (March 30, 2005) issued a position statement regarding research training in psychiatry residency.<sup>12</sup> It “recognises the importance of research for the advancement of our field, and the importance of literacy for the competent practice of psychiatry and for lifelong learning.” It includes the following two statements:

“1. AADPRT strongly supports the teaching of research literacy for all psychiatry residents ...

2. AADPRT strongly supports facilitating research training during psychiatry residency to develop and foster the careers of future clinician scientists, with the understanding that the primary purpose of residency training is to ensure that all graduates are clinically competent psychiatrists.”

The taskforce has identified three obstacles to research training. These are: funding for resident research time, coverage of clinical services when residents are doing research rotations, and availability of research mentors.

Recently, a book has been published that looks into this area.<sup>13</sup> We have only been able to access the book immediately prior to writing this position paper, and prior to this relied on a review of the book written for the American Journal of Psychiatry (we acknowledge this as not ideal).<sup>13</sup> It is a book that has arisen from a committee established by the Institute of Medicine (part of the National Academy of Sciences) and funded by the National Institute of Mental Health. The committee acknowledged the importance of research into psychiatry, and investigated the issues of why too few young psychiatrists are choosing careers in clinical and translational research. The

authors noted that “psychiatrists are on the front line of treating mental illness. Some psychiatrists also serve as patient-oriented researchers, advancing psychiatric care through investigation aimed at helping those with or at risk for mental disorders. Unfortunately, the number of psychiatrist-researchers does not appear to be keeping pace with the unparalleled needs that currently exist in clinical brain and behavioral medicine.”

To this end, the report argued that there was a pressing need for psychiatry to progress as an evidence-based discipline, and the authors identified three potential end-points for training in research: “Psychiatry residency is a pivotal interval during which preliminary research training should be offered. It represents an opportunity to (1) prepare all residents for the lifelong practice of evidence-based medicine, (2) provide some residents with initial research experiences that may launch them into a patient-oriented research career, and (3) sustain the research interests of trainees with previous research experience (e.g., M.D./Ph.D.’s). That having been said, the committee also concluded that postresidency fellowship training is required to give medical trainees the skills and knowledge needed to embark on a career as an independent, productive researcher.” In relation to the last end-point, the committee suggested that “A considerable time investment—2 to 4 years—beyond core clinical training is typically required for successful research training.”

The report reviewed several published basic training curricula, noting that these typically included “knowledge in at least the following areas: epidemiology, study design, biostatistics, integrated clinical neural and behavioural science, research ethics, and grant and manuscript writing skills.” The authors suggested that “these curricula should be aimed at sparking residents’ interest in a lifelong career in patient-oriented research without interfering with core clinical training. ...all residents (should be) adequately introduced to the concepts of research and ... research training (should not be) merely an afterthought to residency education. Even residents who intend to become clinicians should be introduced to the concepts and findings of patient-oriented research as a necessary complement to their clinical training.” Noting the lack of outcome study data, the authors recommended that “Curricula should be developed using established educational principles; it is especially important to include evaluation phases to verify the utility of the curricula in the training of patient-oriented psychiatrist-researchers and evidence-based practitioners.”

Three main factors were identified in the report as potentially influencing attitudes towards research during residency training. The first is regulatory. Curriculum requirements are too lengthy and rigid to allow research options to be pursued. They suggest that every resident should be trained in patient-oriented research literacy, and that those who are interested in research should be encouraged and allowed to participate in this.

The second factor is institutional. The major obstacle being limited funding for research training. Additionally, only some centres have well established research programs that are capable of accommodating trainees. Beyond these, “Department chairs and other leaders could promote psychiatric research by developing a business case delineating the financial and societal benefits likely to result from mental health research. At the same time, these leaders should also inform medical students and residents regarding the extraordinary intellectual challenges that accompany research

in psychiatry.” The report added that “Mentoring is the ingredient cited most frequently as necessary for effective research training. Limits on mentoring are also frequently noted as a barrier to effective research training. A logical extension of this observation is that more incentives are needed to encourage senior researchers to act as mentors to the next generation of research psychiatrists.”

The third factor is personal (or socio-economic). This addresses the (usually) formidable loans that residents face, and the limited income stream available to them if they move into research. While acknowledging that this constraint applies to all medical specialties, the report suggested that “There is some evidence that psychiatry may not be competitive in attracting the top or most research-intensive medical students, despite unparalleled opportunities in the clinical brain and behavioral sciences. Part of the problem may be the compensation of psychiatrists as compared with that for other disciplines. The anticipated salaries for psychiatrists, whether academic or clinical, are near the bottom of the physician pay scale. Concerns about ... overall financial well-being may discourage potential patient-oriented researchers from extended research training, which would further delay them from achieving their full earning potential.”

Obviously not all of the specifics of the American experience apply to the situation in Australia and New Zealand, but we believe that there are enough similarities to make this information relevant to our current situation.

## **Current realities of the Australian and New Zealand experience**

In Australia and New Zealand there are significant logistical issues that argue against the reintroduction of a mandatory research component into advanced training.

These include a shortage of psychiatry trainees and declining entry into the psychiatry training program. This results in increased service demands on the time of trainees. Opportunities for self directed learning and reflection on training opportunities are already limited. Services that employ advanced trainees already release them to attend formal education courses, and are unlikely to be agreeable to the further demands on trainees time that developing and conducting a research project would entail.

Academic psychiatrists are currently overburdened with their own responsibilities of providing training to medical students, conducting their own research and fulfilling their own clinical or administrative responsibilities. It is exceptionally unlikely that an adequate number of appropriately trained supervisors are going to be able to provide ongoing advice and supervision of ~320 advanced trainees’ (~800 trainees, with ~2/5 being advanced trainees) mandatory research projects.

Advanced trainees undertake their training in a wide variety of settings, including rural areas where there are no academic departments of psychiatry, even if there are local universities. Additionally, even in the major metropolitan centres, there are only a limited number of units that have ongoing research programs that might be suitable for trainees to be attached to for a six or twelve month attachment.

We are not sure about the specifics of trainee funding in New Zealand, but certainly in both Australia and New Zealand it is unlikely that Universities are going to be able or willing to employ psychiatry registrars in a research position.

There is a belief that the old dissertation system resulted in a large number of poor quality and/or underpowered studies. Forcing trainees who have no current interest in research to conduct a research project will result in a renewal of poor quality research, and could also alienate trainees who might have developed a future interest in research as a result of a poor experience.

There is no evidence that we are aware of that demonstrates that conducting a research project improves a trainees ability to critically appraise the scientific literature.

Trainees who have an interest in research are able to approach Universities to enrol in a Masters program or PhD (as suggested in the Adler report). This is obviously not something that should be expected of all trainees, but rather only a limited number.

Audit of your own practice and ongoing continuing medical education are important aspects of a psychiatrist's ongoing practice. The conduct of research is not. This is limited to a specific subgroup of psychiatrists (these are the psychiatrists who are represented by the Board of Research). It is therefore sensible that a degree of research literacy and a sense for continuing professional development should be imparted upon all trainees, but that the conducting of a research project should continue to be an optional extra for those who are interested.

## SUMMARY

The move away from having a mandatory research component as part of the training and assessment regulations was made after an extensive process of research and consultation.

The dissertation requirement of advanced training has been replaced by significant other requirements.

Research literacy is included in the curriculum for basic training, and is incorporated into the written examination. It is not clear, however, whether the current curriculum was informed by established educational principles, and there has been no formal evaluation to evaluate the utility of the curriculum in producing evidenced-based practitioners and patient-oriented psychiatrist-researchers.

There still appears to be no accreditation for “suitable clinical research” for up to six months full-time equivalent during basic training.

Research is included as an option in all pathways of advanced training.

In some advanced training programs research continues to be a mandatory requirement.

Comparable training programs from around the world do not include a mandatory research component. They do however include research literacy and the option for participation in research.

American researchers have looked at this issue and concluded that the best approach is to provide support for those who are interested in research by encouraging them to participate in ongoing research programs.

In Australia and New Zealand there are not enough resources (in terms of appropriate research programs, training positions, funding or supervisors) to provide support for all advanced trainees.

Psychiatrists in all areas are required to monitor their own practice and keep up to date with the medical literature, but not to conduct research projects.

Trainees currently are undergoing a period of great change within the Regulations, with resultant large levels of uncertainty and dissatisfaction. Further changes to the Regulations would exacerbate this.

## RECOMMENDATIONS

- 1) We suggest that the current emphasis in the training program on research literacy and continuing professional development be maintained.
- 2) We note that, in common with basic training curricula elsewhere, there appears to be a lack of empirical data on the educational outcomes of the research curriculum in the current Regulations. We suggest that the BoR ought to focus on these fundamentals in preference to more speculative advanced training initiatives.
- 3) We oppose the reintroduction of a mandatory research component into the training program.
- 4) We support the continuation of the provision for trainees who are interested to be able to do research as part of their advanced training.
- 5) We also recommend that the Board of Research liaise with the Committee for Training to formalise accreditation of an optional clinical research component of up to six months FTE in basic training.
- 6) In order to increase the number of trainees who pursue the options at basic and/or advanced levels, we suggest that the Board of Research investigate ways to improve the appeal of participating in research amongst trainees. This would include: the option of joining existing research projects, adding meaning to honorary University titles given for teaching activities, educating trainees about research degree options available to them, changing the emphasis of the current responsibilities of academic psychiatrists to encourage increased interactions with current trainees, exploring the possibility of establishing approved registrar research training posts funded by universities with no competing service requirements (either full time or part time).

If the General Council were to approve the reintroduction of a mandatory research component into advanced training, ANZAPT would like to see the following conditions imposed:

- 1) The removal of the requirement for advanced trainees to complete 9 learning goals during their advanced training.
- 2) The removal of the requirement for advanced trainees to participate in a modified version of the continuing professional development program.
- 3) All research projects must take place under the auspices of a university and lead to the awarding of either a Masters or a PhD.
- 4) Funding must be made available to allow trainees to conduct their research without having to sacrifice income.

- 5) Approved research positions must be made available so that trainees are able to conduct their research without being impinged upon by service requirements. These will likely need to be funded by University Departments of Psychiatry.
- 6) The introduction of the mandatory research component must have at least a 48 month lead in period, so that potential recruits to the training program are aware that this will be becoming a requirement of their advanced training (12 months notice plus 36 months of basic training).
- 7) Every trainee who is currently in the training program will be exempt from this new requirement (a sunset clause).
- 8) The impact of this change to the training regulations on recruitment will be reviewed on a regular basis, and repealed if it is found to be adversely affecting recruitment.
- 9) The mandatory research component be considered a requirement for all overseas trained specialists seeking Fellowship through the Committee for Exemptions, with all of the above conditions about adequate supervision, funding and academic reward, unless they already are in possession of an appropriate research degree.
- 10) New trainees who are in possession of a higher research degree (Masters or PhD) will be granted an exemption from this requirement.

Ben Duke (President) and Alex Sergejew (BOR Representative)  
On behalf of ANZAPT  
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<sup>1</sup> Adler R and Mathieson S, “Throwing out the bathwater: preparing psychiatrists for the 21<sup>st</sup> century”, Australasian Psychiatry, 1998

<sup>2</sup> Adler R, “Through the glass darkly: towards options for training, examination and continuing education”, Australasian Psychiatry, 1999

<sup>3</sup> Report to General Council 00/2 From the Project Team for the Review of Training, Examination and Continuing Education, RANZCP 2000

<sup>4</sup> Training and Assessment Regulations, RANZCP, November 2003

<sup>5</sup> Link 69: Research Project in Advanced Training, RANZCP

<sup>6</sup> Regulations for Advanced Training in Forensic Psychiatry, RANZCP, 2004

<sup>7</sup> H Cooper, personal communication

<sup>8</sup> Basic Specialist Training Handbook, Royal College of Psychiatrists, January 2003

<sup>9</sup> Higher Specialist Training Handbook, Royal College of Psychiatrists, March 1998

<sup>10</sup> Objectives of Training and Specialist Training Requirements in Psychiatry, RCPSC, 2003

<sup>11</sup> Program Requirements for Residency Training in Psychiatry, Accreditation Council for Graduate Medical Education

<sup>12</sup> Position Statement regarding Research Training in Psychiatry Residency, AADPRT Research Taskforce, March 2005

<sup>13</sup> Eisenberg L, book review of “Research Training in Psychiatry Residency: Strategies for Reform” in AJP 161:10, October 2004