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AN OUTLINE OF STRUCTURED TRAINING

PROGRAMME(STP) FOR FCPS IN PSYCHIATRY (INTERMEDIATE MODULE)

# ABSTRACT

Movadat H Rana, Saeed Farooq, Sohail Ali, Muhammad Iqbal Afridi

There is an increasing emphasis on structural training programme based on identifying competency in the field of medical education. The College of Physicians and Surgeons Pakistan (CPSP) has started developing residency programmes in various disciplines to formalize and structure the training based on modern educational principles. Ther faculty of Psychiatry of CPSP took the lead in developing the first structured training programme. Structured training programme implies a training period with defined entry requirements and clear objectives that follow a curriculum with assessment and feedback as an integral part of the programme. We present the briad outline of a structured training programme for intermediate module which is being implemented by CPSP. The aim is to raise the awareness about CPSP programmes and invite feedback from the readers.

**Key words:** Structured training programme (STP), College of Physicians and Surgeons Pakistan (CPSP), Psychiatry, Intermediate module.

# INTRODUCTION

The history of training in psychiatry, in Pakistan has not been much different from the development of the specialty over the last sixty one years. While the practice of psychiatry was heavily rooted in British tradi- tion, most of its exponents were trained exclusively in United Kingdom. It took more than thirty years to pro- duce the first locally trained Fellow of the College of Physicians and Surgeons Pakistan in the discipline in Psychiatry. By 1990 there were only five FCPS qualified psychiatrists in the country. While it reflected the reli- ance for training in psychiatry on West, another dimen- sion of this state was the lack of any formal training programmes in this field. The only exception probably was the Grading diploma in psychiatry conducted by the Armed Forces Postgraduate Medical College in Rawalpindi. It was in late 1990’s that the process of set- ting up of formal structured training programmes was propagated by the College of Physicians and Surgeons Pakistan.

The Department of Medical education of CPSP which is also the Regional WHO Collaborating Centre

**Movadat H Rana,** Head of Psychiatry Department, Military Hos- pital, Rawalpindi. Advisor in Psychiatry, Armed Forces of Pakistan. E-mail: [mhrana786@gmail.com](mailto:mhrana786@gmail.com)

**Saeed Farooq,** Associate Professor and Head Department of Psychiatry, PGMI, Lady Reading Hospital, Peshawar, Pakistan.

**Sohail Ali,** Consultant Psychiatrist, Combined Military Hospi- tal, Kohat.

**Muhammad Iqbal Afridi,** Associate Professor, Department of Psychiatry, Co ordinator, Medical faculty, Jinnah Postgradu- ate Medical Center, Karachi.

**Correspondence:**

**Brig. Prof. Movadat H Rana**

ran series of workshops for the trainers and Structured Training Programmes (STP) in various disciplines started to find place in the various postgraduate training institutions of the country. To take the concept a step further, CPSP has recently announced a residency programme to further formalize and structure the train- ing for Fellowship in various disciplines.

The Faculty of Psychiatry at the CPSP took the lead in developing the first document that was accepted by the Department of Medical Education of CPSP as a model STP. The detailed STP has been published by CPSP as a booklet and is now available in print1.

Structured training implies a training period with defined entry requirements, predetermined objectives that follow a curriculum defined by an authoritative body, with assessments and feedback to the trainee and an exit from training defined by a certificate of completion of training2.The Structured Training Programme (STP) described in this paper follows the cognitive approach to learning and a constructivist model of curriculum3. These two approaches use principles of androgogy or adult learning that encourage a learner centered, active and experiential learning modes as compared to the traditional curricular philosophies3. Learning strategies are suggested that emphasise the significance of atti- tudes and reflect professionalism and ethical practices4. This emphasis is at par with domains of knowledge and psychomotor skills on account of the obvious signifi- cance of affective domain of learning in the field of men- tal health. The significance attached to skills in under- taking quality research amongst trainees in psychiatry is widely recognized5, but it has been given special sig- nificance in this STP.

The broad parameters that inspired the document published by CPSP are presented in this paper for re-

flection and critique. We have omitted certain compo- nents of the STP which are important but due to brief nature of this article can not be presented here. We aim to raise debate on this important issue and welcome any suggestions and comments.

# Structured Training Programme (STP) Intermediate Module

Structured Training Programme (STP) includes ob- jectives, syllabus, topics, training activities, preferred modes of information transfer and assessment tech- niques for examining at the College of Physicians and Surgeons, Pakistan. The constructivist curricular phi- losophy is employed in this structured training programme, that ensures a conceptual link between prior knowledge of the trainee in psychiatry acquired in MBBS and FCPS Part 1 and all subsequent sets of knowledge acquired during the intermediate module training years. A theme based approach aimed at a learner committed to active, experiential and problem solving learning is suggested. The learning objectives are separately out- lined for knowledge, skills and attitudes which are linked to modes of information transfer and assessment meth- ods. The curriculum also explains the learning objec- tives for different rotations which are mandatory for com- pleting this training programme.

The training programme strongly advocates vari- ous forms of formal and informal models of collecting and sharing information. The trainees are advised to explore opportunities to discover data base through sources that go beyond textbooks and journals includ- ing internet, videos, conferences, workshops and sym- posia etc. They must develop the capacity to create learn- ing environment in a multi disciplinary approach.

# AIMS

The aims of Structured Training Programme for Intermediate Module of Psychiatry are:

1. To provide a standardized model for structuring training at different centres.
2. To outline the learning objectives of training in aspects of knowledge, skills and attitude.
3. To provide a detailed syllabus of psychiatry incor- porating behavioural sciences (psychology, soci- ology, anthropology); neurobiological sciences; and clinical aspects.
4. To provide a competency based core curriculum and suggest preferred learning modalities.
5. To describe the minimum requirements for eligi- bility to appear in the CPSP examination for inter- mediate module.
6. To describe the processes of training and monitor the performance of trainees and thus regulate training opportunities at approved centres.
7. To describe tools of assessment (both internal and external) so that candidates could work and pre- pare for the final assessment by the College.

# LEARNING OBJECTIVES

The learning objectives of the Intermediate Mod- ule in the three domains of learning are as follows:

## KNOWLEDGE:

* 1. Distinguish Normality from Abnormality in the light of the concept of mental health.
  2. Discuss anthropological, social and psychologi- cal determinants of normal development.
  3. Relate the interplay of biological factors with psychosocial factors in the genesis of mental illness and disability.
  4. Discuss the clinical features in phenomenologi- cal terms.
  5. Use standard systems of classification includ- ing ICD and DSM for clinical diagnosis.
  6. Request and justify laboratory, radiological, electrophysiological, psychometric and social investigations.
  7. Use neurobiological, psychological and social theories in clinical assessment and manage- ment.
  8. Identify common neurological and medical dis- orders relevant to psychiatric practice and re- fer appropriately.
  9. Plan and implement treatment of common psy- chiatric disorders based on evidence.
  10. Update knowledge with recent literature.
  11. Employ basic principles of research methodology.

## SKILLS

1. **Communication Skills**
   1. Able to communicate effectively with patients and their families; colleagues and other health professionals.
   2. Collect reliable and accurate information in form of a comprehensive history.
   3. Able to maintain and update medical records including management plans clearly & pre- cisely.
   4. Able to compile and present accurate discharge summaries and appropriate referral notes.
   5. Demonstrate competence in medical writing.
   6. Demonstrate competence in presentation skills.
   7. Provide informational care and counsel pa- tients.
   8. Able to teach medical students in undergradu- ate clinical training programmes.

## Examination Skills

* 1. Perform accurate mental state examination in common and complex clinical conditions.
  2. Conduct appropriate physical examination to assess medical conditions commonly present- ing in psychiatric practice.
  3. Perform a detailed neurological examination to assess neuro-psychiatric disorders.

## Patient Management Skills

* 1. Interpret and integrate the history and exami- nation findings to arrive at an appropriate diag- nosis and consider relevant differential diag- nosis.
  2. Demonstrate competence in identification, analysis and management of clinical problems by using appropriate resources.
  3. Prioritize management strategies.
  4. Use evidence-based & cost effective pharma- cologic, psychological and social interventions.
  5. Independently undertake counselling & infor- mational care session.
  6. Independently & safely administer electrocon- vulsive therapy.
  7. Effectively administer respiratory and cardiac resuscitation.

## Skills in Research

* 1. Undertake literature search and collect evi- dence to adopt guidelines for clinical practice.
  2. Develop a synopsis or a research proposal us- ing CPSP guidelines.
  3. Interpret, summarise and use published re- search.

## Administrative and Managerial Skills

* 1. Undertake responsibilities to perform common administrative duties at place of work.
  2. Organize basic educational and training activi- ties.
  3. Assist in organizing medical conferences, re- search activities and other multidimensional professional events.
  4. Effectively contribute towards organizational af- fairs as member of team.

# ATTITUDES

* 1. Establish professional doctor-patient relation- ships in practice.
  2. Plan and deliver evidence based, cost effec- tive and quality healthcare.
  3. Demonstrate sensitivity and empathy in patient care.
  4. Adhere to highest ethical standards in clinical work.
  5. Exhibit high standards of professionalism in practice.
  6. Respect legal framework of healthcare deliv- ery.
  7. Demonstrate consistent respect for patients ir- respective of ethnic background, culture, so-

cioeconomic status and religion so as to prac- tice without prejudice or discrimination.

* 1. Demonstrate flexibility and willingness to ad- just appropriately to changing circumstances.
  2. Promote continuing professional development in order to constantly update clinical care.
  3. Identify limitations of self and seek advice when- ever required.
  4. Recognize hazards of mental health profession; identify mental health issues in self & col- leagues; and assist where possible.
  5. Understand need for clinical audit and respond constructively to professional inquiries.
  6. Develop the ability to work as an effec- tive member of the team and lead when required.

(Note: In view of formal assessment based on attitudes, the detailed expectation for professional character development has been included in appendix II)

# ESSENTIAL LEARNING EXPERIENCES

The minimum training period required to appear in the CPSP examination for Intermediate module is 2 years. This includes three mandatory rotations described below.

Medicine: 3 months

Neurology: 3 months

Clinical Psychology: 6 months

# COMPETENCE LEVEL EXPECTED OF A TRAINEE IN PSYCHIATRY FOR

INTERMEDIATE MODULE

A candidate is expected to attain the laid down level of competence by the end of each specified period as defined in table 1.

# THE SYLLABUS

The minimum list of clinical problems that a trainee must learn to manage using the biopsychosocial model of assessment and care include the following:

* Separating normalcy of behaviour, normal reac- tions to stresses and life events from mental ill- ness and morbidity.
* Compiling clinical data on biological, psychologi- cal, social and anthropological determinants of mental health and its aberrations.
* Assessment of personality, physical and mental state, and ability to translate them into clinical signs and phenomenological terms.
* Assessment and management of patients with a risk of violence and suicide.

1. Table 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.**  **No.** | **PATIENT MANAGEMENT** | **LEVEL OF COMPETENCE** | | |
| **1st year 1-6month)** | **1st year (7-12month)** | **2nd year** |
| 1**.** | Taking pertinent history and mental state examination | 1,2 | 3,4 | 4 |
| 2. | Performing physical and detailed neurological examination | 1,2 | 3,4 | 4 |
| 3**.** | Requesting appropriate investigations and interpreting their results | 1,2 | 3,4 | 4 |
| 4. | Deciding and implementing treatment | 1,2 | 3 | 3,4 |
| 5. | Maintaining follow up | 1 | 2 | 3,4 |

B.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.**  **No.** | **PROCEDURES AND SKILLS** | **LEVEL OF COMPETENCE** | |
| **1st Year (7-12 month)** | **2nd year** |
| 1. | ECT | 1,2 | 3,4 |
| 2. | Psychotherapy |  |  |
|  | a. Supportive, Behavioural | 1,2 | 3,4 |
|  | b. Cognitive | 1 | 2 |
| 3. | Basic psychometry (tests of cognitive functions, intelligence, personality, organicity, and rating scales of depression, anxiety, schizophrenia, mania) | 1,2 | 3,4 |
| 4. | Interpretation of EEG, Radiological and Imaging Tests | 1 | 2,3,4 |

**Note:**Familiarization with routine/baseline laboratory, radiological and electrophysiological investigations as well as lumbar puncture and fundoscopy should invariably be pursued from the first month of training.

## Key to competency levels in clinical skills:

* 1. Observer status 2. Assistant status

3. Performed under supervision 4. Performed independently.

5. Ability to teach others and critically evaluate.

* Patients with morbid sadness.
* Patients in morbid fear and panic.
* Persistent complainers and patients with unex- plained medical symptoms
* Patients with altered states of consciousness
* Mute patients
* Deliberate self harm and drug overdose / Unprescribed use, abuse and misuse of drugs.

The suggested list of areas to be covered to achieve the learning objectives outlined before are:

## First Year

1. History taking, General Physical examination, Sys- temic Examination, Detailed Neurological Exami- nation, Mental State Assessment
2. Phenomenology: Disorders of Consciousness, Thinking and Speech, Emotions, Perception, Memory
3. Classification of Psychiatric Disorders: ICD cur- rent version (comparison of categories and diag- nostic criteria with current version of DSM)
4. Mental Health: Normality vs abnormality
5. Bio-Psycho-Social Model of Health Care
6. Ethics: The Hippocratic Oath, The issues of trans- ference and counter-transference, Doctor-Patient relationship, Patient’s and Doctor’s rights, Pecu- liar ethical issues in psychiatry, Relationship with pharmaceutical industry, media and other social institutions
7. Professionalism
8. Biological Basis of Human Behaviour:

Neuroanatomical structures and associated syn- dromes, Neurochemical and Neurophysiological concepts, Psychoneuroendocrinology, Psy- choneuroim-munology, Chronobiology,

1. Statistics, epidemiology and research:

Incidence, Prevalence, Normative, Frequency, Types of Studies (Study designs), Reliability, Validity, Type 1 and Type 2 Errors, Bias, Con- founders, Randomisation, Sample Size Calcula- tion etc.

1. Behavioural Sciences: Psychology, Sociology, An- thropology
   1. Psychology
      * Perspectives in Psychology
      * History of Psychology
      * Learning, Memory, Perception, Intelligence, Consciousness and unconsciousness
      * Thinking and language, Motivation, Emo- tions
      * Personality development
      * Childhood, Adolescence, Adulthood, Old age
      * Cognitive, Social, Moral, Emotional, Sexual, Temperament
      * Trait Theorists
      * Developmental Theorists
      * Schools of Psychopathology

Psychoanalytic, Psychodynamic, Cognitive, Interpersonal, Behavioural

* + - Psychological Assessment
    - Psychometrics
    - Assessment of personality (ability to choose, administer and interpret at least one projec- tive and two non-projective personality as- sessment tools)
    - Measurement and Rating of Anxiety, Depres- sion, Schizophrenia and Mania Scales
    - Use of psychometric tools in assessing or- ganicity
  1. Sociology
     + Social Factors Influencing Human Develop- ment, Mental Health and Illness
     + Social Class and Mental Disorders, Social causation theory, Drift Hypothesis, Segrega- tion Hypothesis, Holmes and Rahe’s Social Risk factors, Therapeutic Community, Institutionalisation, Deinstitutionalisation
     + Parenting and Child Rearing Practices, Im- pact of Discord, Violence, Child abuse, Di- vorce, Influence of Illness and Death on Child development.
     + Social Theories of Weber, Marx, Durkheim, Foucault, Parsons, Goffman and Heberman
     + Family, Family Types
     + Social systems and stratifications
     + Social change
     + Gender differences, stereotyping, patriarchy, social roles and sexual harassment
     + Relationship between culture, society, ethnicity, race, religion, attitudes and values

— the pluralist model. Pathoplastic effects of culture and its impact on doctor patient relationship.

* 1. Anthropology
     + The influence on mental health, and illness, of culture, society and environment.
     + The evolutionary processes of civilisation, society, ethnicity, culture, language, ways of living and their influence on causing differ- ences in thinking, conduct, perception of re- ality, and behaviour, across the world, in general and across Pakistan’s provinces in particular.
     + Study of people in their natural habitats e.g. subcultures of deserts, river beds, mountain- ous terrains, coastal areas and plains of Pakistan
     + Influence of the cultures and subcultures of Pakistan on presentation and treatment of psychiatric disorders
     + Significance and influence of shrines, faith healers, charlatans, quacks and alternative medicine on mental health issues and their management
     + Influence of culture on personality develop- ment, social roles, gender issues
     + Culture bound syndromes: Dhaat Syndrome, Gas and Gola Syndrome, Possession state, Jin, Bhoot, Amok, Latah, Voodoo
     + Cultural methods of psychotherapy and treat- ment of mental illness

1. Common Psychiatric Disorders: Anxiety, Depres- sion, Psychosis, Somatisation Disorder
2. Anxiety disorders

* Generalized anxiety disorders
* Phobic anxiety disorders
* Panic disorders
* Mixed anxiety and depressive disorders
* Obsessive compulsive disorders

1. Management of Common Psychiatric Emergen- cies

## Second Year

1. Stress Related Disorders (Dissociative disorders, Adjustment Disorders, Acute and Chronic Stress Disor- der, Acute stress reaction, PTSD, Grief reactions).
2. Mood disorders (Bipolar Affective disorders, De- pression, Persistent mood disorder).
3. Schizophrenias and Schizoaffective Disorders
4. Drug Abuse ( Alcohol related disorders, Opioids, Anxiolytics and Hypnotics, Cannabis, Stimulants, Sol- vents, Inhalants)
5. Organic Psychiatry (Delirium, Dementia, Focal cerebral syndrome, Amnesias, Neuro-degenerative dis- orders, Cerebro-vascular syndromes, Intracranial infec- tions, Brain tumors, Multiple sclerosis, Dyskinesias, Epi- lepsy, Sleep disorders, Mental retardation)
6. Non Pharmacological interventions ( Counseling and other non-pharmacological interventions such as relaxation training and breathing, Exercises and stress management techniques, Crisis intervention, Support- ive psychotherapy, Cognitive behavioral therapy, Couples and family therapy, Group therapy, Psychoana- lytical psychotherapy, Behavioral techniques)
7. Electroplexy
8. Psycho-Pharmacology ( Anxiolytics, Hypnotics, Anti-psychotics, Anti-parkinsonians, Anti-depressants, Mood stabilizers, Psycho-stimulants, Drug Interactions, Non-psychotropics with neuro-psychiatric effects)

# ASSESSMENT

Typically this STP recommends a system of inter- nal assessment by the training institution using a forma- tive approach and a summative assessment organised by the College at the end of the training period.

## INTERNAL ASSESSMENT BY THE TRAINING INSTITUTION

The formative methods that are recommended for use as part of the internal assessment organised by the training institution are:

## Portfolio-Based Assessment

Supervisor will maintain a portfolio on each trainee, containing the training programs, weekly work schedule and the following documents:

* + - Histories and formulations (specimen pre- sented by each trainee).
    - Test results /feedback from consultant.
    - Presentations in journal clubs and seminars.
    - Salient features of feedback sessions by con- sultant / supervisor on histories, formulations and psychotherapy sessions.
    - Salient features of feedback sessions on inter- nal assessment performance.
    - Clinical audit reports.
    - Ongoing assessment record particularly of atti- tudes and scores on professionalism param- eters.

## Written and Clinicals

Quarterly and annual assessments patterned on the FCPS Intermediate Module format of exams may be conducted locally by the training institution to give practice to the trainees as well as provide dry runs for the subsequent external assessment by CPSP.

A suggested format is as follows:

* + - Written (33%) Paper 1: One best type MCQs, Paper 2: 10 SEQs
    - Clinicals (34%) One Long Case, Three Short Cases (Psychiatry, Medicine, Neurology), Struc- tured Viva / TOACS OR OSCE
    - Attitude: Professionalism: (33%)

## Feedback Sessions

Detailed feedback sessions for the trainees may be regularly organised. These may be based on their ongoing clinical performance, attitudes, and perfor- mance in the quarterly assessments. These sessions should also include a feedback by the trainee on the supervisor as well as the training institution. Reflections of the trainee as well as the supervisors in these ses- sions are recommended to be formalised and recorded. Where ever feasible 360 degree appraisal system may be put into place to ensure a comprehensive and a struc- tured all-inclusive feedback. followed by a feedback by the trainees on the format, conduct and content of the exam as well as the examiners, should be organised.

## ASSESSMENT BY CPSP:

Written: Paper 1 and 2 comprising of ten SEQs each Clinicals: Twelve TOACS Stations

## Table of Specification

**Psychiatry: Intermediate Module: Written**

**Short Essay Questions (SEQs) Paper 1:** Ethics, Psy- chology, Sociology, Anthropology, Psychometry, Nonpharmacological Methods of Treatment and Psy- chotherapies

*Short Essay Questions: 10*

Biopsychosocial Model, Normality, Abnormality,

|  |  |
| --- | --- |
| Anthropological Determinants of Health & Disease | 1 |
| Social Influences on Health and Disease | 1 |
| Basic psychology (Learning, Motivation, |  |
| Memory, Perception, Intelligence, Emotions, Thinking) | 2 |
| Personality Development and Types of |  |
| Personality | 1 |
| Psychodynamic, Behavioural, Cognitive, |  |
| Interpersonal Schools | 2 |
| Medical Ethics | 1 |
| Psychosocial Assessment, Psychometry, |  |
| Lab/Radiological / electrophysiological |  |
| Investigations and Tests | 1 |
| NPIs and Psychotherapy | 1 |

**Short Essay Questions (SEQs) Paper 2:** Phenomenol- ogy, Neurobiological Basis of Behaviour, Clinical Psy- chiatry, Neurology and Medicine related to Psychiatry, Therapeutics including Physical Methods of Treatment (ECT etc).

Short Essay Questions: 10

Phenomenology, Psychopathology 1

Neurobiological Basis of Behaviour, Genetics 1

Emergency Psychiatry 1

Clinical Psychiatry 3

Neurology and Medicine 2

Therapeutics (Pharmacological, Physical and Psychological Methods of Treatment) 2

# CLINICALS:

## Twelve TOACS stations:

Interactive stations (Observed) Six

Non-interactive Stations (Unobserved) Six Table of Specification for TOACS:

*Observed Stations:*

Station 1: Medicine: General Physical Examination / Systemic Examination and interpretation of findings

Station 2: Neurology: Neurological Examination, findings, placement of site and type of lesion

Station 3: Emergency Psychiatry: Assessment, Man- agement Plan

Station 4: Outdoor Assessment of a Clinical Problem Station 5: Use of a Physical Method of Management Station 6: Use of a Non Pharmacological Interven-

tion

*Unobserved Stations:*

Station 7: Phenomenology and Psychopathology Station 8: Use / Interpretation of a Psychometric Test

Station 9: Interpretation of Lab/Radiological/Imaging/ Neurophysiological Test

Station 10: Interpretation / Critique of a Published Re- search Article

Station 11: Evidence – based Management Plan of a Common Psychiatric Problem

Station 12: Therapeutics

# CONCLUSION

This structured training programme describes the essential components of trainming programme for inter- mediate module at the end of which, the trainee would be expected to master the skills and knowledge of basic sciences relevant to psychiatry and develop core clini- cal skills to progress to the final module of training. Simi- lar structured training programmes have been devel- oped by other faculties in the college. The faculty of psychiatry has tried to incorporate the input from various individuals and institutions in devising these structured training programmes. We want to involve the trainees and trainers in further inprovement of these structured training programmes. Journal of Pakistan Psychiatric Society provides us a valuable forum for raising the de- bate about these important issues. Through a process of continuous evaluation, improvement and creative thinking, we aim to develop FCPS as a qualification of highest caliber. We are sure that the input provided by the readers in these structured training programmes will help us achieve these aims.

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