# Neuroscience in our Postgraduate Curriculum

Changing a curriculum is like changing the direction of a supertanker. It moves very slowly, takes ages, but has to be done if you do not want to run aground. We feel it is time to update our postgraduate core training curriculum. Not all of it – 'if it ain’t broke don’t fix it' has always been a good mantra. But we feel that we are lagging behind in equipping the next generation with some of the new developments that have happened in neuroscience and are likely to impact on the profession of psychiatry during their lifetime. We are also unhappy with the relative neglect of some of the important physical health issues that afflict those with mental disorders, and which psychiatrists, who are of course doctors, ought to be well placed to address.

So our purpose is to ensure that the rapidly ongoing and exciting advances of basic and clinical neuroscience are made relevant and accessible to trainees, so that they are better equipped to deal with future developments in the diagnosis and treatment of adult mental health, neurodevelopmental and neurodegenerative disorders. We also expect that a suitably reformed training programme will have a positive impact on recruitment to psychiatry. There is evidence from the USA that increasing and modernising the neuroscientific component to residency training has resulted in an increase in graduates entering psychiatry training (see Insel 2015). I know it’s not a randomised controlled trial, but it certainly didn’t have a negative impact.

This direction of travel is consistent with two of my core positions as President – that we need to improve recruitment and retention of the best medical graduates into psychiatry, and we need to do more to take psychiatry back to the heart of medicine. These are really two sides of the same coin – the core message is that a speciality that can only recruit from medical students/junior doctors does itself no favours if it drifts away from them.

I am delighted that we have secured substantial funding for this process from the Wellcome Trust and the Gatsby Foundation. With this funding, we will be setting up a Commission that will review the current teaching of neuroscience in the specialist training of psychiatrists and will make recommendations for a new curriculum incorporating modern developments in clinical neuroscience. In so doing we are consciously following in the footsteps of the US [National Neuroscience Curriculum Initiative (NNCI)](http://www.nncionline.org/). We anticipate the process will take at least two years (partly because the subject is complex, but also so is the regulatory process – [see note below](http://www.rcpsych.ac.uk/discoverpsychiatry/thepresidentsblog/neuroscienceincurriculum.aspx" \l "footnote)). The project is beginning this month, with a lecture by [Dr Jeff Lieberman who will fly over from the United States specially to talk at the College on 20 April – more details here if you’re interested in coming](http://www.rcpsych.ac.uk/usefulresources/rcpsychenewsletters/enewsletters2016/rcpsychenewsletterapril2016.aspx#events).

It is gratifying to note the positive reactions that we have already received, especially from trainees. But does this mean that we are moving towards a more “medical model” of psychiatry? Categorically not. Frankly I hate the word “medical model” anyway. The reason is that when I hear it used by our critics I know that all too often they have in mind a caricature of modern psychiatry, usually coming from too much exposure to repeats of One Flew Over the Cuckoo’s Nest. And very soon I know that the room will be full of the smoke from a long line of burning strawmen. As I never tire of saying – psychiatry depends on the integration of the physical, psychological and social. Take any one of those away and what you are left with is not psychiatry. What we are seeking to do in this project is update the first mentioned, not diminish the second or third.

So let me restate in no uncertain terms that our curriculum, our clinical care and indeed our profession as a whole remains embedded with what it is that makes psychiatry different, rewarding and successful – namely the integration of the physical, psychological and social into everything that we do. Our curriculum may need to change, but that underlying principle never will.

**Note:** The General Medical Council (GMC) has overall responsibility for regulation of postgraduate medical training. In this role they approve the curricula and assessment systems. The curriculum is defined by the GMC as a statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The GMC requires that the curriculum should set out what knowledge, skills and behaviours the trainee will achieve. The College also has a responsibility for and ownership of the curriculum and assessment system. Changes to the curriculum are generated within the College and then sent to the GMC for approval. Deaneries and local education providers have responsibility for the delivery of the programmes including workplace-based experience based on the approved curriculum and assessment system.

Any change to the curriculum must therefore be generated by the College, approved by the GMC and delivered by the Deaneries and local education providers. Delivery of a meaningful change will require involvement and sign up from all parties.

March 2016