Libyan Board of Psychiatry

Training Curriculum

Libyan Medical Specialisation Board

8/4/2013

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Libyan Medical Specialisation Board

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Curriculum for Post Graduate Psychiatric Training

Commissioned by:
The World Health Organisation Office in Libya

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Acknowledgement

I am grateful to the WHO office in Libya for giving me this opportunity to complete the task of developing the postgraduate curriculum of psychiatry in Libya.

I am particularly grateful to the support from Dr John Jabour the WRO in Libya, Dr Fahmy Bahgat the Technical Advisor for mental health in Libya and all the members of the WHO office in Libya for their support ad facilitation of my mission.

In the preparation of this curriculum, I am grateful to many people who helped me in its development and facilitated meetings with different groups including: Dr Adil Aboaza, Dr Amjad Shagroni and consultant psychiatrist's colleagues in Tripoli and Benghazi.

I would also like to thank Dr Mohamed Makhlouf, chair of the Libyan Medical Specialisation Board and Dr Salem Alhabroush the chair of the Medical Manpower Development Centre.

Dr Mohamed El Tahir

Introduction

Under direct supervision of WHO representative and in close collaboration on day to day work with the Technical Advisor on Mental Health at the WRO/Libya, I have been tasked to complete a mission including an objective to review and provide recommendations for training programme for the Libyan Board in Psychiatry, including rotations, key skills and competencies at each training stage, education and evaluation mechanism. This document therefore covers all aspects of the curriculum agreed in the Terms of Reference.

Rationale and Justification

The mental health services in Libya has undergone many changes following the revolution and remain the focus with many joint projects between the WHO and MOH to improve the service provision. However, the main focus has been on human resource development especially within the current service provision, developing their knowledge, skills and expertise to cope with the demands during the post conflict period. The WHO office in Libya has been instrumental in the planning of educational programmes and supporting the development of opportunities and programmes of training across all mental health professional groups. The Ministry of Health in Libya reviewed its mental policy and produced a new strategic action plan.

The Ministry Of Health strategic plan focuses on:

1. Building the human resources
2. Improving Governance
3. Inter-secretarial collaboration
4. Advocacy and human rights
5. Development of services

The main aim remains to improve the accessibility to mental health services through development of services across all primary health care and community hospitals provisions.

The challenge remains in how to prepare the human resources to deliver the high quality psychiatric services needed at different levels. The WHO office in Libya recently commissioned a training need assessment from the author and the report published in May 2013. The report highlighted the significantly low number of qualified psychiatrists working across the country and the focus on mental health based hospitals in the two main cities of Tripoli and Benghazi.

There are many limitations from the current resource allocation and lack of structured training programmes. The highest priority need identified is in developing structured programmes of training in psychiatry within the current Libyan medical specialisation board. The Board of psychiatry training will enhance the recruitment for doctors in the speciality and help future planning of service development and allocation of resources. However, it is recognised that such a training scheme will take time to achieve its goal and qualify psychiatrists to take part in service development.

Therefore it is essential to consider plans to qualify some doctors who have been working for long periods in psychiatric hospitals without qualifications. So in the meantime the diploma in mental health programme has been suggested to allow doctors to get a recognized degree to progress their career through improvement of the theoretical knowledge, clinical skills and attitudes of those doctors currently working in psychiatric hospitals. The Board of psychiatry training should also allow for fast tracking of some of the doctors who have been working for

a long time in such hospitals to achieve their specialisation degrees and recognize their experience. Although there have been attempts in the past to get board of psychiatry specialisation degree within the Libyan medical specialisation board, the significant shortage of consultant trainers has been a hindrance on the agreement for such a development to take place.

It is also recognised that there is no clear detailed curriculum for such training programme and a psychiatric committee need to be formed to lead such a project. The WHO office in Libya has therefore commissioned the development of this detailed curriculum from the author through an academic mission that will be presented in this document.

Purpose

The purpose of this curriculum document is to present the details of the content, structure and evaluation of a training programme in psychiatry according to the Libyan medical specialisation by-laws. The structure of this training scheme will be presented with reference to the resources needed for the implementation of the curriculum. The final assessment process for the board of psychiatry degree and examinations required are presented together with future evaluation and review of the curriculum plan.

Curriculum Resources

The author looked at different modules of training schemes in psychiatry currently existing in European countries and in Middle East countries for comparison and reference. Literature has been searched for any publications on the evaluations of post graduate psychiatric training programmes and findings from the main resources are presented. Published reports that have been considered include:

1. The curriculum for core psychiatric training and specialist programmes: Royal College of Psychiatrist, United Kingdom
2. The WPA guidelines on development of undergraduate and postgraduate education
3. The Arab Board psychiatric training curriculum
4. Sudan medical specialisation board curriculum for psychiatric training

The author recognises and considers his knowledge of the local services arrangement and the cultural issues of the country that need to be taken on board while developing the curriculum.

Background

The literature suggests that psychiatric training in Low and Middle Income Countries (LAMIC) often face many challenges including, prioritisation of mental health within services, stigmatisation of consumers and providers, shortage of appropriately trained mental health professionals, in-appropriate distributions of health professionals available and the lack of sustainable capacity for training health professionals in mental health competencies.

Libya faces similar challenges, however is a country with good financial resources and there is a political will to improve mental health care through human resource development and training. The Board of psychiatric training scheme as recommended, has clear projections to the long term service provision improvement and should be linked with continued professional development programmes for all doctors.

The stake holders in mental health need to come together to organise and implement the Board of psychiatric training scheme, utilising the opportunity arising from the positive political will and drive. The curriculum will form one component of the Board of psychiatry training scheme and many changes are needed for the development of the training and supporting its implementation.

Many low or middle income countries rely on traditional professional programmes of education and modules of training for mental health professionals. Such a programme puts a lot of emphasis on knowledge base rather than the practical skills and competencies of professionals. The schemes often involve lengthy curriculums that require human resources for its implementation. On the other hand, in many European countries approaches focus on competency based clinical skills training schemes were developed. Such modules were more cost effective in trying to meet the population needs of each country and allow for forms of flexibility in the delivery of the curriculum material.

The psychiatric training in the UK is lead by the Royal College of psychiatry and influenced by the General Medical Council guidelines for Future Doctors. The curriculum is a competency based curriculum, using a spiral method of learning to allow the trainee to develop their knowledge, clinical skills and attitudes during training placements and to revisit competencies regularly to achieve the higher levels required to work at a consultant level.

However, such a curriculum will require support from highly qualified professionals and significant human resources for its delivery. The author therefore recommends combining these two approaches in the development of the curriculum for the Libyan Board of psychiatry using the structure currently used by the Libyan medical specialisation board for other medical specialities.

Meeting with Stake Holders

For the purpose of preparing this curriculum I had the opportunity to meet with:

1. The WHO technical adviser on mental health, Dr Fahmy Bahgat,
2. Dr Amjad Shagroni from the centre of disease control in Libya, Mental Health Department
3. The consultant psychiatrists working in Tripoli.
4. Dr Mohamed Makhlouf the chair of the Libyan Medical Specialisation Board.
5. Dr Salem Alhabroush, the chair of the Medical Manpower Development Centre
6. The consultant psychiatrists' colleagues working in Benghazi (over the phone).
7. Some Libyan consultant psychiatrists working abroad.

A meeting was held with Dr Mohamed Makhlouf at the Libyan specialisation board attended by Dr Fahmy Bahgat, Dr Amjad Shagroni, Dr Adil Aboaza and myself to discuss the foundations for the development of the Libyan Board of psychiatry.

Dr Makhlouf welcomed the group and briefed the meeting on the new development from the meeting with the Minister of Health regarding the roles and responsibilities of the medical specialisation board, looking specifically at separating the training from examination in future developments. However, during this transitional period we agreed that the Board of psychiatry should be developed according to the current regulations and Bylaws of the Libyan medical specialisation board.

We agreed in the meeting for the proposal of the psychiatric council and initial meetings between psychiatrists suggested that Dr Adil Aboaza will be the chair of the psychiatry council, with the deputy from Benghazi. The psychiatry council names will be forwarded by Dr Amjad Shagroni to the medical specialisation board for a formal approval and a letter to be issued for official recognition of the council, while the curriculum is developed by Dr El Tahir.

Details of the training programme discussed and in principle agreed the curriculum document would include areas such as:

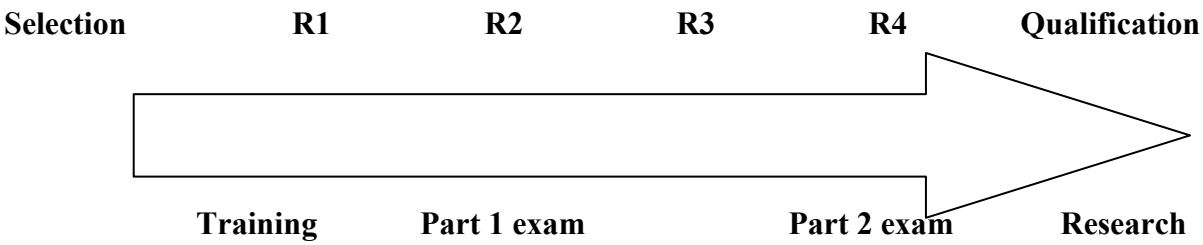
1. Structure of training programme
2. Clinical supervisor responsibilities
3. Programme Tutor responsibilities
4. Trainee responsibilities
5. Selection process
6. Number of training placements
7. Fast track programme for the doctors currently working in psychiatry
8. Curriculum knowledge content
9. Competencies for each stage of training
10. Integrating training with other medical training programmes such as neurology
11. Assessment process

Structure of Training Programme

The Board of psychiatry shall be a four years training programme for the doctor to be qualified. Psychiatric council is formed according to the Libyan Medical Specialisation Board Bylaws section 42 & 43 with clear responsibilities to oversee the implementation of the training programme curriculum. Each year will be considered a unit of training with its objectives and learning outcomes agreed with the trainee. There should be a process for monitoring the trainee's progress from year to year as well as passing the required exam held during the training period.

Trainees will be given the code R1, R2, R3 and R4 with a unique training number that follows them through the years of training. On completing the first year the trainee should be allowed to sit the Part 1 exam that is organised twice a year. However for the trainee to move from R2 to R3 the trainee passing Part 1 exam will be a mandatory requirement, otherwise the trainee may have to repeat the R2 to be able to pass their part 1 exam. Once completing two years of training (R2) and passing Part 1 exam, the trainee will be allowed to sit the Part two exam that will also be held twice a year during R3 period. The R4 trainee will be expected to complete a research project as part of their assessment (Assessment process) for qualification and degree award will depend on the completion of the research and passing the part two exam.

Training Pathway



Training schemes

The training will take place initially at the psychiatric hospitals in Tripoli and Benghazi. The two schemes will be supervised by a Tutor who will be a point of contact for all the trainees and delegated certain responsibilities from the psychiatric council.

Infrastructure

The Libyan Medical Specialisation Board Bylaws lay down clear foundations for any speciality training programme and explicitly detail the requirements for approval of new training programme. However, the Board also recognise that some specialities like psychiatry may be disadvantage by the current regulations and therefore accept variations to allow the start of such training scheme. There is no doubt that the current two psychiatric hospitals in Tripoli and Benghazi could be appropriately chosen to host the psychiatry training programme. Nevertheless there is a need to engage all the psychiatrists in the training to act as clinical supervisors or research supervisors of trainees if interested.

The challenge remain that all the current consultants work as general adult consultants and no one has been trained in the different subspecialties in psychiatry. There is a need to consider recruitment of more consultants with different subspecialties to work in both hospitals to participate in the training of future doctors. Consideration should be made for giving opportunities to currently available consultants to have further training courses to endorsements in the different subspecialties to be able to deliver the curriculum needs. The training programme should allow supervision for trainees even if their clinical work outside the main hospitals in clinical placements to have experience in other branches of psychiatry such as child and adolescent, Intellectual disability and old age psychiatry.

The number of trainees recruited will depend on the number of available consultants at both hospitals who are willing to take the responsibilities to supervise trainees. There will be a need to have one training programme Tutor at each hospital to support the trainees and their supervisors and will have clear role responsibilities.

Each consultant trainer will have one trainee at each levels of training (R1, R2, R3 & R4) dependant on the number of trainees in the programme. The Tutor allocates trainees placements according to their needs and in collaboration with the training department at the LMSB. At the beginning of each training year, the new intakes will attend an induction programme organised by the Tutor to explain the roles and responsibilities and introduce the trainees to the programme and their respective placements.

Tutor Responsibilities

The programme Tutor will be selected by the Psychiatric council and will be responsible for:

1. Organises the trainee's placements
2. Manage the training programme at their hospital
3. Organises the Induction programme
4. Point of contact for the trainee to resolve any training problems
5. Reports directly to the Board of psychiatry on the progress of training
6. Organises the academic teaching activities within the hospital
7. Review the trainee portfolio with the clinical supervisor at the end of the placement
8. Supports the development of postgraduate centre at their hospital with facilities for the trainees to access knowledge base (Library and internet)

Clinical & Educational Supervisor Responsibilities

Consultant supervisors will be approved by the psychiatric council and trainees will be allocated by the training Tutor. Their responsibilities include:

1. Supervise the trainee's clinical work at all times
2. Provide trainees with clear objectives to achieve competencies required in the placement
3. Agree and educational plan and learning objectives with trainee
4. Provide guidance and advice to trainee
5. Provide one hour of individual supervision with each trainee at least once a week
6. Act as a professional role model for the trainee
7. Reports directly to Tutor any issues around trainee progress
8. Participate in the academic activities as part of the training programme at their hospital

Trainee's Responsibilities

- Act professionally and responsibly
- Attends regular supervision and teaching activities
- Receive clinical supervision for their work
- Access learning resources
- Prepare for assessments required
- Ensure awareness of the curriculum and competencies needed
- Ensure awareness of the Bylaws of the LMSB
- Collaborate with clinical supervisor
- Ensure regular meeting with programme Tutor as required
- Agree and prepare learning objectives every year
- Participate in annual review of progress
- Inform the Tutor of any change in circumstances
- Keep portfolio of activities to be used in annual review

Selection Process

According to the Libyan Medical Specialisation Board Bylaws section 62, the trainees should meet certain criteria before been selected for the Board. In case of increased number of applicants to the Board of psychiatry in future, a selection exam will be needed as part of the enrolment process to ensure recruitment of highly motivated doctors. However, currently there are many doctors working in psychiatric hospitals that would meet the selection criteria and should be encouraged to get enrolled at the start of the training programme. As they have different levels of experience from the years of working in psychiatry, it has been suggested that a fast tract training programme will be prepared to meet their needs and facilitate a quick pass through training.

Number of Training Placements

The current number of qualified psychiatrist working in the two main hospitals in Tripoli and Benghazi does not exceed 10. However we structured the programme to allow each consultant to clinically supervise up to 4 trainees in their unit provided that they are at different levels of their training. We therefore recommend that at the start of the programme the selection is limited to the doctors working in these two hospitals and to give at least two years to allow the fast track programme to achieve its goal before starting a new selection process.

Fast Track Programme

At the start of the Board of psychiatry this approach will allow for consideration of the experience of those who has been working for long period in psychiatric hospitals and those who are already engaged in the Arab Board of Psychiatry exams. The trainees will be given opportunity to sit exams and use exemptions to their already achieved part one in the Arab Board exam.

Initially, all selected trainees should be screened according to their years in psychiatry and achievement of part one Arab Board exam. The outcome will yield three groups:

Group one:

Trainees who spent two years or less in psychiatry should be enrolled as R1 trainees and start the training scheme from the beginning.

Group two:

Trainees who has three or more years in psychiatry but do not have part one Arab Board should be considered as R2 trainees and allowed to sit for part One Libyan Board of Psychiatry at the earliest opportunity. Their progress in training will be governed from R2 onward.

Group three:

Trainees who have three or more years in psychiatry and have part one Arab Board of psychiatry should be considered as R3 trainees and allowed to sit part two or the Libyan Board of Psychiatry Exam after one year. They should also be enrolled to start their research projects.

The fast track scheme would facilitate part one exams to take place within the first year of programme start and at least one part two exam within one year.

Curriculum Content

The curriculum content covers all the knowledge, skills and attitudes need to be covered during the 4 years of the training in psychiatry to achieve the Libyan board of psychiatry degree. The content will cover general knowledge and clinical skill as well as experience in psychiatric specialities needed at baseline level through the four years of training.

The main aim is to complete four years of psychiatric training to award the candidate a degree of the Libyan Board of Psychiatry. The trainee has to complete during the 4 years all requirements of the curriculum training scheme and undergo the assessments needed to achieve the degree.

The intended learning outcomes of the curriculum will be based on the structure of the CanMEDS model published in 2005 and widely used for training of doctors with adaptation to some of its headings set out in the framework for professional competencies to meet the local needs. The competencies in this model are widely accepted and used by many training programmes and different medical specialities. The model supports the doctor development to be:

- Medical expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

Learning Outcomes

The learning outcomes in this curriculum will be adapted to suit the training in Libya and the period of training required. The manager competencies were therefore not included at this stage. The competencies included are: -

1. MEDICAL EXPERT: Medical expertise integrates the knowledge, clinical skills, procedural skills and professional behaviours that are fundamental to excellent patient care. In other words this describes what the psychiatrist needs to do, how they do it, when they do it and the manner in which they work

2. COMMUNICATOR: Psychiatrists facilitate effective therapeutic relationships with patients, families and carers. This is essential for effective clinical practice including diagnosis and decision-making. They enable therapeutic communication through shared decision making and effective dynamic interactions with patients, families, carers, other professionals and other important individuals. These competencies are essential for establishing rapport and trust, formulating a diagnosis and delivering information

3. COLLABORATOR: Psychiatrists work in collaboration with many other professionals and agencies. They must therefore develop a thorough understanding of health and social care systems and demonstrate this consistently in their daily practice

4. HEALTH ADVOCATE: In addition to delivering excellent patient care psychiatrists are committed to promoting public understanding of mental health issues and social inclusion

5. SCHOLAR: Psychiatrists engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need for Continuing Professional Development and model and facilitate this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate and contribute to the education of students, patients, colleagues and others

6. PROFESSIONAL: The social contract between psychiatrists, patients and society requires that all of the above are brought together through contemporary best practice, high ethical standards and exemplary personal behaviours

These are overlapping competencies that are difficult to separate in specific activities. However the trainees will be supported to achieve them through clinical supervision.

The training is intended to achieve the learning outcome under the current headings:

- Medical expertise requires the psychiatrist to be able to integrate knowledge, clinical skill and professional behaviour in the delivery of care. The trainees need to learn methods to be able to perform specialist assessment of patients and document relevant history and examinations on their patients.

- Demonstrate the ability to construct formulation of patient problems and reach an appropriate differential diagnosis.

- Demonstrate the ability to carry out appropriate investigation and recommend a treatment plan, using biological, psychological and social models.

- Based on the comprehensive psychiatric assessment demonstrate the ability to assess potential self harm or harm to others including development of risk assessment and management plan.

- Based on the psychiatric assessment to demonstrate the ability to conduct therapeutic interviews and integrate knowledge to use in psychotherapeutic interventions.

- Demonstrate the ability to record appropriately all aspects of the clinical assessment and management plan.

- The ability to carry out a specialist assessment and treatment of patients with chronic and severe mental disorders.

- The ability to effectively communicate with patient's relatives, colleagues and the needs of the patients.

- Demonstrate the ability to work effectively with other colleagues and in a team.

- The ability to educate patients regarding their illness and to teach others including the families and carers.

Knowledge Content

The trainee will be required to learn sciences basics to psychiatry during their first year, clinical subjects during second year and more depth knowledge on the different branches of psychiatry in the third year before sitting their final exam. Trainees will be encouraged to participate in an academic programme organised by the Tutor and variety of topics will be chosen to cover aspect of knowledge required.

However trainees will be supported to attend courses that offer teaching of the knowledge needed for their study whether they include a Diploma or not. Although this table present the contents on knowledge needed to achieve by the end of each year, it is difficult to separate different parts of its topics and therefore form guidance to the trainee to focus their study for their exams. Part one exam will be based on the knowledge and clinical skills content of this curriculum.

Table 1: Knowledge topics for each year

Year one	Year two	Year three	Year four
Basic psychology Clinical psychology Psychological theories Social psychology Neuropsychology Neurosciences: neuroanatomy, neurophysiology, neurochemistry and neuroradiology Phenomenology and psychopathology Epidemiology of psychiatric disorders Basics of psychopharmacology	Anxiety disorders: generalised anxiety, panic, phobias Reaction to stress, Adjustment and post traumatic disorders Dissociative and somatoform disorders Mood disorders Psychosis and Schizophrenia Organic Psychiatric disorders	Neurodevelopmental disorders Child and Adolescent psychiatric disorders Old age psychiatric disorders Dementias Forensic Psychiatry Personality disorders Intellectual disability Challenging behaviours Psychotherapeutic interventions (psychodynamic, cognitive, behavioural, Interpersonal and family) Psychopharmacology (anxiolytics, antidepressants, antipsychotics, mood stabilizers and other drugs in psychiatry)	Substance misuse disorders Sleep disorders Gender identity disorders Psychosexual disorders Eating disorders Postnatal psychiatric problems Electroconvulsive Therapy Eye movement desensitization and reprocessing (EMDR) Ethics Research methodology Audit and clinical governance

Competencies Curriculum

The trainees will be required to present evidence for their annual reviews on the level of skills gained through the year. The evidence will be in form of portfolio of the events in which case based discussion took place with their respective clinical supervisor. Table 2 presents guidance to the skills and competencies needed towards end of the year of training.

Table 2: clinical skills competencies for each year: **Adapted from the WPA guidelines (Table 1: an illustration of competency requirement skills for psychiatry residents)**

Year 1	Year 2	Year 3	Year 4
Perform clinically appropriate History taking &Physical examination	Perform depth assessments and order investigations	Competent history taking and mental state examination with ability to do motivational interview	Demonstrate ability to assess capacity to consent to treatment
Perform basic Mental State Examination	Perform cognitive examination	Competency to assess children Competency to assess individuals with Intellectual disability	Demonstrate ability to integrate knowledge of local Legal system impact on patients care
Perform basic psychiatric case presentation	Present biopsychosocial formulations	Competency to complete detailed risk assessment of forensic cases	Demonstrate ability to consider Ethical issues relevant to patent care
Assess safety and make appropriate disposition: Harm to self Harm to others	Determine competency to consent or refuse treatment	Present psychodynamic case formulation	
Consider differential Diagnosis for the major psychiatric disorders	Demonstrate competency to diagnose general psychiatric disorders and recognise the overlap with physical health		

Recognise presence of personality disorder	Recognise presence of different psychiatric conditions at different ages Diagnose delirium Diagnose common personality disorders	Competency to diagnose neuro-developmental disorders	
Demonstrate safe use of medication including Anxiolytics, Antidepressants, Antipsychotics & Mood Stabilisers	Demonstrate ability to use psychotropic medications safely and effectively Ability to use Anticonvulsants and Antianxiety agents	Demonstrate ability to use wide range of medication for treatment of resistant cases including use of Lithium Augmentation for treatment refractory cases of depression, schizophrenia and bipolar disorders	Demonstrate ability to use other medications safely such as: stimulants Long-acting antipsychotics Demonstrate ability to use Electroconvulsive therapy ECT
Demonstrate ability to recognise drug side effects	Demonstrate ability to manage extrapyramidal side effects of medication	Demonstrate ability to recognise Sexual dysfunction due to antipsychotics or antidepressants	Demonstrate ability to recognise and mange: Tardive Dyskinesia, metabolic syndrome and neuroleptic malignant syndrome effectively
	Ability to monitor patients for longterm side effects of Medication	Demonstrate ability to recognise Benzodiazepines side effects and other problems	Demonstrate ability to use detoxification regimes for substance misuse

	Demonstrate ability to provide support to other medical and surgical services in managing Delirium, Psychological response to illness, injury or treatment	Demonstrate ability to provide support to other hospital services for childhood and old age conditions	Demonstrate ability to provide support to obstetric departments (to manage postnatal problems)
	Supportive psychotherapy: Inpatients Consultations	Demonstrate ability to deliver Crisis intervention, Outpatient supportive psychotherapy and counselling	Ability to use Psychodynamic Psychotherapy Marital and/or family therapy Cognitive Behavioural Therapy At least one of : Outpatient group psychotherapy Interpersonal therapy Behaviour therapy
		Demonstrate ability to Provide psychotherapy for: Major depression & Personality disorders	Provide Psychotherapy for anxiety and/or somatoform disorder
		Demonstrative effective recognition and management of transference and counter transference (documented by supervisor)	

Integration with Other Training

The competency based curriculum requires flexibility in implementation with many parts that could be integrated with other councils within the Libyan Medical Specialisation Boards. Psychiatric trainees need to learn many skills that should be used with different age groups. We therefore recommend that collaboration with Medicine allow development of good Liaison psychiatric services. Trainees also need to develop skills to manage childhood and adolescent psychiatric disorders and the current service sits within the Paediatrics services. The two schemes collaboration will allow for the development of skills across the two specialities especially for developmental disorders.

There is a wide recognition among psychiatrist for the need to learn neurological skills that allow them to deal with many overlapping conditions. We also recommend that Psychiatric trainees at R4 should spend at least two weeks of placement in neurology. Integrating with other schemes such emergency medicine, obstetrics and gynaecology, radiology, pathology and public health should be negotiated by the Tutors on local arrangement basis. Psychiatric training scheme should also offer all other specialities opportunities for placement and joint approaches in teaching, academic activities and research.

Assessment Process

Libyan Medical Specialisation Board Bylaws regulate the examination process and research requirements.

Part One Exam

Sections from 73 to 77 of the Bylaws regulate part one exam indicating that part one should include one theoretical exam paper of 100 questions. We recommend that the paper uses multiple choice questions model that allows for assessment of a wide knowledge base. The pass mark will be achieved on scoring 50% of the total mark. A pool of MCQs shall be sued as a bank resource for the examination committee and trainees should also be able to have access to sample paper during their preparation. The Bylaws indicate that the trainee will be disqualified from training if he/she did not pass part one after 6 attempts (section 76).

Part Two Exam

Section 78 of the Bylaws regulates the conditions for part two exam. This comprises written, clinical and oral examinations.

Written exam should include two papers of multiple choice questions each has 100 questions. The written exam is held twice a year and passing the written exam forms a requirement for entering the clinical and oral exams (section 79).

The clinical exam methodology sis decided by the exam board. Many countries include real clinical cases in the assessment process. The focus of the clinical examination is generally to assess the skills and competencies gained by the trainee during their training. We recommend that the assessment should be based on a long clinical case for each candidate and will constitute a 1 hour of interview with the patient and twenty minutes of preparation. The assessment should include 15 minutes for case presentation in front of the exam panel. The candidate will be asked to present the case findings to the examination panel and will be

asked to complete a task of interviewing the patient in front of the panel for 15 minutes. The candidate will then be asked to formulate the case and discuss management plan in the last 15 minutes of the clinical exam. The candidate will have a separate oral exam with another panel lasting 15 minutes making all the clinical and oral examination time 60 minutes. Each panel will include 2 clinical examiners possibly from the teaching team and guidelines for marking will be used for consistency. Clinical and oral exams shall be held twice year according to the regulations (section 80).

Alternative clinical examination approach should also be considered in the long term. The objectively structured clinical examination (OSCE) model is more commonly used now in health sciences and widely accepted in psychiatry. It is designed to test clinical skill performance and competencies in particular skills in communication and clinical examination. It allows the board to look at a wide range of competencies the trainee could be examined against. It also allows the trainee to show a range of competencies that has been gained during training.

The OSCE usually comprises a circuit of (usually 5-10 minutes) with stations in which the candidates is examined on 1:1 basis with 2 examiners, using either real of simulated patients. We recommend the OSCE model for this curriculum as it will offer more detailed assessment of skills and competencies. In many countries, mental health professionals has contributed to this process and acted as simulators for the exam. However this model requires training of the examiners and the simulators and also is labour intensive.

The Bylaws sections 81 to 89 regulates the exam process and committees work.

Research Project

The Libyan Medical Specialisation Board requires the trainee to conduct research as part of their assessment for the qualification for the degree awarded. The Bylaws section 90 to 95 regulates the research activity and highlights the resources available to support trainees. We recommend that trainees are encouraged to start choosing their research topics early in their training and use resources available in many other institutions and agencies.

Curriculum Implementation

There are many challenges that could face the implementation of such an ambitious curriculum; however psychiatrist's commitment, team working and high motivation to make success are needed. The shortage in manpower of consultant's trainers should be seen to by the Ministry of Health and other institutions. The mobilisations of resources to make successful training programmes are possible. There is a need to build postgraduate units in each of the psychiatric hospitals for the trainees use.

We recommend that formal teaching programmes will be needed to support the development of competencies and resources should be made available to host programmes similar to the Diploma in Mental Health or other teaching programmes by visiting consultants. These activities will enhance knowledge gain and sharing of experiences.

There are few Libyan psychiatrists abroad who should be involved in all aspects of the training programme implementation and assessments. We recommend that they are involved in the council and different committees to remove current barriers that may help their return.

At the initial stages of the training programme, there may be a need for an Advisor to the psychiatry council to help resolving difficulties on the implementation of the curriculum. The Royal College of Psychiatrists could be contacted for advice and support on the implementation and evaluation of the training.

Portfolio

The trainee portfolio is a collection of materials that represents the efforts in multiple areas of the curriculum. The portfolio can include self-assessment and goal setting documents prepared by the trainee, mentored observation and feedback, works in progress with formative feedback, self reflection on work, and summative materials documenting achievement.

Portfolios can provide a mechanism for integrating all aspects of clinical competencies into assisting the developing competence of the physician. Because the trainee is responsible for developing the portfolio, it promotes reflection and self-assessment. For the same reason, it also facilitates a learner-centred approach in which the curriculum components are specifically geared to the particular educational needs of the trainee. Because the nature of the portfolio is quite variable and the information is more often qualitative than quantitative, it is unlikely that this mechanism or approach could be used in isolation (WPA guidelines 2009).

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