

tion. Perhaps a change of Government may symbolize a change of social attitude and more experimentation will be allowed in different Regions. Instead of concentrating on producing more doctors more cheaply, it might be better for medical schools to

experiment with other forms of delivery of health care, with greater use of nurses and other non-medical personnel. Why should we not find this as effective as other under-developed countries do?

DESMOND POND

TRAINING IN PSYCHOTHERAPY THE ABERDEEN UNIVERSITY DIPLOMA COURSE: SECOND REPORT

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Our intention in this paper is to describe recent developments in the aims, content and organization of a psychotherapy course which began in 1965 (Millar *et al* 1968) and the factors which have influenced these developments.

Local Factors

In the Aberdeen area, a professional environment supportive to the practice of and training in psychotherapy helped in setting up, sustaining and developing the Diploma in Psychotherapy Course. Between 1965 and 1978, either the one year full-time or the two year part-time course was successfully completed by 31 candidates; 25 psychiatrists, 4 clinical psychologists, one educational psychologist and one psychiatric nurse. In 1976, a trained psychoanalyst was appointed to a new post of Consultant Psychiatrist with a special responsibility for psychotherapy. It would be unrealistic to expect that all professional staff in this area should approve or support to an equal degree, the development of psychotherapeutic practice or training. It can, however, be claimed that in the case of those who wish to have training in psychotherapy or to develop existent skills, experienced colleagues are ready to assist them.

In this Health Board Area, throughout the three year period of preparation for the College's Membership examination, all psychiatrists-in-training are offered didactic teaching and supervised clinical experience in psychotherapy. Consultation, supervision and training in psychotherapy with children, adolescents, adults, couples, families and groups are undertaken by suitably qualified staff from University and NHS departments. Other staff, e.g. psychologists, social workers, nurses, from NHS and local authority departments, also make use of these resources.

Topics of relevance to psychotherapy have been the subject of two open departmental lectures for each of the past two academic sessions. In addition, during the academic session 1979-80 there will be the first of a series of annual lectures on psychotherapy to be called the Malcolm Millar Lectures, which have been made possible by a donation to the University.

Since early 1978 a local branch of the Association for Family Therapy has had a regular monthly programme of evening, whole day and residential meetings, with both local and external staff contributing to the programme.

Other Factors

In recent reviews of the Diploma Course, and planning for its development with our supervisor colleagues, we have tried to take into account factors in addition to those particularly relevant to the local situation.

The practice of psychotherapy has never been exclusive to the medical profession, far less to psychiatrists. Local experience confirms what are widespread trends: that professional workers other than psychiatrists also seek appropriate supervision and training; and that colleagues from different disciplines and professions benefit from sharing teaching, supervision and training.

There is a continuing debate between those who see the only acceptable training for psychotherapy as being within the psychoanalytic model, including the experience of a personal analysis, e.g. Sutherland (1968, 1976), and those who consider that there are other appropriate schemes of training and preparation, e.g. Marks (1971). We note with interest that this important issue has received very little attention in the *Journal or Bulletin* of the Royal College of Psychiatrists. For whatever other reasons this debate may be of

importance, it is certainly of concern to our local colleagues in training, who rightly wish to know whether the kind of experience and training in psychotherapy available to them will be properly recognised, approved and accredited.

We have considered not only the long established psychotherapy training programmes available in London, but also those which have later been developed in other universities, e.g. Leeds, Sheffield and Warwick and in other centres throughout the United Kingdom, e.g. Edinburgh (Sutherland 1976), Dundee, Glasgow, Newcastle, North-West of England (Hobson 1976) and Nottingham (Aveline 1976). We are aware that there are other programmes of psychotherapy training in centres other than those referred to.

We have been mindful too of the reports and views of the College (1971) and of the Joint Committee on Higher Psychiatric Training (1975).

The Diploma in Psychotherapy Course

Entry Qualifications

In early 1979 the only entry qualifications defined in the University Calendar are for medically qualified applicants, who must possess either a Diploma of Psychological Medicine or Psychiatry, or have other approved qualifications or experience in psychiatry, or have passed the first part of the College Membership examination and have spent at least two years in approved clinical appointments. For the 1979 entry, applications from non-medically qualified candidates were encouraged and the criteria to be formulated in new regulations were applied.

Course duration

Since the 1977 entry, the one year full-time course has not been offered. It was our opinion that the teaching and supervised clinical practice considered necessary to achieve the required standard was not possible within a one year course. During the two year, part-time course, candidates continue current commitments and responsibilities to their employing authorities, which means that all must be employed within easy travelling distance of the university and its associated clinical facilities.

Staff

Staff who contribute to lectures and seminars come from a range of university departments within the medical and other faculties. Supervisors are psychiatrists, psychologists and social workers employed in the university, health service and local authority departments. In addition, colleagues from outside the Aberdeen area contribute to lectures, seminars, the Psychotherapy Journals Club and other

events in which candidates are encouraged to participate.

Aims

The course aims to provide teaching and supervised clinical practice to those who seek to develop skills in psychotherapy. It is not, of itself, a course designed for those who wish to become full-time specialist psychotherapists. It does however, provide a basis, together with other experience and training available locally, for those who aspire to such an appointment. It aims to provide candidates with a wide perspective on the development, principles and practice of psychotherapy and seeks to promote a range of psychotherapeutic skills which can be applied in a variety of settings. It is therefore not designed for those who seek to focus only on one particular model of psychotherapy. While training through supervised clinical practice is an essential element of the course, it aims also to encourage a critical appreciation of the relevant literature and the development of conceptual frameworks appropriate to a wide application of psychotherapy.

Lectures and seminars

Weekly lectures and seminars during the academic terms aim to introduce candidates to the history, development, principles and practice of psychotherapy; to consider the evaluation of psychotherapy and to foster critical discussion. We consider it more important that candidates should be informed about several models of psychotherapy, a range of techniques and methods, how best to apply particular types of psychotherapy to particular presenting problems, how to use psychotherapeutic understanding and skills in a variety of professional settings, than that they should be well versed in only one school, or model, or application of psychotherapy. It seems to us that such an eclectic and pragmatic approach is both more realistic and in accord with our interpretation of prevailing attitudes to psychotherapy and its application.

Reading lists

These are issued from time to time during the course. For the lecture seminar programme, references or reprints appropriate to the topics under study are provided. Candidates have access to all the University's library facilities.

Clinical work and supervision

Candidates are offered regular supervision of their psychotherapy, which may include work with children, adolescents, individual adults, couples, families and groups. Experience of the behavioural therapies, sensitivity and encounter groups, is available and

candidates may work on their own or as co-therapists. Psychotherapy can be undertaken not only within the framework of the psychiatric services but also within the child guidance and community-based social work services. Training cases are selected by consultation between candidates, supervisors and the course convener. During the two year course, candidates have more than one supervisor and have experience of supervision on a one-to-one basis and as members of a supervision group. For both medically and non-medically qualified candidates, we ensure that issues of responsibility and accountability are satisfactorily dealt with. In this course, the goal of supervision is to facilitate learning about psychotherapy, but in any possible conflict of interest, the patient's needs are regarded as primary. We are aware nonetheless, that at various times and in various degrees, the supervision may need to focus on the therapist-supervisor relationship, or on the personal problems of candidates, when these interfere with adequate therapy. It is not, however, the task of a supervisor to provide psychotherapy for a candidate: where this is necessary, appropriate arrangements can be made.

Personal experience of psychotherapy

We hope that in the course described, candidates are sufficiently enabled to make some progress towards that degree of clinical maturity described by Hill (1978) as one of the qualities of a good psychiatrist and to be confirmed in professionalism appropriate to their work (Haldane 1971). Like Marks (1971) but unlike Sutherland (1968, 1976) we do not consider that personal analysis is an essential part of the training of all those who aspire to the practice of psychotherapy. The 'Promotion of Personal Insight' and the 'increase in personal awareness and understanding of oneself' which the Joint Committee on Higher Psychiatric Training (1975) consider 'to be an essential part of the training of specialists in psychotherapy,' are not in our view solely dependent on having a personal analysis. While we recognize that a personal experience of psychotherapy may assist in the development of understanding and of clinical competence, we do not think it necessary or appropriate that such experience should be a course requirement. On the other hand, when considered necessary, such experience is available to candidates.

Candidates' contribution to the course

Candidates are expected to provide the material for study and present the topic for discussion at some of the regular seminars; to select topics and introduce discussion at the monthly meetings of the Psychotherapy Journals Club, which has a multiprofessional

membership; to report progress on dissertation work during the second year of the course to meetings of candidates and supervisors; and to contribute to meetings when the course programme is being reviewed and plans made for the future.

Evaluation and assessment

Candidates' progress is reviewed twice each academic term at meetings of course supervisors. At the second of these meetings are considered the written reports of progress in supervised clinical work submitted to the course convener by both supervisors and candidates.

During the first three terms of the course, candidates are required to report on written assignments to meetings of candidates and supervisors and these reports are taken into account in the end-of-course assessment.

Candidates must present at least three typewritten protocols of psychotherapy, one at the end of the first year, two at the end of the second year. In the work to be reported and evaluated, there is opportunity for both choice and variety. The psychotherapy reported may be of an individual (child, adolescent, adult); or couple; or family; or group. At least one protocol must describe individual psychotherapy with an adult patient and at least one, with a couple, or family, or group. Of the three protocols: one must describe a short term case (less than 3 months psychotherapy) completed at the time of reporting; one must describe a completed longer term case (more than six months' psychotherapy); and one must describe a case current at the time of reporting.

At the end of the course, as part of the final examination, candidates are required to present a dissertation on a subject relevant to the theory and practice of psychotherapy, the subject to have been approved by the course convener, the Head of Department and Senatus. The dissertation will be regarded as of increasing importance.

Protocols and dissertation are assessed by course supervisors and by the external examiner, who also conducts an oral examination, in conjunction with the course convener. The final evaluation by all supervisors and the external examiner considers these assessments, in addition to the reports of supervisors on candidates' clinical work.

Interest in the Course

Information about the course which began in January 1979 had been circulated to staff in the area and advertised in three journals, one primarily for doctors, another for psychologists and a third for social workers. The response and the results are shown in the table.

Enquiries about the Course and results of selection procedure

Profession	Enquiries			Applications			Offered a place and accepted	
	Local	Other	Total	Local	Other	Total	Local	Other
Psychiatry	5	2	7	4	1	5	2	—
Psychology	2	2	4	1	1*	2	1	—
Social work	7	2	9	5	—	5	2	—
Residential child care	2	—	2	1†	—	1	—	—
Not stated	—	10	10	—	—	—	—	—
TOTAL	16	16	32	11	2	13	5	—

*withdrew before selection interview; †withdrew after interviews.

All applicants were interviewed by two pairs of course supervisors and decisions made at a meeting of all course supervisors.

The Future

The regulations for entry to the Course have been revised. The specific requirements that medically qualified applicants should have passed certain examinations or had a stated minimum of clinical psychiatric experience have been excluded in order to make more flexible the time during postgraduate training when a psychiatrist may enter the course and to make the course available to medically qualified candidates who may not wish to undertake the full postgraduate training in psychiatry. Entry will also be open to, among others, clinical and educational psychologists, social workers, nurses, teachers and clergymen, who have been in professional practice for at least three years since formal qualification and whose academic and professional qualifications are considered adequate by the Senatus.

Whereas at present only medically qualified candidates are entitled to receive the Diploma, others having to be content with a written statement of their satisfactory performance signed by the Head of Department and external examiner, the new regulations will result in all those who have satisfied the examiners, receiving the Diploma in Psychotherapy.

The aims, content and organization of the course will from time to time be modified in the light of continuing experience and in response to the developing expectations of the College and of other organizations concerned with the development of training and practice in psychotherapy.

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Acknowledgements

We wish to record our thanks to all supervisor colleagues, who have contributed to regular reviews of the course and to plans for its development, and to members of the Scottish Division of the Royal College of Psychiatrists who discussed an earlier paper on the course, presented at a Divisional Meeting in June, 1978. We are grateful also to the following colleagues for information about psychotherapy courses and training in the centres named: Drs Davis (Warwick), Freeman (Dundee), Gomersall (Sheffield), Lund (Newcastle-upon-Tyne), Templeton (Glasgow) and Ms Turner (Leeds).