Psychiatry Residency Education in Canada: Past, Present and Future

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Objective: This article provides a brief overview of the history of psychiatry residency training in Canada, and outlines the rationale for the current training requirements, changes to the final certification examination, and factors influencing future trends in psychiatry education and training.

Method: The author compiled findings and reports on residency education in Canada from current and historical sources.

Results: Residency training in psychiatry in Canada has undergone significant change in the past 5 years, moving from an “apprenticeship” model to a competency-based curriculum with explicit expectations for the acquisition of key, defined competencies.

Conclusion: Continuous evaluation of teaching methodologies, increasing use of innovative and creative medical education techniques, flexible curricula, and increasingly rigorous standards of accreditation are some of the factors likely to continue to shape the future.

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The practice of psychiatry in Canada, and many other countries, has undergone massive changes in the last few decades. These changes have been reflected in medical education and, hence, psychiatric training. Canada, as the second-largest country in the world, with a wide geographic area, has many complex sociopolitical, economic, and scientific factors that have played key roles in the process of change. The history of these changes and of the development of psychiatry in Canada have been eloquently documented by Rae-Grant (1). The influences of deinstitutionalization, economic hardship, the delivery of healthcare, and of holding the patient perspective as central to the delivery of care, as well as the recognition of the need to treat populations as well as individual patients, are some of the socio-political factors that have been instrumental in shaping changes in the approach to education. The many ground-breaking scientific discoveries that have transformed our understanding of the human genome and the workings of the human brain (2) have also been key influences in the transformation of psychiatric education. The introduction of the principles of evidence-based medicine and evidence-based teaching has been key in driving change in psychiatry postgraduate training curricula. The focus on training has shifted to ensure provision of evidence-based care for the needs of severely mentally ill patients—across the lifespan; in a multitude of settings, including the community, in acute and tertiary hospital settings, and in rural as well as academic health science centers. Greater emphasis has been placed on the concept of collaborating with colleagues in the primary-care setting, as well as in other specialties. The philosophy of training has shifted from that of an apprenticeship model to a competency-based framework with clear evaluative components and the need for adherence through rigorous standards of accreditation. This article will trace the history of the evolution of some key changes in psychiatry residency training and evaluation over the last few years, and will attempt to highlight how trends in medical education as well as complex geo-political factors will likely serve to shape the future of psychiatric training in Canada.

Background

The history and background to the developments in psychiatric training are comprehensively captured by Swinson and Leverette in “Approaches to Psychiatric Education in Canada,” by the Canadian Psychiatric Association (3). In this publication, the history of the relationship between the Royal College of Physicians and Surgeons (RCPs) of Canada (and its psychiatry specialty committee) and the Canadian Psychiatric Association (CPA; representing some 4,000 psychiatrists) is well-documented (3). Psychiatry in Canada was first recognized by the RCPs as a specialty in the division of medical specialties in 1944, and the first psychiatrists were awarded their certificates of
Residency training in psychiatry in Canada has undergone significant change in the past 5 years, moving from an “apprenticeship” model to a competency-based curriculum, with explicit expectations for the acquisition of key competencies as defined in the documents. The evolution of and rationale for these changes have been well documented in other publications (9, 10). A number of significant revisions have been made to the OTR and STR even within the last 3 years. The new document explicitly describes expectations for the attainment of specific competencies as medical experts, in a range of levels (11). These are introductory knowledge, working knowledge, and proficiency.

These levels can be attained within the minimum training requirements (5 years) at the level of general psychiatrist. However, for the levels beyond this, in order to achieve “advanced” or “expert” level, such as would be required by a subspecialist, for example, further training is required.

The full 60 months of approved residency training is tightly defined. The first (PGY-I or Postgraduate Year 1), or basic clinical training year, emphasizes a broad-based medical training relevant to psychiatry. The curriculum is conceptualized as building on foundational skills in order to acquire maturity and sophistication as a clinician. The junior residency (PGY-II and PGY-III, including general psychiatry, child and adolescent, and geriatric psychiatry), and senior residency (PGY-IV and PGY-V, including exposure to those with severe and persistent mental illness, shared care, and consultation–liaison) components each have a mandate to show a clear developmental trajectory of increasing maturity and competence as a psychiatrist, via mandatory, selective, and elective “blocks” of time in each of the main areas important to psychiatry.

Also, there are mandated longitudinal or horizontal requirements, including specific requirements in psychotherapy training (12), addictions, and research. Implementation of some requirements has proved challenging for many reasons, including fragmentation of core experiences and fewer resources in some rotations, such as shared care.

The entire curriculum is to be both taught and evaluated using the CanMEDS framework.

**Evaluation**

Sound pedagogical principles mandate Canadian educators to ensure that curricula and teaching methods are evidence-based and effective and are in keeping with accreditation standards. Evaluation can influence and have a significant impact on how residents learn. As a result, the bar for meaningful evaluation has been raised significantly over the last few years. The concept of measuring residents’ performance has shifted from extreme reliance on a single high-stakes exercise (the final examination), to ensuring evaluation of all components of training at every level.