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Expert opinion

The Edinburgh Declaration and education in psychiatry in the 21st century: a review

(H. J. Walton, [1991] *Journal of the Royal Society of Medicine*, **84**, 153–158)

Despite publication in the *Lancet* (1988), the initial impact of the Edinburgh Declaration was probably not apparent to many outside the world of academic medical education when it was first published in 1988. In particular the implication for psychiatrists involved with teaching was hardly recognised by the profession at that time. Thus, this review by Professor Walton is a timely reminder of the Declaration's importance.

The Edinburgh Declaration was formulated at the World Congress on Medical Education in August 1988, and synthesised the views of medical educators world-wide which had previously been expressed at a series of regional conferences. Supported by international bodies such as the World Health Organisation, UNICEF and UNESCO, many countries, including the UK, formally adopted the principles of the Declaration. One of the central tenets is that each patient is entitled to be seen by a doctor who is "trained as an attentive listener, a careful observer, a sensitive communicator and an effective clinician". To this end the Declaration states 12 principles which embrace the three main divisions in medical training namely, undergraduate, postgraduate and continuing medical education.

Professor Walton highlights the implications for psychiatric educators of each principle in turn. As experts in clinical interviewing, the author considers that it is the psychiatrist's responsibility to take the lead in teaching these skills not only to undergraduates but also to postgraduates in other branches of medicine. He also predicts that multiprofessional learning will be much more common than it currently is and that the location of the most teaching activity should move from the traditional hospital base into the community as clinical practice becomes less hospital-bound.

The preamble to the Declaration states that the aim of medical education is to produce doctors who will "promote the health of all . . .'. Thus as well as being aware of community resource needs and national health plans, psychiatrists must become more involved in health promotion and disease prevention than they have been to date.

Psychiatrists themselves will also need to acquire more skills and knowledge, according to Professor Walton. As well as an increased understanding of basic sciences, psychiatrists as educators in the 21st century will need to know more about education theory, curriculum design and become "facilitators of learning". These changes will be required so that psychiatry can keep abreast of the changing needs of contemporary society.

If these educational challenges are accepted by the psychiatric profession, it is clear that the educational commitment for the majority of psychiatrists, including those in training, will need to substantially increase. Not only will more time be spent as teachers/facilitators but all doctors will be on the receiving end of more educational activity. Although the main responsibility will lie with academic departments, all psychiatrists are likely to have to share some of this increased teaching burden.

How can this be realistic in the new market driven National Health Service? Education for doctors is expensive and many managers in seeking to cut costs may try to reduce funding rather than increase it. Fortunately there has been some government recognition of this risk. In July 1990 the Secretary of State for Health (then Mr Kenneth Clarke) announced major changes in the organisation of postgraduate medical and dental education in England. Included within these proposals was the important principle that the budget for postgraduate and continuing medical education should be protected and be held centrally within regions by Postgraduate Deans. Each district would contribute to this budget on an equal basis so that centres or units spending less on training would not have an advantage in terms of competitive tendering compared to those districts that spent more; the 'level playing field' concept.

Although these plans do not please everyone and do not take into account the costs of undergraduate teaching, which are dealt with separately under the service increment for teaching (SIFT) arrangements, at least some comfort can be drawn from the fact that medical education has not been completely

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forgotten by the Department of Health in an unseemly rush to introduce the Health Service reforms this April. The Edinburgh Declaration is an important statement of good educational practice which all doctors should feel able to endorse. Let us hope that our pay masters also see that this can only benefit our patients and support us in aspiring to its claims.

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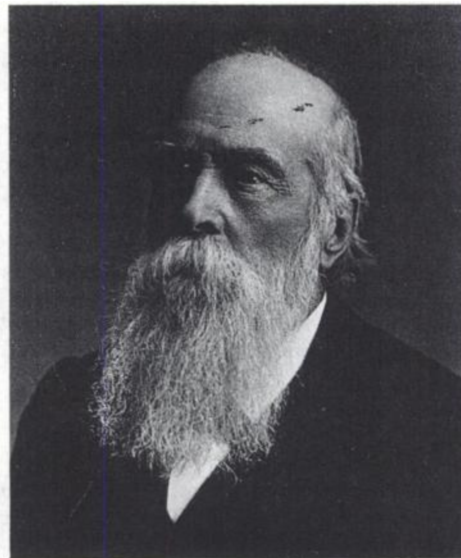
Reference

ANONYMOUS (1988) The Edinburgh Declaration. *Lancet, ii,* 464.

Henry Monro (1817–1891)
Physician to St Luke's Hospital for Lunatics, 1855–82; owner of Brooke House Asylum, Hackney; President of the Medico-Psychological Association, 1864. Last of five generations of Monros who specialised in insanity.



Sir John Charles Bucknill (1817–1897)
Medical superintendent, Devon County Lunatic Asylum, 1844–62; Lord Chancellor's Visitor in Lunacy, 1862–76; President of the Medico-Psychological Association, 1860; editor of the *Asylum Journal of Mental Science*, 1853–62; co-founder and co-editor of *Brain: A Journal of Neurology*, 1878.

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