

# A National Trainee Survey of Neuropsychiatry Training Experiences

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Survey supported by RCPsych

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# Context

- Consistent appetite from trainees to gain experience
- Increasing interrelation of neurology & psychiatry
- “Insufficient & haphazard” provision (Agrawal 2008)
- Historically few training posts (5 in 1992, Nicol)
- Restriction to larger hospitals: local schemes miss out



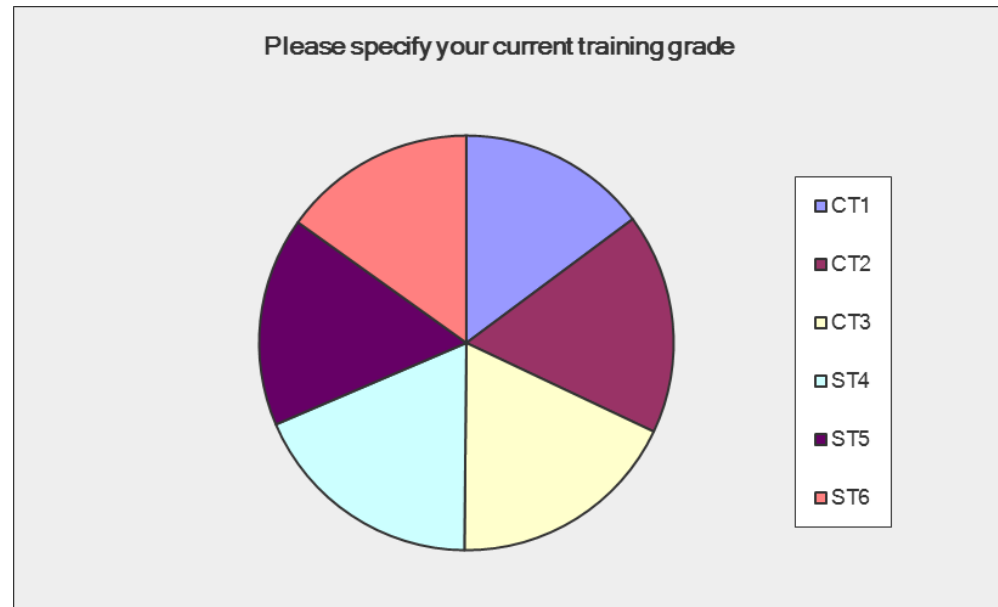
## To Establish:

- Trainees' perceptions of neuropsychiatry, and their potential desire to work in this area
- Trainees' exposure to a broad range of neuropsychiatric presentations, with particular focus on neurodevelopmental disorders in childhood
- Trainees' perceived level of formal education on neuropsychiatric illness (in MRCPsych teaching)

# Survey & Findings

- RCPsych *SurveyMonkey* - All UK trainees, anonymous
- Some replication of 2011 Neuropsych Exec survey
- ‘Live’ in January 2014 - open for 6 weeks (2x email reminders)
- 334 responses ; 58% were female

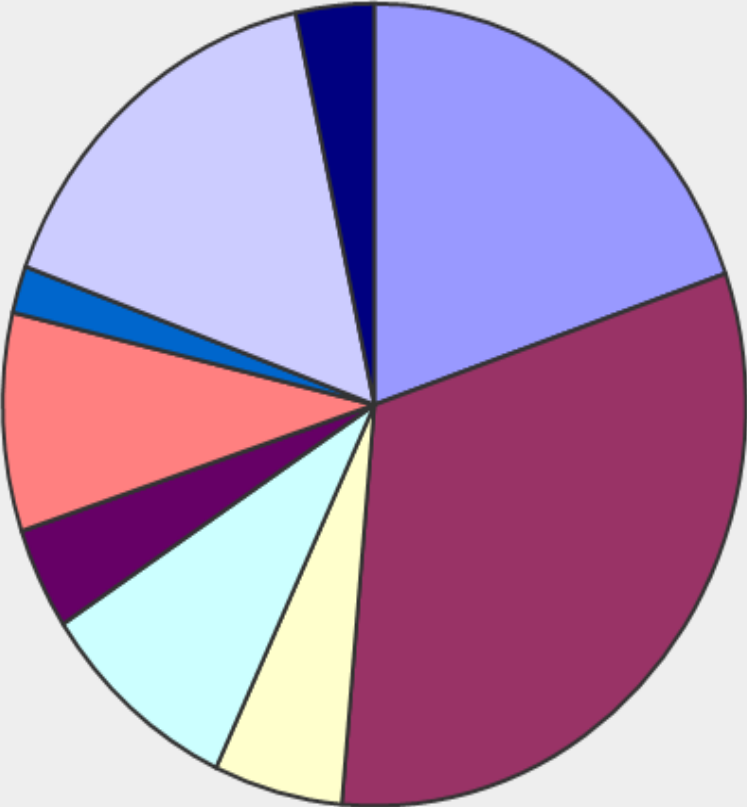
England	83%
Scotland	11%
N Ireland	3%
Wales	2%



- **74%** expressed a wish to train in neuropsychiatry
- **78%** support GMC subspecialty recognition - (89% in 2011)
- **87%** (from 91%) stated desire for clearly defined curriculum
  
- **15** working in neuropsychiatry posts
- Majority (**73%**) stated no previous clinical training experience / specialist interest sessions



Would you pursue such training in Neuropsychiatry in order to become:



- Neuropsychiatrist
- General psychiatrist with special interest in neuropsychiatry
- Learning disability psychiatrist
- Old age psychiatrist
- Forensic psychiatrist
- Liaison psychiatrist
- Substance misuse psychiatrist
- Child and adolescent psychiatrist
- Other

# % of trainees who report having had exposure to specific neuropsychiatric presentations

## Under 18 Population

Neuropsychiatric presentations of ASD or other PDD	38
Tics/Tourettes	37
Dual Diagnoses	32
Epilepsy	26
Other neuropsych sequelae of genetic synd & LD	25
Psychosomatic Symptoms (including pseudoseizures)	18
Foetal Alcohol Syndrome	14
Conversion Disorder	12
Specific Sleep Disorder	9
Delirium	8
PANDAS	8
PTSD post-ICU	7
TBI incl stroke	6
Autoimmune Encephalitis	4
Memory Disorder	3
Infective Encephalitis	3
Neurodegenerative Disorder	3
Huntington's	2

## Adult Population

Delirium	89
Memory Disorder	88
Epilepsy	77
Psychosomatic Symptoms (including pseudoseizures)	76
Traumatic Brain Injury, including stroke	75
Neurodegenerative Disorder	64
Conversion Disorder	62
Huntington's Disease	52
Other neuropsychiatric sequelae of genetic synd & LD	42
Neuropsychiatric presentations of ASD or PDD	42
Brain Tumours	42
Dual Diagnoses	41
Post Traumatic Stress disorder post-PICU/ICU adx	37
Tics / Tourette's Syndrome	36
Specific Sleep disorder	30
Infective Encephalitis	24
Autoimmune Encephalitis	19
Foetal Alcohol Syndrome	10
PANDAS	2

# % of trainees who report having received formal teaching on specific presentations

Delirium	63
Memory Disorder	59
Psychosomatic Symptoms (including pseudoseizures)	49
Conversion Disorder	48
Neurodegenerative Disorder, not in old age (eg early onset dementia)	44
Other neuropsychiatric sequelae of genetic syndromes / LD	44
Epilepsy	41
Traumatic Brain Injury, including stroke	41
Tics / Tourette's Syndrome	40
Huntington's Disease	40
Specific Sleep Disorder	38
Neuropsychiatric presentations of ASD or PDD	38
Foetal Alcohol Syndrome	32
PANDAS	28
Brain Tumours	26
Dual Diagnoses (eg Epilepsy with Autistic Spectrum Disorder or ADHD)	26
Infective Encephalitis	24
Autoimmune Encephalitis	22
PTSD post-PICU	20



# Free-text Responses

*Sense of frustration*

*Credentialling*

*Shape of Training Review*

*Training abroad*

Thank You

# Chu et al (2012)

- “significant demand for clinical training in neuropsychiatry”
- “positive introduction to the broad spectrum of neuropsychiatry” during core training
- “regional champions” and dedicated neuropsychiatry tutor for every training programme

# Oakley et al (2013)

- Major overhaul of psychiatric training
- “.... a 4-month placement in neurology becomes an integral part of core training in psychiatry, in order to consolidate clinical examination skills and provide experience in the interface between neurological & psychiatric disorders”