

VIEW POINT

The rise of super (?sub)-specialties courses in psychiatry: Is India ready for it!

N. Manjunatha, Murali Thyloth¹, T. S. Sathyanarayana Rao²

Departments of Psychiatry, ESI Post-Graduate Institute of Medical Science and Research, Rajajinagar, ¹MS Ramaiah Medical College, Bangalore, ²JSS Medical College, Mysore, Karnataka, India

The field of psychiatry is still growing;^[1] however, the phenomenal growth occurred in many areas in the field of Indian psychiatry in last decade. One of them is the increase in postgraduate seats (Diploma in Psychological Medicine (DPM)/Doctor of Medicine (MD)/Diplomate of National Board (DNB) of psychiatry to address the shortage of psychiatrists in our country. In curious latest development two medical institutes in our country started two super-specialties psychiatry courses (after branching out from department of psychiatry) in the academic year of 2011-2012 such as Doctor of Medicine (DM) (Geriatric Mental Health) at 'King George Medical University', Lucknow (http://www.kgmu.org/dept_geriatric.php) and DM (Child and Adolescent Psychiatry) at 'National Institute of Mental Health and Neurosciences' (NIMHANS), Bangalore (<http://www.nimhans.kar.nic.in/cap/default.htm>) for candidates of MD/DNB psychiatry. Other awaiting super-specialty psychiatry course is DM (Addiction Medicine) at 'National Drug Dependence Treatment Centre' of 'All India Institute of Medical Sciences', New Delhi and 'Centre for Addiction Medicine', NIMHANS, Bangalore.

DEBATE

1. In an outlook it is a welcome step, however, authors consider this rise of super-specialties in still growing field of Indian psychiatry is a debatable issue. When our country is already facing 77% average national deficit of psychiatrists,^[2] will not this step lead further shortage of general psychiatrists in India? India is currently producing 357 MD (Psychiatry) and 129 Diploma in Psychological Medicine (DPM) per year in various medical college/institutes of our country.^[3] Along with these reasons and the migration of qualified psychiatrists to developed countries, will this step be

a pragmatic one for MD psychiatry candidates to enter DM in these super-specialties?

2. Then, what is the need of having super-specialty psychiatric courses? Is there a demand for clinical service, if so, having separate clinic/unit in the psychiatry department (one of the requirement of Medical Council of India (MCI) to start MD psychiatry course) shall be sufficient. Is there a demand in research point of view, if so, developing a separate 3 years course is not justified? If the development for teaching purpose due to lack of expertise, having separate clinic/unit within department of psychiatry would suffice. Considering all above points, Indian academic psychiatry is not ready for premature branching out as 3 years DM course. It may be pragmatic to wait till required number of psychiatrists of India is available for clinical service.
3. Another important aspect of this development is the employability after their training. Authors tend to believe as not so lucrative for these super-specialties as there are already inadequate practicing general psychiatrists and inadequate teaching psychiatric faculties in medical colleges.
4. In view of public mental health, when India is struggling to provide primary care psychiatry and facing difficulty in the implementation of 'National Mental Health Program', can we afford to have these super-specialties in psychiatry which further reduces the human resources?

PROGRESS IN INDIAN MEDICAL EDUCATION WITH RESPECT TO SUPER-SPECIALTIES

Authors feel that the developing new courses with new name are becoming fashionable in the field of Indian education. Medical education of our country is not the exception

Address for correspondence: Dr. N. Manjunatha, Department of Psychiatry, MESI Post-Graduate Institute of Medical Science and Research, Rajajinagar, Bangalore - 560 010, Karnataka, India.
E-mail: manjunatha.adc@gmail.com

How to cite this article: Manjunatha N, Thyloth M, Sathyanarayana Rao TS. The rise of super (?sub)-specialties courses in psychiatry: Is India ready for it!. Indian J Psychiatry 2013;55:401-2.

Access this article online

Website:
www.indianjpsychiatry.org

DOI:
10.4103/0019-5545.120564

Quick Response Code



for this and is already developed new courses in last few decades such as DNB, DM, Magister Chirurgiae (MCh), etc., Irony in this development is having same name (i.e., 'Doctor of Medicine') for two abbreviated courses MD and DM with different hierarchy.^[4] The MD is postgraduate course called as broader specialty for MBBS candidates and DM is postdoctoral course called as super-specialty for MD and even for MBBS candidates. In the document of MCI 2015 vision, both these courses are recommended and do not have expansion for DM abbreviation.^[5]

Even prefix 'super' in the nomenclature of so called 'super-specialty medical degree' is a debatable issue. The use of prefix 'super' commonly observed in various commercial industries such as 'super-market' in retail industry, 'super-model' in fashion industry, 'super-star' in film industry, 'super-specialty hospital' in health care industry, 'super-built' area in real estate industry, etc., No industry has legal sanctity for prefix 'super'. Unfortunately, prefix 'super' is enjoying legal sanctity in medical education by both MCI and National Board of Examinations.

Probably, these courses are heading for another peak of commercialization.

SUGGESTIONS

1. Authors argue for change of nomenclature in prefix 'super' to 'sub' and prefers to call them as 'sub-specialties' rather than 'super-specialties' psychiatry as these are branching out from psychiatry with narrow area of interest.
2. Authors suggest for replacing this 3 years DM course to 1 year post-doctoral fellowship (PDF) in all desirable sub-specialization within department of psychiatry. Meanwhile, MD psychiatrists with PDF in any sub-specialty may be accommodated within department of psychiatry and encourage to pursue research career in these sub-specializations within the

department of psychiatry. This reduces the chances of branching out from parent department and ensure the availability of expertise for clinical services, teaching, as well as for research purpose. Over a period of time, faculties of department of psychiatry will have MD psychiatry with one PDF in one of these sub-specializations, so that department will have psychiatrists having different sub-specialization. If research is main issue for so called super-specialties, then Doctorate degree as Doctor of Philosophy (PhD) in these sub-specialties may be encouraged. If clinical service is reason, one year PDF may be preferable, so that 3 MD psychiatrists will have expertise training in the same 3 years. PDF or PhD shall continue in main psychiatry department rather than having separate department for these sub-specialties.

CONCLUSION

The rise of super-specialties in psychiatry looks to be boon for Indian psychiatry. It could be a bane for field of psychiatry as it is leading to premature branching out and potential danger for commercialization. Author strongly suggest for change of nomenclature from super-specialty to sub-specialty. India is not ready for 3 year super-specialization academic degree out of parent department of psychiatry, instead, authors suggest for 1 year PDF in all desirable sub-specialties within department of psychiatry.

REFERENCES

1. Das M, Gupta N, Dutta K. Psychiatric training in India. *Psychiatr Bull* 2002;26:70-2.
2. Thirunavukarasu M, Thirunavukarasu P. Training and National deficit of psychiatrists in India - A critical analysis. *Indian J Psychiatry* 2010;52:S83-8.
3. Available from: <http://www.mciindia.org/InformationDesk/CollegesCoursesSearch.aspx> [Last accessed on 2013 Jan 29].
4. Manjunatha N. What's in a name? Anomalies in medical degrees. *Indian J Med Ethics* 2013;10:71-2.
5. Available from: http://www.mciindia.org/tools/announcement/MCI_booklet.pdf [Last accessed on 2013 Jan 29].

"Quick Response Code" link for full text articles

The journal issue has a unique new feature for reaching to the journal's website without typing a single letter. Each article on its first page has a "Quick Response Code". Using any mobile or other hand-held device with camera and GPRS/other internet source, one can reach to the full text of that particular article on the journal's website. Start a QR-code reading software (see list of free applications from <http://tinyurl.com/yzlh2tc>) and point the camera to the QR-code printed in the journal. It will automatically take you to the HTML full text of that article. One can also use a desktop or laptop with web camera for similar functionality. See <http://tinyurl.com/2bw7fn3> or <http://tinyurl.com/3ysr3me> for the free applications.