

**GUIDELINES FOR PSYCHOTHERAPY TRAINING AS PART OF
SPECIALIST PSYCHIATRIC TRAINING OF THE HONG KONG COLLEGE
OF PSYCHIATRIST**

**Prepared by the Psychotherapy Training and Development Group on behalf of
Education Committee, the Hong Kong College of Psychiatrists
(SECOND EDITION; Oct 2015)**

A. Objectives

With the advent of community psychiatry and the provision of psychiatric care by primary care physicians, psychiatrists are faced with the daunting task of taking care of patients with increasingly complex needs. Most patients with relatively uncomplicated Axis 1 disorder are now being taken care of by primary care physicians, which is made more feasible with the introduction of new antidepressants and anxiolytic medications with relatively safe pharmacological and side effect profiles. With the current emphasis on patient's choice and autonomy, there is also a concomitant demand from the patients for the provision of evidence-based psychotherapy, either as an adjunct to pharmacological treatment, or as a stand-alone intervention for psychiatric disorders. There is therefore a pressing need that a general psychiatrist should possess an adequate level of skills in psychotherapy, so that a general psychiatrist can provide basic psychotherapy to his or her patients with competence and evaluate the needs of individual patients for referral to more expert psychotherapy services.

The following recommendations are divided into two main scopes. The first scope provides details on the basic requirement for psychotherapy for psychiatric trainees before their attainment of a specialist status in psychiatry (see section B). In order to meet the requirements, each cluster is expected to set up a basic psychotherapy training station to facilitate such training for all trainees (section C). The second scope of the recommendation also laid down the framework and requirement for the establishment of a psychotherapy team as a sub-specialty (section E). The working group believes that a psychiatrist with special interest in psychotherapy can play a pivotal role in the delivery of psychotherapy for patients suffering from complex disorders and in the provision of training and supervision of other mental health professionals providing psychotherapy for patients with less complex problems. A psychotherapy team in each cluster serves this purpose. It is envisaged that a psychotherapy team should be a centre for the provision of psychotherapy training

and supervision to psychiatric trainees, primary care physicians and other mental health professionals, as well as for the delivery of quality psychotherapy services to patients suffering from complex disorders. Through the grooming of junior and senior trainees in psychotherapy, it is envisaged that there will be a steady supply of psychiatrists with special interest in psychotherapy, as well as psychotherapy trainers (see section D) for continuous provision of basic psychotherapy training to all trainees before their qualification as a specialist in psychiatry.

B. Basic Requirement for Psychotherapy Training for trainees

All junior trainees should have an adequate exposure and supervised experience in psychotherapy with the following basic requirements in order to be eligible to take the FHKCPsych Fellowship Examination. The main purpose of the basic training is to enhance their interview skills, heighten their emotional awareness of therapeutic relationship, and to be able to deliver basic psychological interventions for patients with relatively less complex disorders, as well as to be able to refer appropriately for patients with complex needs to expert psychotherapy care.

1. Attend a minimum of 30 case based discussion group sessions before applying Part III fellowship examination. Each case-based discussion should be led by a psychotherapy trainer or his/her delegated psychotherapy supervisor. In the case-based discussion, trainees are expected to take up an active role of presenting patients that they encounter in daily practice with diagnostic and management issues. The patients identified for discussion can be patients currently receiving psychotherapy under supervision or patients encountered during daily in-patient or out-patient services. Issues raised up would be considered as of benefit to the patients and the trainees alike, when being viewed from a psychological perspective. Peer supervision of cases under psychotherapy is also accepted as an alternative form of case-based discussion. The trainees are expected to record their attendance of such activity in each training centre on a training log of case-based discussions, certified by a psychotherapy trainer of the centre. Training log sheet is available on College website since July 2014.. The psychotherapy trainer should also keep a separate record of the attendances for audit purpose.
2. Undertake at least two psychotherapy cases, preferably in two modalities, before applying for the Part III Fellowship Examination. One should be short-term individual case of at least 10 sessions with duration of up to six months and another should be a long-term individual case (at least 25 sessions with a duration

of at least twelve months). It is expected that the patient selected for short-term psychotherapy suffers from relatively simple Axis-1 disorder while the one for long-term psychotherapy suffers from psychiatric disorders with complex needs. The trainees are strongly advised to seek support from their psychotherapy trainers or the delegated psychotherapy supervisors to identify suitable patients for psychotherapy. Upon completion of the case or the recommendation of the psychotherapy trainer, a case report of not less than 2000 words should be submitted to the psychotherapy trainer for approval and endorsement (see appendix 1 for a short-case CBT sample). After completion of the short-term and long-term psychotherapy cases, the trainer would then complete a rating form for each case, stating that the trainee has fulfilled the requirement before applying for taking part 3 exam (see appendix 2 for the rating form)

3. Some experience in group, couple or family therapy is preferred in addition to individual psychotherapy.

C. Basic Psychotherapy Training Station Accreditation requirement

In order to provide the above basic psychotherapy training for all psychiatric trainees during their fellowship training, each cluster should establish its own basic psychotherapy training station.

1. A basic psychotherapy training station might be fully accredited by the college if the following requirements are met: For a basic psychotherapy training station to be accredited, the training centre should have at least one psychotherapy trainer (see below for accreditation criteria for a psychotherapy trainer). Psychotherapy trainer in a basic psychotherapy training station will focus on the provision of the basic requirements. In any cluster where there is more than one psychotherapy trainer, a psychotherapy trainer-in-charge will be nominated among the psychotherapy trainers in the cluster in taking care of the overall coordination and planning of the psychotherapy training and service development in the respective cluster.
2. It is recognized that a psychotherapy trainer might be an expert in one modality of psychotherapy. In order to maximize the learning experience of the psychiatric trainees, professionals with expertise in various modalities of psychotherapy should also be recruited in the provision of various psychotherapy training to the trainees. The psychotherapy trainer-in-charge in the cluster (or

the psychotherapy trainer if there is only one trainer in the cluster) can appoint psychotherapy supervisors (who could be fellows, non-psychiatric specialists, clinical psychologists, medical social workers, nurses or related health professionals working in HA, university or private healthcare settings) providing direct supervision to trainees. In other words, the psychotherapy trainers might delegate the supervisory duties to other professionals e.g., clinical psychologist, medical social workers, family physician, etc. if appropriate. If supervision is provided by delegated psychotherapy supervisors, trainee's psychotherapy experience and case reports should be evaluated by the psychotherapy supervisor, then verified and counter-signed by the respective psychotherapy trainers/trainer-in-charge. The appointment of psychotherapy supervisors by the psychotherapy trainer-in-charge/trainer is based on the supervisors' psychotherapy skills, training and supervisory experience. However, the clinical governance of the trainees undertaking psychotherapy and of the psychotherapy supervisors' quality assurance still falls within the responsibility of psychotherapy trainer/trainer-in-charge. A psychotherapy supervisor will be appointed for a period of three years, subject to further renewal as deemed appropriate by the psychotherapy trainer-in-charge. The Chief of Service or coordinating tutor of each cluster may work with the respective psychotherapy trainer-in-charge/trainer in the appointment of these psychotherapy supervisors with due recognition of the supervisors' contribution to psychotherapy training of psychiatrists in the department. Psychiatrists from private sector may be appointed as psychotherapy supervisors in Hospital Authority psychiatric services. However college trainers in psychotherapy generally need to work full-time in Hospital Authority.

3. A supervisor/trainer shall only supervise trainees on psychotherapy in a school consistent with his/her own training and his/her own personal supervision experience. For examples, a CBT supervisor/trainer should not deliver supervision to trainees on psychodynamic therapy, or vice versa.
4. Structured programme in psychotherapy training for knowledge acquisition, skills development and experience accumulation should be available for the trainees at least once every month. Such program should preferably include didactic lectures, seminars, video teaching, role-plays, and live demonstrations.
5. Protected time for trainees to do psychotherapy and for trainers/supervisors to

provide supervision should be available. Collaboration among other psychiatric trainers and the psychotherapy trainer(s) in each cluster is necessary to ensure the smooth running of the training program.

6. Trainees should log their experience in psychotherapy training and the Basic Psychotherapy Training Station should have a record of trainees who undergoes psychotherapy training.
7. Trainees are expected to write up reports on their cases under supervised training and such report should be properly evaluated and signed by the respective psychotherapy trainer /trainer-in-charge. They are advised to keep a copy for verification and audit purpose.

D. Criteria for accreditation as a Psychotherapy Trainer

The field of psychotherapy is characterized by its diversity and variation. The major schools of psychotherapy include, among others, psychodynamic psychotherapies, behavioral therapy, cognitive behavioral therapy, interpersonal psychotherapy, group therapies, family and couple therapies. In developing psychotherapy training, diversity in approaches or schools is, to a certain extent, recommended for the benefit of exposure and widening of knowledge for psychiatric trainees. On the other hand, the ability of supervisors to offer in-depth training in a specific school is also highly valued.

To be recognized as a psychotherapy trainer, a person will have to fulfill the following criteria. These criteria are divided into two parts:

1. training in one of the major schools of psychotherapy
2. training or experience in supervising others in performing psychotherapy

Criteria 1: training in the practice of at least one form of well-established psychotherapy. The person has to:

- ✓ Complete with satisfactory results, systematic training organized by well recognized trainers or training institutions in the respective field.
- ✓ The training should not be limited to theoretical knowledge only, but also include practice in clinical settings with real clinical cases, under supervision by qualified trainers or well-regarded practitioners in the

particular form of psychotherapy concerned.

- ✓ Achieved the standard equivalent to the practitioner level as certified or recommended by the respective trainers in the relevant institutions.

Criteria 2: training or experience in supervision

- ✓ Received training in the supervision of psychotherapy by well recognized trainers or training institutions, including psychotherapy trainers in a basic psychotherapy training station or a psychotherapy team recognized by the Hong Kong College of Psychiatrists.
- ✓ 2 years' experience is recommended.
- ✓ Appointment at a substantive rank of associate consultant or above
- ✓ Being eligible to become a psychiatric trainer in the HK College of Psychiatrists.

The appointment of a psychotherapy trainer is locality specific, meaning that a psychotherapy trainer having transferred from one training centre to another training centre in a different cluster will be required to apply for new appointment in the new cluster.

Psychotherapy trainers in each cluster are expected to attend the Psychotherapy Development and Training Group to discuss and align the psychotherapy training practices in different clusters, as well as to plan for strategic development of psychotherapy services in psychiatry in Hong Kong.

E. Interim accreditation of psychotherapy training centre

In training centres where no psychotherapy trainer has been accredited or the current psychotherapy trainer has left or retired, the tutor of the training centre should work with the Chief of Service to apply to the college for interim accreditation. Before formal accreditation and appointment of psychotherapy trainers by the Education Committee, the following interim measures will apply:

1. The Chief of Service of the training centre should appoint a current psychiatric trainer to act as deputizing psychotherapy coordinator for monitoring and quality assurance of supervision provided by other psychotherapy supervisors (defined in section C2) in the centre. The deputizing psychotherapy coordinator is also expected to be in attendance of the regular meetings of the Psychotherapy Training and Development Group, so as to remain updated about the current changes in the psychotherapy training requirements and the

alignment of psychotherapy practices across different clusters.

2. The Psychotherapy Training and Development Group will assist in maintaining the training standard of 'interim psychotherapy training' for the centre and facilitate the process of eventual accreditation of the centre as a basic psychotherapy training station.
3. The deputizing psychotherapy coordinator would submit the records on psychotherapy training activities (seminars and case-based discussions) to the Education Committee on a half-yearly basis
4. The psychotherapy case reports submitted by the trainees will be approved by the psychotherapy supervisors. The deputizing psychotherapy coordinator will forward the approved case reports to Education Committee for review, feedback and endorsement. The Chair of Education Committee will then decide whether the case reports will need to be evaluated by the Psychotherapy Development and Training Group, if the deputizing psychotherapy coordinator has not already sent the case reports to the captioned group for optional evaluation.

As the solid psychotherapeutic skills are considered as core competency skills for psychiatrists, interim accreditation would be reviewed by the Education Committee annually. The above interim support and arrangement will cease once a psychotherapy trainer has been formally accredited and appointed by the Education Committee. If the training centre plans to apply for the extension of interim accreditation, the deputizing psychotherapy coordinator will need to offer justification and provide progress for training/recruitment of qualified psychotherapy trainer(s) to the Education Committee. The interim psychotherapy accreditation should cease by the next cycle of territory-wide college accreditation exercise.

F. In case that an accredited psychotherapy trainer is transferred from one psychotherapy training station to another station (due to job rotation or lateral transfer to another cluster or promotion), the Chief of Service of the receiving end should write to the Education Committee for re-appointment of the psychotherapy trainers' status in the new workplace. The Chief of Service should also provide updates on the list of responsibilities and duties of the psychotherapy trainers in relation to psychotherapy training and service in the cluster. For training centres with the sub-specialty of psychotherapy team, the usual procedures for renewal of trainers' status also apply.

G. Accreditation of Psychotherapy Team as a sub-specialty

In the long term, each basic psychotherapy training station should endeavor to develop the subspecialty of psychotherapy team with the necessary staff and resources, i.e., full time psychotherapy trainer and full time psychotherapy training posts.

To be accredited as the subspecialty of psychotherapy team, the centre should fulfill the following requirements:

- Be an accredited basic psychotherapy training station
- There should be at least one psychotherapy trainer working full time or at least half time (i.e. $\geq 50\%$) in psychotherapy activities
- Each psychotherapy trainer in a psychotherapy team should take at most 2 full-time trainees in psychotherapy or equivalent.
- For a trainee post to be accredited as a psychotherapy subspecialty training post, at least 50% of the training time should be devoted to psychotherapy.

H. Training of future psychiatrists to become psychotherapy trainers

Each training centre should endeavor to facilitate the setting up of a Psychotherapy Team as a sub-specialty, as this is the most reliable pathway for training up a steady pool of local psychiatrists competent in conducting psychotherapy. The Trainer of the Psychotherapy Sub-specialty Team should work with Chief of Service in respective clusters in the development and organization of psychotherapy service and psychotherapy training for psychiatrists and other professionals. It is anticipated that a well-developed psychotherapy team will nurture a steady pool of psychiatrists with special expertise in psychotherapy and with the potential to become psychotherapy supervisors/trainers in respective clusters.

It is also recognized that some psychiatrists may be interested to attend certain overseas and local courses in psychotherapy training, with an aim of becoming a psychotherapy trainer/supervisor in the long term. It is recommended that the interested psychiatrists should discuss with the psychotherapy trainer-in-charge and Chief of Service on the quality and appropriateness of the training courses in mind. Education Committee can be consulted through the psychotherapy trainer-in-charge or the Chief of Service on the quality and appropriateness of the psychotherapy training courses in mind. However, the ultimate decision of sponsoring a doctor for attending overseas or local training courses in psychotherapy training will rest with the own hospital management. The endorsement by the Education Committee does

not imply that attending a particular local or overseas training course is a pre-requisite or a guarantee of appointment as a psychotherapy trainer.

H. Final Comments

Psychiatry is a medical specialty that provides treatment for a range of brain disorders with contributing biological, psychological and social factors. A psychiatrist should possess distinguished expertise in all-rounded biological understanding in physical and brain disorders, solid background in pharmacology, as well as knowledge in psychological and social origins of diseases. Psychotherapy, as a well-developed evidence-based treatment intervention, should be actively developed as a core competency skill of all psychiatrists in Hong Kong.

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