Advances in Psychiatry Training and Faculty Development in India*

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ABSTRACT

Background: This review examines the historical developments, current state of training, existing challenges, and opportunities for undergraduate, postgraduate, and super specialty psychiatry education in India.

Methods: For this narrative review, we examined information from the published literature, along with key documents from the Indian Psychiatric Society, the National Medical Commission, and other relevant sources.

Conclusions: In India, psychiatry training has seen significant advancements since independence, particularly in the past decade, driven by the recommendations of the Indian Psychiatric Society and the introduction of competency-based medical education by the National Medical Commission. This transformation has redefined undergraduate and postgraduate training across all medical disciplines, including psychiatry. The shift has moved away from traditional, time-bound frameworks toward a focus on acquiring specific competencies essential for effective clinical practice. This approach ensures that trainees gain theoretical knowledge and develop practical skills and professional attitudes crucial for patient care. However, a major challenge highlighted in this review is the transition of senior residents to faculty roles without adequate training in teaching, research, academia, and leadership. Despite this, they are expected to excel in these areas upon assuming faculty positions. To address this gap, we emphasize the urgent need for a comprehensive faculty development program for early career faculty. Our proposed initiative aims to bridge these gaps and support the development of future leaders and educators in psychiatry. The recommendations outlined in this review seek to create a robust educational environment that will cultivate the next generation of psychiatrists in India.

Keywords: Competency based medical education, faculty development program, India, post graduate training, psychiatry training, teaching & learning, undergraduate training

India faces a significant morbidity and burden of disease related to mental illness. The National Mental Health Survey (NMHS) 2015–2016 highlighted a 13.7% lifetime prevalence and a 10.6% current prevalence of mental illness, with an 83% treatment gap.[1,2] The available human resources are insufficient to address this burden, as the country lacks an adequate number of trained medical professionals skilled in effectively screening, diagnosing, and treating mental disorders. Implementing structured and comprehensive training in both undergraduate and postgraduate medical education can enhance the availability, accessibility, and quality of mental health care, reduce the stigma associated with mental illness, and ensure better integration of mental health services into primary health care.

In India, 706 medical colleges produce one lakh plus doctors/year. Among them, 250 medical colleges teach postgraduate psychiatry, with 1300 residents passing out yearly. There has been an increase in psychiatry residency seats across the country. However, there are only 6000 psychiatry teachers (**Figure 1**). Psychiatry training has undergone substantial

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transformations over the past decade, and several key developments have shaped the landscape of it.[3] However, multiple gaps must be addressed to improve the quality of psychiatry training.[4] This paper explores the significant changes, the current scenario, the challenges faced, and future goals for leaders and educators in the field.

The primary objective of psychiatric education is to equip medical professionals with the knowledge, skills, and attitudes necessary to understand, diagnose, and treat mental health disorders. This education is crucial in fostering a holistic approach to patient care, where mental health is given equal importance as physical health. Psychiatry education also aims to reduce the stigma associated with mental illness and to promote mental well-being within the broader community. By cultivating a deep understanding of mental health, psychiatric education prepares future physicians to address the complexities of human behavior, emotions, and thought processes, ultimately contributing to better patient outcomes and public health.

Purpose of Review

This review examines the historical developments, current state of training, existing challenges, and opportunities for undergraduate, postgraduate, and super specialty psychiatry education in India.

Collection and Analysis of Data

For this narrative review, we examined information from the published literature, along with key documents from the Indian Psychiatric Society, the National Medical Commission, and other relevant sources.

History of Psychiatry Training in India

The history of formal psychiatry training in India dates to pre-independence. Moore–Taylor incorporated the suggestion regarding postgraduate training for specialists in psychiatry in the Bhore Committee (1944) report for health reform, which became the basis for post-independence planning. Dr. LP Varma was the first person in India to be awarded an MD in psychiatry from Patna University. Between 1947 and 1967, six institutes offered the course, and 14 residents from India and 100 from abroad were trained as psychiatrists. Indian Psychiatric Society (IPS), founded in 1947, formed a Committee on Postgraduate Psychiatry Education in 1965 to recommend guidelines for enhancing training centers.

Institutions of National Importance (INIs), such as the National Institute of Mental Health and Neurosciences (NIMHANS), have been pivotal in advancing psychiatric education in India.[5] These institutions serve as centers of excellence, offering high-quality training and research opportunities. However, their reach is limited, and there is a need to expand their influence to other parts of the country through collaborations and tele-training initiatives. The IPS proposed formal training guidelines in 2002, which were later updated in 2013.

Summary of Recommendations of IPS 2002 and 2013 Guidelines

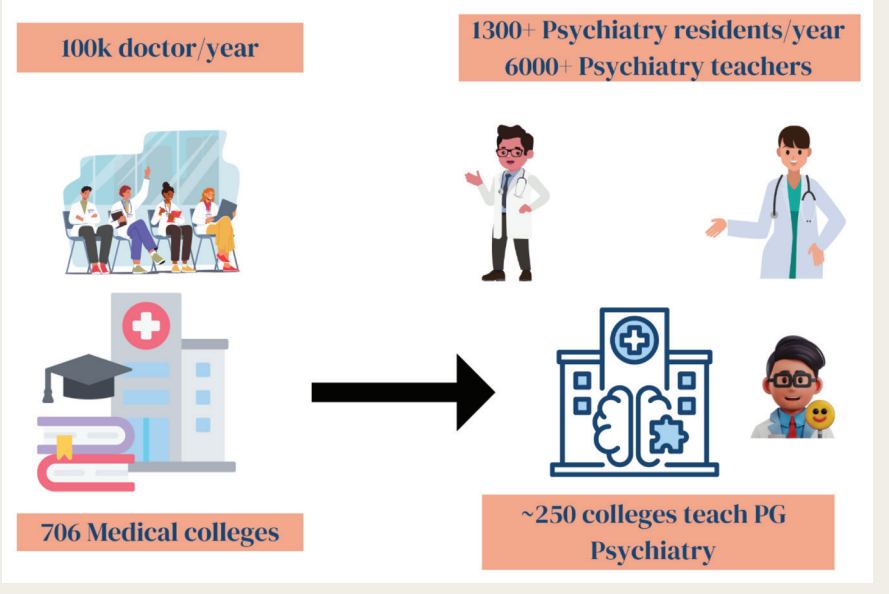
The document guided postgraduate teaching medical institutions and the Medical Council of India (MCI) in various domains of PG training. These include a structured curriculum, skill-based student-led learning, holistic problem- and patient-oriented teaching, periodic training of the teachers, liaising with other departments, advocacy, and policymaking in collaboration with MCI.[6,7] Recommendations also emphasize focusing on competencies, problem-based learning, critical thinking, individual supervision and mentoring, logbooks, ethics, dissertations, and research as a part of PG training. The philosophy of the current CBME resonates with these recommendations. At a departmental level, regular audits are recommended for the training program

Competency-Based Medical Education

There has been a significant change in medical education in the past decade after the introduction of the National Medical Commission- Competency-based Medical Education (CBME). These guidelines were released by the NMC and gazetted by the Government of India in November 2019. CBME is considered a paradigm shift in medical education from a knowledge-oriented approach to a skill-based, learner and patient-centric, and outcome-oriented one.[8] The teaching–learning methods focus on clinical and skill-based approaches. Assessments are diversified,

FIGURE 1.

Overview of Medical Colleges, Students, and Postgraduate Training in India.



multisource, objective, and observation-based.[9] Formative assessment has been given greater importance than in the past. There are standardized frameworks to measure performance across competencies. Training undergraduate students in psychiatry is expected to reduce the treatment gap for mental illness.[10] The Curriculum Implementation Support Programme is being implemented nationwide through workshops to train teachers in implementing CBME.[11]

Training in INIs

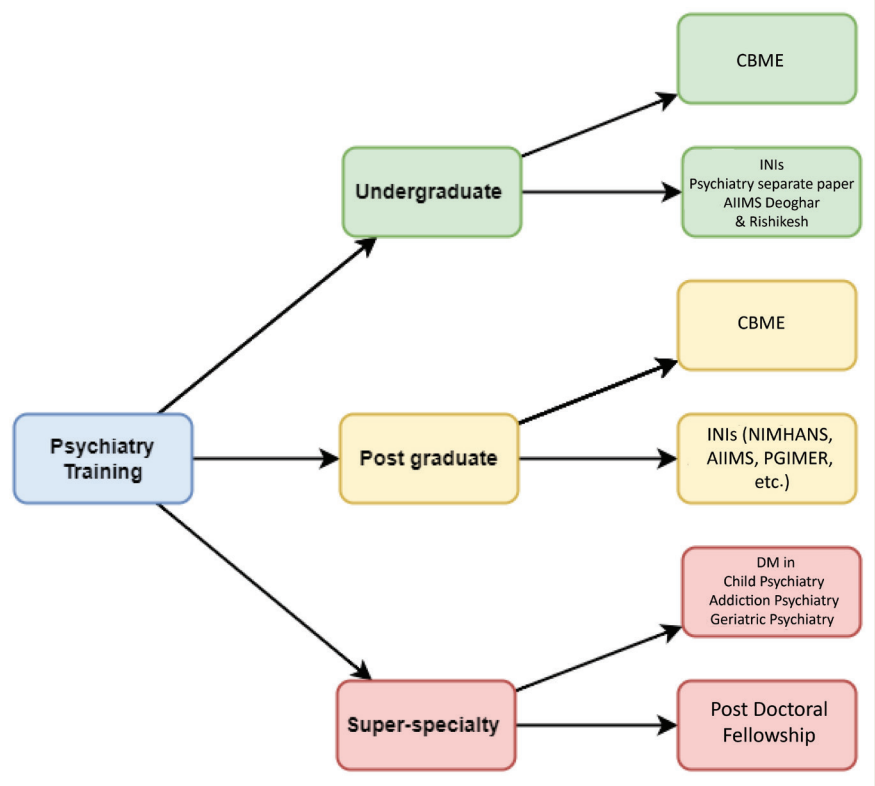
The Institute of National Importance (INI), including the National Institute of Mental Health and Neurosciences (NIMHANS), Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh, All India Institute of Medical Sciences (AIIMS) New Delhi, JIPMER Pondicherry, and other newer AIIMS (20+), has an institutional curriculum for undergraduate, postgraduate, and subspeciality courses.

The Mysore State Mental Hospital, Bangalore, was built in 1936. In 1953, it was renamed the All-India Institute of Mental Health, now the National Institute of Mental Health and Neuro Sciences (NIMHANS). It now houses the Department of Psychiatry at NIMHANS. Postgraduate training in psychiatry began in 1955, and the institute played a seminal role in education. There was a longstanding emphasis on high-standard mental health care and scientific training.[5] This focus, established in the early part of the last century, continues to be a cornerstone of the institution's mission today. More than 1200 clinical psychiatrists have been trained here.

NIMHANS has a rigorous academic training curriculum. Teaching sessions include various teaching formats, such as case presentations, academic seminars, journal clubs, objective structured clinical examination training, debates, faculty presentations, and psychotherapy supervision.[12] In addition, trainees undergo formative and summative assessments and feedback in the form of ongoing 360° assessments every six months and exam-based formal evaluations every six months. NIMHANS also has postdoctoral fellowship and DM courses in various subspecialties of psychiatry, notably addiction psychiatry, child psychiatry, and geriatric psychiatry.[13] An overview of the psychiatry training is depicted in **Figure 2**.

FIGURE 2.

Overview of Curriculum at Various Levels of Psychiatry Training in India. CBME: Competency-Based Medical Education; INI: Institute of National Importance; AIIMS: All India Institute of Medical Sciences; PGIMER: Postgraduate Institute of Medical Education and Research; NIMHANS: National Institute of Mental Health and Neurosciences; DM: Doctorate in Medicine.



Preparing Psychiatrists for the Coming Decades

As the role of psychiatrists expands beyond traditional clinical care, there is a growing need to prepare them for diverse roles in education, research, administration, and public health. The psychiatrist for the coming decades must be equipped to address the complex mental health challenges of a rapidly changing world, including the rising incidence of mental health disorders, the impact of technology on mental well-being, and the need for integrated care models.

To achieve this, psychiatric education must emphasize the development of leadership and management skills in addition to clinical competencies. Training programs should incorporate modules on health policy, ethics, and the social determinants of mental health, enabling psychiatrists to take on roles as educators, mentors, and administrators. By fostering a culture of continuous learning and professional development, India can cultivate a new generation of psychiatrists who are well-prepared to meet the demands of modern health care and contribute meaningfully to the nation's mental health landscape.

Undergraduate (UG) Training

MBBS doctors are vital to primary health care across various specialties and disorders. However, the current level of undergraduate training must be elevated to bridge the existing treatment gap.

Historically, psychiatry has been minimally included in MBBS curricula, with only about 20 hours of lectures and limited clinical exposure, varying significantly across institutions. The undergraduate psychiatry curriculum typically focuses on common conditions encountered in general practice, guided by current epidemiological and medical practice evidence. Consequently, disorders like substance use and mood disorders receive more emphasis, while less common conditions, such as psychotic disorders, dementia, developmental disorders, and disorders of appetite and sleep, are underrepresented. This approach subtly perpetuates a problematic dichotomy between physical and mental disorders, further evidenced by the inadequate integration of mental health into the undergraduate curriculum. Therefore, more attention should be paid to training UG students in psychiatry.[14]

The extensive reach of India's medical education system profoundly impacts public health, highlighting the need for quality enhancements. These include goal-oriented curriculum updates, innovative digital teaching methods, early clinical exposure, a streamlined MBBS duration, problem-based learning, course structure adjustments, updated content, revised assessment strategies, and structured internships.[15] Additionally, there is a growing need for expertise in algorithmic pharmacotherapy and brief counseling, which aligns with emerging care models.[16]

Changes in UG Training After CBME

Medical education in India is experiencing a significant transformation with the implementation of competency-based medical education (CBME) by the National Medical Commission. The CBME approach ensures that medical graduates develop the necessary competencies to meet the health needs of patients and society. This outcome-based method shifts the focus from traditional knowledge-based training to skill-based training, emphasizing attitudes, ethics, and communication competencies.[3] The goal is to produce medical professionals who can provide holistic and compassionate care, aligning with global trends. CBME presents an opportunity to raise awareness and interest among learners about the science and scope of psychiatry.

However, the successful implementation of CBME faces several challenges that must be identified and addressed promptly. A core principle of CBME is to continue training until the required competencies are achieved, moving away from a time-based learning model. Applicable from the academic year 2019-2020, the undergraduate CBME focuses on core competencies, which include learning domains of cognitive (knowledge), affective (attitudes, values), and psychomotor (skills). For example, I need to know the mechanism of electroconvulsive therapy, have a professional attitude toward patients by respecting their rights according to the Mental Health Care Act 2017, and have the skills to give ECT under supervision. CBME also specifies the expected level of learning for each competency, such as knows, knows how, shows, shows how, and does (performs). While psychiatry is considered a core subject for competency, training, and assessment, the final summative assessment is part of medicine (see **Table 1**).[9] The Indian Psychiatry Society's UG Training Committee developed guidelines and a manual for implementing the curriculum, focusing on Specific Learning Objectives (SLOs), lecture plans, and Assessment methods. Two institutes in India, AIIMS Rishikesh and AIIMS Deoghar, have separate papers for psychiatry in MBBS, and the assessment marks have been added to medicine.[17] It is noteworthy that AIIMS-Rishikesh formulated a curriculum encompassing approximately 45 hours of theoretical instruction and about four weeks of clinical skills training in psychiatry after deliberating the same in a national-level workshop that included key stakeholders from the Indian Psychiatric Society.[17]

While the Competency-Based Medical Education (CBME) curriculum mandates 40 hours of theoretical sessions and 6 weeks of clinical exposure in psychiatry, it is noteworthy that psychiatry is not a mandatory component for the licensing examination at any stage of the MBBS program. Therefore, if we were to evaluate CBME critically, it would not mandate any competency related to psychiatry for the completion of the course, which would bring down the seriousness of the subject. Additionally, it needs to be made clear how much the formative assessment contributes to internal assessment from Psychiatry. The time gap between psychiatry teaching and the final assessment is greater than one year, impacting the learning process. Though CBME highlights the importance of the shift from knowledge to skills, at least in psychiatry, most competencies are knowledge-based rather than skill-based. The competencies are microcapsules of the specialist concepts, perspectives, diagnoses, and management approaches set in tertiary care facilities. Therefore, the opportunity to train basic medical doctors in recognizing and managing clinical presentations commonly seen in primary and secondary care has been lost.[8,9]

Postgraduate (PG) Training

The primary objective of the MD course in Psychiatry is to develop clinicians who

TABLE 1.

Overview of Undergraduate Training, Assessment, and Internship by the National Medical Commission (NMC).

Component of Psychiatry Training	Quantity/ Division
Competencies in psychiatry	117
Topics	19
Competencies for horizontal and vertical integration with 9 specialties	45
Total postings	1 month (divided across semesters)
Total hours of teaching	40 hours, 1/3rd theory lectures and 2/3rd various other method of teaching
Assessment as a part of medicine (Dermatology + Psychiatry + Pulmonology)	50 marks
Internship	2 weeks (mandatory) + 2 weeks (Optional)

can diagnose and treat psychiatric disorders, implement preventive and curative measures at all levels of health care, and qualify as consultants and educators in the field. Postgraduate education aims to create specialists capable of delivering high-quality health care and contributing to scientific advancement through research and training. Additionally, postgraduate students should acquire essential teaching skills for instructing medical and paramedical students.[18]

Postgraduate psychiatry training in India is undergoing significant scrutiny and reform, driven by the need to increase seats and enhance training quality. Historically, the Indian Psychiatric Society has made efforts to develop comprehensive syllabi, including recommendations from an expert committee led by Prof. Mohan Isaac and Prof. Pratima Murthy. The core principles of this expert committee focused on Competency-Based training, a holistic problem-based approach, integrated learning, and continuous evaluation.[7] NMC, like undergraduate training, emphasizes CBME in postgraduate training. At the end of psychiatry residency, they are expected to have adequate skills to be a clinician, researcher, and teacher (**Figure 3**). Teaching methods and assessment methods have been fixed and documented in a structured manner. INIs have a different curriculum than CBMEs. The revised curriculum emphasizes the training of psychiatrists in ethical, evidence-based diagnosis and treatment, effective communication, teaching skills, and competencies in research and epidemiology. It covers a broad spectrum of psychiatric knowledge, including child development, delirium, dementia, sleep disorders, and gender identity issues. Practical skills such as performing modified electroconvulsive therapy are compulsory, and rotational postings in subspecialties are specified to provide a comprehensive clinical experience over 36 months. Some innovative models have targeted these shortcomings through peer-led virtual learning networks that optimize the best teaching from across many centers.[19]

The three years of MD in Psychiatry training is divided into the following postings:

- Area/specialty ward and outpatient department (OPD; concurrent): 18 months
- Neurology: 2 months
- Emergency medicine/internal medicine: 1 month
- Consultation liaison psychiatry: 3 months
- Psychiatric hospital and forensic psychiatry: 1 month
- Clinical psychology: 1 month
- Addiction psychiatry: 3 months
- Child and adolescent psychiatry: 3 months
- Community psychiatry: 2 months
- Elective posting: 2 months (as per choice in the same institute).
- Special emphasis is on GHPU training; the residents must complete 100 hours of supervised psychological interventions.

Effective planning and thoughtful adjustments in faculty eligibility criteria are crucial for successfully implementing these reforms, which aim to elevate the quality of psychiatry training in India. While the objectives of Competency-Based Medical Education (CBME) are commendable, addressing various challenges is essential for its successful nationwide adoption.

Critical Challenges in PG Training

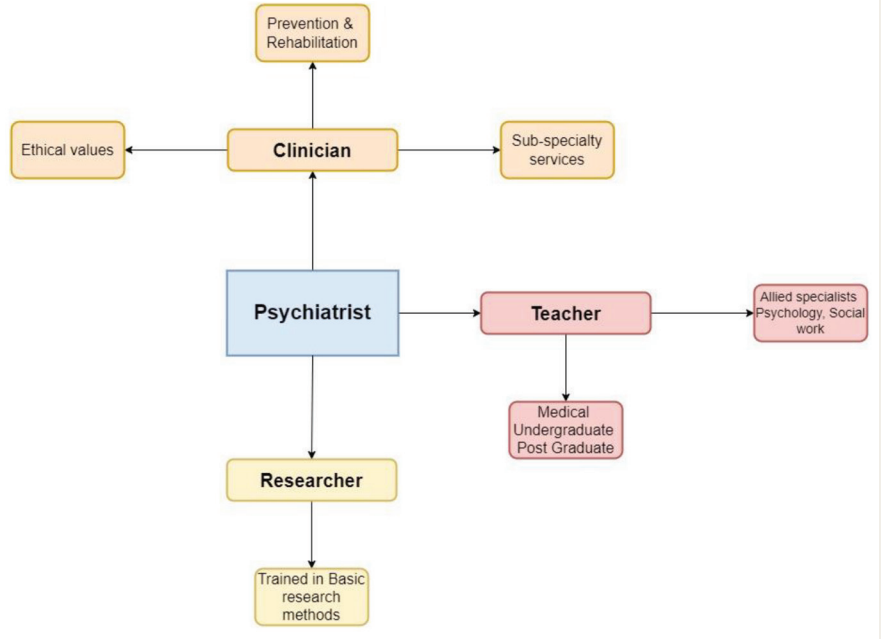
Research demonstrated wide variations in training across the country, with an extensive survey highlighting that more than one-third of respondents reported a poor quality of training.[20] There are challenges at policy, institutional, and individual levels.

Policy level:

- Mandatory faculty requirements in psychiatry departments need to be revised to meet the extensive teaching and clinical duties expected from educators. Implementing these recommendations may only improve by increasing the required faculty members, reducing their impact to mere formalities.
- There is a lack of uniformity across institutions. While the apex institutes offer robust training programs, others need more highly structured teaching. Training disparities exist between General Hospital Psychiatry Units (GHPUs) and mental hospital-based centers. The former gets more exposure to common mental illnesses and the latter to severe mental illnesses.
- Teacher training and availability further complicate the landscape.

FIGURE 3.

Overview of Expectations of Postgraduate Training.



Training of faculty across the country is a challenge.
- The inability to provide adequate opportunities to trained faculty leads to migration to high-income countries like Australia, Canada, the UK, and other countries, resulting in a "brain drain."[21]

Institutional level:
- Need for a better infrastructure for running psychiatry services in terms of the number of beds, support staff, and non-invasive brain stimulation equipment.
- Lack of human resources. resulting in a low mentor-trainee ratio and deficiencies in training.[22]
- Lack of clinical services that include psychotherapy and subspecialty services. In many medical colleges, the absence of subspecialty psychiatry services leads residents to seek external postings at tertiary care centers. Residents across the country often rotate through premier institutes like NIMHANS, AIIMS New Delhi, and PGIMER Chandigarh for specialized training in child and adolescent, addiction, community, and forensic psychiatry. However, there needs to be more structured training modules and adequate supervision for these residents during their postings at these institutions. Mental hospital-based centers have less exposure to consultation liaison services, whereas GHPUs have less exposure to sub-specialty services.
- Core subjects such as basic sciences and psychotherapy need to be more adequately covered, and there needs to be more training in new treatment modalities like neuromodulation. Additionally, students often need more medical competency and confidence in managing organic cases and treatment-emergent side effects due to limited experience.[23]

Individual level:
- Mentors need to be equipped in various domains due to a lack of training, staff being overburdened with multiple responsibilities, and limited opportunities for personal growth and professional maturity for teachers.

At the teacher and institutional levels, addressing the challenges in implementing changes can be achieved by enhancing faculty development programs. This means increasing the number of such programs and diversifying their content to cover a broader range of topics and teaching methodologies. The goal is to make these programs more engaging and interesting for participants, ensuring faculty members are better equipped to adapt to and implement the new methods. By making faculty development programs more dynamic and relevant, institutions can foster a more capable and motivated teaching workforce, ultimately improving the quality of education and training.

Super Specialty Training in Psychiatry

In the past decade, the field of psychiatry has seen the introduction of three-year super-specialty courses (referred to as sub-specialty courses in some countries), such as Doctorate of Medicine (DM) programs in Addiction Psychiatry, Child Psychiatry, and Geriatric Psychiatry, with leading institutes pioneering these programs.[13,24] Additionally, several institutions have initiated one-year post-doctoral fellowships in these and other specialties, including Forensic Psychiatry, Obsessive-compulsive disorders, Emergency Psychiatry, and Women's Mental Health.

These super-specialized programs are designed to foster intensive, focused clinical expertise and enhance the quality of care, facilitate human resource development, and create opportunities for research and specialized training during psychiatry residency in these subspecialties.[25,26] They also aim to provide training to other specialists, such as pediatricians in child psychiatry, physicians and neurologists in addiction, and geriatric psychiatry. Allied health professionals, including clinical psychologists and psychiatric social workers, also benefit from specialized training. Furthermore, these courses can help to address and reduce the stigma associated with certain specialties, such as Addiction Psychiatry.[25]

However, introducing these courses has not been without its challenges and criticisms. One major challenge is the need for more specialized and skilled faculty to provide the necessary training.[25] Some institutes have even had to discontinue courses like the DM in Addiction Psychiatry due to a shortage of dedicated human resources. There is also a need for a standardized curriculum across the country, resulting in variability in training quality among different institutions. During the standard MD training, compartmentalizing specialty services may lead to restricted exposure to a broad range of experiences, thereby limiting comprehensive training. Critics also argue that the early specialization of services may strain existing resources and contribute to the commercialization of psychiatric care in a country where basic psychiatric services are still underdeveloped.[24,25] The career prospects following such specialized training are also uncertain regarding academic opportunities and economic viability.[13] Moreover, due to the limited number of dedicated sub-specialty departments in the country, many specialists practice general psychiatry despite their advanced training. Although it is still too early to assess these programs' positive or negative impacts definitively, they have seen a significant uptake, reflecting a strong interest and perceived need for specialized training in psychiatry.

The Need for Faculty Development Programs in India for Psychiatrists (FDPs)

Continued training in medicine is essential not only for clinical practice but also for psychiatry teachers. The concept of FDP is familiar, but the number of such programs for psychiatrists could be much higher.

Before 2010, very few institutes, such as JIPMER (Pondicherry), PGIMER (Chandigarh), Institute of Medical Sciences (Varanasi), and MAMC (New Delhi) used to conduct training courses on Medical Education for medical teachers. MCI and later NMC took the initiative to create the Basic Teachers Training Course (2009), Advanced Course in Medical Education (ACME) (2014) and revised Basic Course Workshop (rBCW) (2015). Since January 2022, the rBCW certificate has been mandatory for promotion.

Other initiatives include the Attitude, Ethics, and Communication Module (2015) and Curriculum Implementation Support Program (2019) from selected institutes, as well as the Foundation for Advancement of International Medical Education and Research (FAIMER) fellowship.

The Medical Education Units (MEUs) from the respective colleges have started functioning and facilitating these training workshops and seminars for the medical faculties. The objective of these workshops is to improve the quality of medical training by training teachers to sensitize teachers about new concepts in teaching and assessment methods to develop knowledge and clinical skills required to perform the role of a competent and effective teacher, administrator, researcher, and mentor; assist clinicians to acquire competency in communication and behavioral skills and update knowledge using modern information and research methodology tools.

In psychiatry, the Training Initiative for Psychiatry Postgraduates (TIPPS) was started in 2015 to train early career psychiatrists.[19] Indian Teachers of Psychiatry (IToP) has started a Scholarship for Teachers towards Enrichment in Psychiatry Teaching Skills (STEPS), an innovative technology-based teachers training program in 2021 to improve the quality and skills of teachers.[27] Along with IToP STEPS, the IToP forum, in association with Minds United Trust & Infosys Foundation, funds IToP MUST Enrich Research Grant for Psychiatry teachers toward education research in Undergraduate and Postgraduate Psychiatry. It also gives two specific national awards for Indian Teachers of Psychiatry or the Department of Psychiatry for best initiative or research in areas of undergraduate and postgraduate education. The course for Early Career Psychiatrists, supported by the R.N Moorthy Foundation at NIMHANS, focuses on leadership and professional skills every year.[28]

The challenge in these faculty development programs is that only a few teachers are enthusiastic faculty members. There is a lack of involvement in teaching–learning (T-L) activities and refreshment/reorientation courses again, and a lack of recognition/reward from the college/department regarding teaching activities.

Faculty development programs are crucial for psychiatrists in India for several compelling reasons.

- Updating Knowledge and Skills: Psychiatry, like all medical fields, is constantly evolving, with new research, diagnostic tools, and treatment modalities emerging regularly. A faculty development program ensures that psychiatrists stay abreast of these advancements, enhancing the quality of education and patient care they provide. These skills can be learned by established centers that run these services. For example, these services include and are not limited to neuromodulation, psychotherapy, emergency psychiatry, public psychiatry, digital psychiatry, and specialty clinics. Additionally, the Basic Course Workshop in Medical Education Technologies, introduced in 2009, was initially made mandatory only for Assistant Professors in all colleges but was later extended to all grades and included as compulsory for promotion.
- Improving Teaching Competence: Effective teaching in psychiatry requires clinical expertise and pedagogical skills. These skills are underemphasized in junior residency and senior residency.[29] Faculty development programs equip psychiatrists with teaching methodologies, instructional design principles, and assessment strategies tailored to psychiatry. This improves their ability to educate the next generation of mental health professionals. Expecting a senior resident to acquire these skills solely through a title change is unrealistic. These skills are critical because of teachers' profound influence on their students, who often emulate their instructors as they transition into faculty roles. Therefore, deliberate training and mentorship are indispensable in cultivating effective educators who can shape future generations of professionals.
- Addressing Mental Health Challenges: India faces significant mental health challenges, including a high burden of psychiatric disorders and a shortage of mental health professionals. Faculty development programs can train psychiatrists to better understand and address these challenges, including culturally sensitive approaches to diagnosis, treatment, and stigma reduction, especially from a public health perspective.
- Promoting Research and Innovation: Research in psychiatry is vital for advancing knowledge, improving treatments, and addressing local mental health needs. Faculty development programs can foster a research culture among psychiatrists, encouraging them to engage in meaningful research initiatives and collaborate with national and international peers.
- Supporting Career Development: Psychiatry faculty often play multiple roles—clinician, educator, researcher, and administrator. A well-designed faculty development program provides career guidance, mentorship, leadership skills, and networking opportunities, empowering psychiatrists to excel in these diverse roles and advance in their careers.
- Ensuring Accreditation Standards: Medical education in India is governed by regulatory bodies such as the Medical Council of India (MCI) or its successor, the National Medical Commission (NMC). Faculty development programs help psychiatry departments and institutions meet accreditation standards by ensuring faculty members possess the necessary qualifications, competencies, and continuing education.
- Addressing Educational Gaps: Variability in psychiatric training across regions and institutions can lead to educational gaps. Faculty development programs can standardize curriculum content, teaching methodologies, and assessment practices, promoting consistency and quality in psychiatric education nationwide.
- Enhancing Interdisciplinary Collaboration: Mental health care often requires collaboration with other health care professionals, social workers, educators, and community stakeholders. Faculty development programs encouraging interdisciplinary education and collaboration prepare psychiatrists to work effectively within multidisciplinary teams, thereby improving patient outcomes.

A robust faculty development program tailored for psychiatrists in India is essential for ensuring high-quality psychiatric education, advancing clinical practice and research, addressing mental health challenges, and supporting career growth. By investing in the professional development of psychiatry faculty, India can strengthen its mental health care system and better meet the needs of its population.

Innovative Faculty Development Program

Developing leadership is of particular importance in the field of mental health. The acquisition of leadership and other professional skills should become a routine and obligatory part of postgraduate training in psychiatry because this may help to develop strong mental health programs beneficial to the mentally ill and further develop psychiatry as a discipline.

Research and leadership training should be addressed more than clinical skills. Therefore, there is a need to empower young faculty in these domains. In this context, we have developed an innovative FDP (**Table 2**). Early career faculty empowered with these skills will have a snowball effect of influence in their ecosystems. They can incorporate similar skills in the senior and junior residents.

Beyond the regular clinical teachings, the faculty involved in undergraduate and postgraduate training requires additional skills in teaching, examination and assessments, administration and liaison, research and grant writing, leadership, networking, and building academic and clinical systems.[28]

TABLE 2.

Innovative Faculty Development Program.

Domain	Components
Duration of program	Two-week in-person faculty development program for early career psychiatrists
Team	• Lead – Department of Psychiatry, NIMHANS • Support – IToP
Applicants	Assistant and Associate Professors in Psychiatry across India
Expert session	Led by psychiatrists from NIMHANS and IToP
Objectives	Competency-based training frameworks gained prominence, focusing on specific skills and milestones. Enhancing the teaching, research, and leadership skills of psychiatrists in India to promote excellence in psychiatric education, research, patient care, and leadership
Components	• Running a Department and the Art of Administration • Mastering the Art of Teaching in Psychiatry • Harnessing Technology for Educational Innovation • Enhancing Clinical Teaching and Assessments, including Psychotherapy • Hands-on Learning: NIBS Lab, ECT and Ketamine Services • Faculty as Researchers - Grant Writing and Research Proposals • Leadership - Mentoring Future Researchers & Career Development • Balancing Roles and Prioritization
Deliverable outcomes	• Gain skills required to teach, lead, and run a department • Develop a vision and mission for their department • Address local mental health needs • Prioritize high-quality psychiatry research • Develop academic and teaching processes • Network with a wider national and global network to improve clinical service delivery, teaching, and research

ITOP - Indian Teachers of Psychiatry; NIMHANS - National Institute of Mental Health and Neurosciences; NIBS - Non-invasive Brain Stimulation; ECT- Electro Convulsive Therapy.

Conclusion

Psychiatry training has evolved significantly over the past decade. By addressing challenges and embracing future-oriented goals, educators and leaders can shape a resilient and competent workforce that meets the complex needs of our diverse global population. A faculty development program is crucial to empower early career psychiatry faculty in India. Collaboration between leading apex institutions, national leaders in psychiatry education, and international partners will synergistically advance this initiative, benefiting Indian psychiatry for generations to come.

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