## REPLY TO THE LETTER TO THE EDITOR

## Residency training in Fontcalent Prison Psychiatric Hospital

After having carefully read this letter to the Editor from a young (like me) specialist in Psychiatry I cannot but welcome her words, and resume her request for the so necessary regulated training in our specialty.

Order SCO/216/2008 as of September 1<sup>st</sup>, which approved and published the Psychiatry Training pro-

gram <sup>1</sup>, defined Legal and Forensic Psychiatry as part of the Transversal Training Area, in the last year of residency as a B option; this means without considering that all Psychiatry residents should receive this specific training. The following Table depicts the distribution of training throughout Psychiatry residency programs:

Tabla 1. Resumen del trayecto formativo del MIR en Psiquiatría.

CORE TRAINING			SPECIFIC TRAINING
Primary Care/Neurology/Internal Medicine		nal Medicine	Route A: Child and Adolescent Psychiatry, Psychotherapy, Geriatric Psychiatry, Alcoholism and other Addictions
Short Stay Unit (SSU)		)	
Community Psychiatry: outpatient psychiatric care and support to Primary Care		•	
Psychiatric Rehabilitation		on	
Interconsultation or Liaison Psychiatry		sychiatry	Route B: Core training areas. Specialized training areas. New areas.
Child and Adolescent Psychiatry		hiatry	
Alcoholism and other Addictions		ictions	
Psychotherapy			
1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year

The fact that specific training on Legal and Forensic Psychiatry is limited to the last year of residency programs implies, as it has been previously mentioned, that not all residents will be trained in this field, since they must choose between two different paths the last year and during the first three training on legal aspects is not provided.

It seems that we all agree on the need for specific training on ethical and legal aspects, not only for the development of clinical psychiatry in especially sensitive settings such as correctional facilities or Prison Psychiatric Hospitals but also in everyday clinical practice. Often we face clinical approaches which entail medical-legal issues such as providing clinical

records for the renewal of driving or arms licenses, attending court as witnesses or experts in both civil and criminal matters, as well as leading with involuntary hospitalization, habeas corpus, or proceedings for legal incapacitation due to mental health causes, where our reports are of paramount importance.

In view of the aforementioned, my impression is that each teaching Commission and/or Psychiatry Department is organizing this training according to the sensitivity of associate doctors or residents themselves.

In the Department where I work, one year long theoretical courses on Legal and Forensic Psychiatry are offered to all medical, psychology and nursing residents every two years. Moreover, medical residents serve internships in the Prison Psychiatry Care Program in our hospital therefore becoming familiar with a relatively inconspicuous resource and reflecting on medical and legal aspects which are frequently found in everyday clinical practice in prisons. On the other hand, throughout recent tears the Institute of Legal Medicine in Castellon also offers optional, not compulsory, internships for our residents.

Therefore, in view of the pressing need for a comprehensive training of medical residents, I too welcome the call for extensive training in Legal and Forensic Psychiatry with a clear and defined path through the available resources within the care area of

the future specialist or within other areas in case their original areas lack the so mentioned resources.

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## BIBLIOGRAPHICAL REFERENCE

1. ORDER SCO/2616/2008, as of September 1st, on the Psychiatry Training program. Available from: http://www.boe.es/diario\_boe/txt.php?id=BOEA-2008-15079.