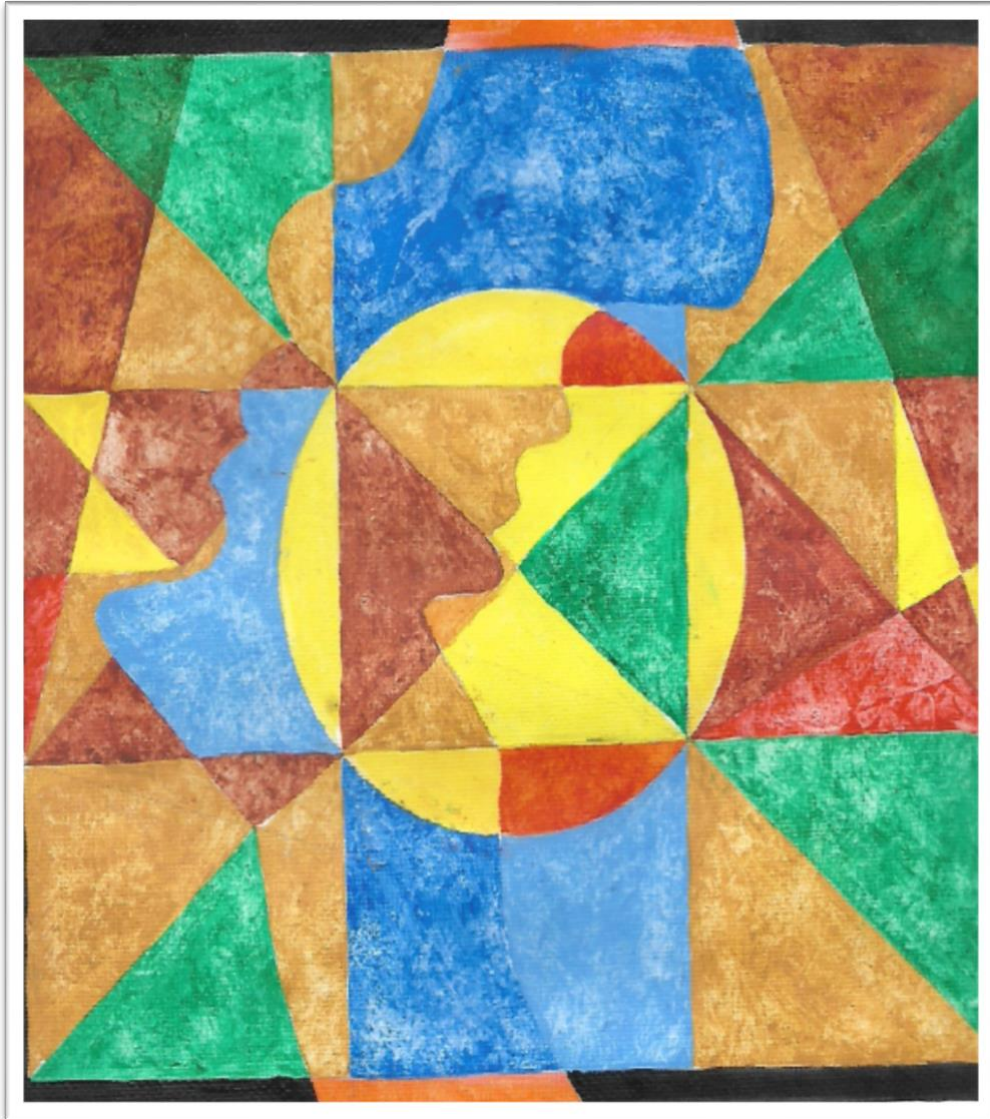




Indian Psychiatric Society (IPS) & Indian Teachers of Psychiatry (IToP)



*“Consensus on Psychotherapy Training in Undergraduate
Medical Education and Postgraduate Psychiatry Education”*

IPS Undergraduate Education Subcommittee & IPS
Postgraduate Education Subcommittee 2025-26



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Consensus on Psychotherapy Training in Undergraduate Medical Education and
Postgraduate Psychiatry Education
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Subcommittee 2025-26

Psychotherapy training in Indian medical institutions is a major concern and is well documented in scientific journals. Hence, the committee requested all Psychiatry teachers in institutions across India, experts in psychotherapy from India & abroad, postgraduates, and undergraduates to submit their suggestions on psychotherapy training.

The committee received all suggestions and met many times for deliberations and finalised.

Report Submitted On 22th Nov 2025 at National Conference in Psychiatry, AIIMS Bhopal
Jointly organised by Indian Teachers of Psychiatry (IToP), IPS UG Education Subcommittee,
& IPS PG Education Subcommittee.

Presented by

Dr M Kishor MBBS MD

Chairperson IPS PG Education Subcommittee

Indian Teachers of Psychiatry (IToP)

Professor of Psychiatry & Head, Department of Psychiatry, JSSMC, JSS AHER, Mysuru

Executive summary of the committee

Psychotherapy is an integral part of psychiatry training, and undergraduate medical students in India should be exposed to basic psychotherapy training throughout medical education.

Psychotherapy training in psychiatry postgraduate education is crucial and should be mandatory with specific hours of exposure, supervision & assessment by psychiatry faculty.

Psychotherapy Training in Undergraduate Medical Education

Indian Medical Graduates (IMGs), as mandated by the National Medical Commission (NMC), are required to be trained in psychiatry. Competency-based medical education (CBME) curriculum emphasises skills.

Psychotherapy training is an integral part of psychiatry training. Hence, all medical students must be exposed to basic psychotherapy. The BATHE method is best suited for training undergraduates through role-play. The BATHE technique is a simple patient-centred procedure that consists of a series of specific questions about the patient's background, affect, troubles, and handling of the current situation, followed by an empathic response. This can be easily incorporated into certifiable skills as well as into the training on other psychiatric conditions stipulated in the curriculum.

Principles of psychotherapy and desirable therapist qualities can be emphasised at all phases of training to optimise doctor-patient interaction and achieve outcomes such as hope, improved communication, greater confidence, composure, objectivity, and reasoning.

Learning should be assessed in all possible ways, primarily through reflective writing and the Objective Structured Clinical Examination (OSCE).

Psychiatry faculty can expose undergraduate medical students to specific psychotherapy principles such as Psychodynamic psychotherapy, Cognitive Behavioural Therapy (CBT), Motivational Enhancement Therapy (MET), Interpersonal and Social Rhythm Therapy (IPSRT), Social Skill Training, Sensate Focus, Play Therapy & other therapies at appropriate sessions of theory and clinical postings.

An internship is an essential period during which psychiatry faculty can supervise undergraduates in using the BATHE technique, the 5A's framework for nicotine cessation (Ask, Advise, Assess, Assist, and Arrange), FRAMES Brief intervention for substance use, the SAFER-R model for crisis intervention, etc.

Psychiatry faculty can design electives in psychotherapy for interested medical students, which are now available in the CBME curriculum, and optimise learning for interested students.

Psychotherapy Training in Psychiatry Postgraduate Education:

Psychotherapy training in Indian psychiatry postgraduate education is crucial and should be mandatory.

Principles of psychotherapy and desirable therapist qualities can be emphasized at all phases of postgraduate training. It should begin within the first few months of the training period.

Psychiatry faculty should expose postgraduates to various types of psychotherapies, but not limited to Psychodynamic psychotherapy, Cognitive Behavioural Training (CBT), Motivational Enhancement Therapy (MET), Interpersonal and Social Rhythm Therapy (IPSRT), Social Skill Training, Sensate Focus, PLISSIT, Dialectical Behaviour Therapy (DBT), Play Therapy, etc. The exposure can be through seminars, case presentations, reflective learning, debates and other appropriate teaching-learning methods.

The psychotherapy training for psychiatry postgraduates should be for 60-100 hours for DPM/DNB/MD/PDF and 150 hours for DM. At least 6 to 10 cases should be taken up by every postgraduate for psychotherapy in the training period, and formulations should be meticulously documented for evaluation.

The psychotherapy sessions should be strictly supervised by psychiatry faculty wherever possible; a faculty member should not supervise more than 6-8 postgraduates at any given point in time. Wherever there is a lack of interested faculty in a particular institution, psychiatry faculty from another institution can be requested. Periodically, experts from different schools of psychotherapy can be invited to conduct workshops and provide supervision.

Assessment of psychotherapy supervised sessions should be from feedback of the patients in therapy, the supervisor's evaluation of postgraduate resident's involvement, reflective writing and documentation of psychotherapy formulation. This documentation should be mandatorily available at the time of final examination for external examiners to ascertain the psychotherapy training of every psychiatry postgraduate.

Indian Psychiatric Society (IPS) and Indian Teachers of Psychiatry (IToP) should provide resources and opportunities for psychotherapy training periodically that is tailored for psychiatry faculty, psychiatry postgraduates and undergraduate medical students.