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International Collaboration in Psychiatry Education: Design and Delivery of an International Psychiatry Webinar Series for Resident Doctors

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ABSTRACT

Background: Postgraduate psychiatric training varies globally, creating disparities in educational opportunities. International teaching collaboration may help address these gaps. This paper describes the delivery and evaluation of an international webinar series designed by UK psychiatry trainees for global psychiatry trainees.

Methods: Seven one-hour sessions were delivered between November and December 2025 by UK consultant psychiatrists and psychiatry trainees, covering a range of curriculum-relevant topics in day-to-day psychiatric practice. The programme was advertised internationally through social media and professional networks. Ninety doctors from 19 countries applied within one week, of whom 47.8% were psychiatry trainees. Fifty participants were selected. Post-series feedback was collected using a questionnaire comprising four 5-point rating-scale items and free-text questions.

Results: The response rate was 44% (n = 22). Mean ratings were 4.59/5 overall, 4.50/5 for speakers, 4.23/5 for accessibility, and 4.68/5 for topic relevance. Participants described the programme as informative, clinically relevant, and diverse, with several reporting exposure to concepts new to them. Suggested improvements included more case-based teaching, greater accessibility, access to presentation materials and recordings, and broader international representation among speakers.

Conclusions: International webinar-based education appears to be a feasible and well-received approach to supporting psychiatric training, facilitating the exchange of knowledge and perspectives across healthcare systems, contributing to workforce development, and strengthening global psychiatric education networks.

I. INTRODUCTION

Postgraduate psychiatric education varies considerably between countries. In many settings, responsibility for curriculum design and delivery rests with individual universities, leading to variation in training standards and educational experiences. In others, national organizations define curricula, assessments, and professional standards, although implementation may still differ across regions and institutions [1]. A comparative analysis of psychiatry training across 42 European countries highlighted substantial variation in training structures, assessment methods, and working conditions, underscoring the ongoing challenge of achieving consistency in postgraduate psychiatric education [2]. Psychiatric education continues to be delivered largely through traditional teaching models that have changed little over recent decades, despite substantial advances in technology and major transformations in healthcare delivery. As healthcare systems evolve, societal awareness of mental health increases, and workforce and resource pressures intensify, psychiatric education faces the challenge of preparing psychiatrists to meet the changing needs of patients and society, both now and in the future [1]. A scoping review of technology-assisted psychiatric education for trainees identified five approaches: videoconferencing, online modules or e-learning, virtual patients, software or applications, and social media, and reported that these interventions may enhance knowledge and skills acquisition [3]. During the COVID-19 pandemic, webinars emerged as a teaching tool valued for their flexibility, accessibility, and international reach [4]. Webinar-assisted teaching, particularly when delivered through international collaboration, may be especially valuable in settings with limited access to psychiatry faculty and educational resources [5]. Online education also enables international participation, which may help doctors working across different healthcare systems exchange ideas, build professional networks, and engage in global discussion, making it a useful tool for knowledge sharing and community building [6]. This exposure to diverse perspectives may also promote cultural humility, an increasingly important goal in psychiatric education given the need for a culturally sensitive workforce capable of delivering high-quality care [7].

To our knowledge, few published studies have described resident-led international psychiatry webinar programmes for trainees, particularly those covering curriculum-relevant content across multiple domains of psychiatric practice and training. In collaboration with the British Pakistani Psychiatrists' Association (BPPA), the authors developed a seven-session webinar series to share key aspects of the UK psychiatry curriculum, including clinical and professional skills, with psychiatry residents globally. This paper describes the design and delivery of the programme, evaluates participant feedback, and identifies areas for future development.

II. METHODS

Programme design and delivery : The programme was developed by the authors, UK psychiatry trainees, and delivered in collaboration with the British Pakistani Psychiatrists' Association (BPPA). It comprised 7 one-hour interactive sessions delivered weekly between 8 November and 20 December 2025 via Microsoft Teams. Sessions were delivered by UK consultants and psychiatry trainees, addressing risk assessment, quality improvement, audits, reflective practice, trauma-informed care, cognitive behavioral therapy, ethics, research, and career pathways in psychiatry. The programme was advertised through BPPA social media channels and disseminated through member networks to reach an international audience. Applicants were required to submit an expression of interest as part of the shortlisting process, with preference given to doctors in training. Within one week, 90 doctors from 19 countries applied, of whom 47.8% were in training posts and 52.2% were in non-training roles. 50 participants were selected for the programme based on their expressions of interest.

Programme content

The seven sessions are summarized in Table 1.

Table 1. Topics covered in the webinar series

Session	Topic
1	Risk Assessments Explained
2	Audits, QIP and More
3	The Reflective Clinician: Balint Groups and Beyond
4	Trauma-Informed Psychiatry and Principles of CBT in Practice
5	The Grey Zones: Capacity, Consent and Confidentiality in Complex Cases
6	Practical Approaches to Research
7	Paths to Practicing Psychiatry in the UK: Journey and Experiences (panel discussion)

QIP: quality improvement project; CBT: cognitive behavioral therapy.

Feedback and analysis : Following completion of the series, participants were invited to complete a feedback form containing four items rated on a 5-point rating scale assessing the overall programme, speaker line-up, accessibility of sessions, and relevance of topics, together with free-text questions for qualitative comments and suggestions. Quantitative data were summarized using descriptive statistics. Free-text responses were reviewed descriptively to identify recurring suggestions and areas of feedback for future development.

III. RESULTS

Participant ratings : A response rate of 44% was achieved (n = 22). Participants rated the overall series, speaker line-up, accessibility, and relevance of the topics covered. Mean ratings were positive across all four domains. Topic relevance received the highest mean rating, while accessibility received the lowest. Mean ratings are presented in Table 2.

Table 2. Mean participant ratings of the webinar series

Measure	**Mean rating (out of 5)**
Overall series	4.59
Speaker line-up	4.50
Ease of accessing and joining sessions	4.23
Relevance of topics covered	4.68

Free-text feedback: Free-text feedback highlighted several strengths of the programme. Participants described the sessions as informative, professionally delivered, and relevant to clinical practice. They valued the breadth of topics covered and exposure to concepts that were new to them, particularly trauma-informed care, reflective practice and Balint groups. Some respondents reported that the programme influenced their approach to clinical practice and professional development. Suggestions for improvement included incorporating more case-based teaching. Participants requested longer sessions and more in-depth coverage of specialist topics. They also recommended providing slides, supplementary learning materials, and a repository of recorded sessions to support participation and learning. Additionally, respondents expressed interest in greater involvement of international psychiatry residents as speakers. Some participants reported access issues and recommended clearer communication and alternative scheduling.

IV. DISCUSSION

This evaluation describes a seven-session international psychiatry webinar series developed by UK psychiatry residents for an international audience of psychiatry residents. The programme attracted substantial interest, receiving 90 applications from 19 countries within one week. The participants rated it positively, with topic relevance receiving the highest score. Among the topics covered, reflective practice and trauma-informed care attracted particularly strong participant interest. It is possible that the variable emphasis on reflective practice in medical education [8] and the inconsistent integration of trauma-informed care within health professions curricula [9] contributed to participants' interest in further learning on these topics. Respondents also expressed interest in greater international engagement, highlighting the potential of online learning to promote professional networking, cross-cultural learning, and collaboration between trainees from different regions.

Participant requests for longer sessions and more case-based teaching highlight the challenge of delivering sufficient depth within a limited timeframe, representing an inherent limitation of the programme design. Similarly, reports of access difficulties reflect a common limitation of webinar-based educational programmes. Requests for greater international representation among speakers aligns with the programme's international educational objectives. This study has several limitations. The evaluation relied on self-reported feedback, achieved a response rate of 44%, and did not assess knowledge acquisition, skill development, or changes in clinical practice. Without pre- and post-session knowledge assessments, the study was unable to determine whether positive participant evaluations translated into improvements in clinical competence. These findings support webinar-based teaching as a means of facilitating the exchange of curriculum-relevant psychiatric knowledge across geographical boundaries. Given the substantial variation in psychiatric training internationally, such initiatives may broaden trainees' exposure to different educational approaches, clinical perspectives, and professional practices, particularly in settings where access to specialist training opportunities and educational resources is limited. Future iterations of the programme could incorporate objective assessment of learning outcomes, greater international representation among speakers, and measures to improve accessibility and communication. Session recordings may increase engagement. Future programme design could also consider balancing breadth and depth of content, incorporate more case-based teaching, and provide pre-session reading materials and presentation slides to maximize educational value.

V. CONCLUSION

This study describes the design and delivery of a webinar series for international psychiatry resident doctors, developed by UK psychiatry trainees and delivered by UK consultants and trainees. To our knowledge, few published initiatives have evaluated an international educational programme designed by psychiatry trainees, for psychiatry trainees, covering a broad range of curriculum-relevant topics in day-to-day psychiatric practice.

The positive participant feedback suggests that such programmes are valued by learners. The use of webinar technology highlights how digital educational approaches can be leveraged to expand access to psychiatric education beyond geographical boundaries. We conclude that international webinar-based education offers a platform for psychiatry trainees across different healthcare systems to share knowledge, experiences, and perspectives. Such collaboration may help address disparities in access to postgraduate psychiatric education by providing trainees with opportunities to engage with topics that may not be uniformly covered across training programmes, particularly in lower-resource settings. Moreover, such programmes facilitate cross-cultural exchange, promote cultural humility, and foster international collaboration. By connecting psychiatry trainees across healthcare systems, they may contribute to workforce development, strengthen global psychiatric education networks, support the exchange of knowledge and skills, and ultimately improve psychiatric practice and patient care.

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