

## REVIEW

---

UDC 340.63:614.258:377.169.3(470+571)

DOI: 10.23951/2782-2575-2025-1-73-86

### THE ROLE OF PROFESSIONAL COMMUNITIES IN CONTINUING PROFESSIONAL EDUCATION USING THE EXAMPLE OF THE RUSSIAN SOCIETY OF PSYCHIATRISTS

**Boris D. Tsygankov<sup>1</sup>, Vladimir V. Kornilov<sup>2</sup>,  
Alexander N. Kornetov<sup>3</sup>**

<sup>1,2</sup> *Russian University of Medicine, Moscow, Russian Federation*

<sup>3</sup> *Research Institute of Mental Health, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russian Federation*

<sup>1</sup> *boristsygankov@yahoo.com*

<sup>2</sup> *kornilov-74@mail.ru*

<sup>3</sup> *alkornetov@gmail.com*

**Abstract.** Professional communities bring together people who work in a particular field and are a platform for cooperation, solving current professional issues, discussions, exchanging information, and expanding competencies. Professional communities form their structures and functions depending on their assigned tasks. As a rule, they are not static but can change due to changing environmental conditions or new challenges. Professional communities have their own tasks and functions, which are not limited to specialist areas but can also be social in nature. The most typical examples of such communities are social, educational, psychological, and medical communities.

Among the medical specialties, psychiatry occupies a special position, as it has its own methods as well as integrates a wide range of approaches from other specialties such as philosophy, anthropology, psychology, pedagogy, social and many natural sciences, and, of course, approaches from somatic medicine and neurology.

We have looked at the role of the Russian Society of Psychiatrists in the continuing professional education of specialists, which is constantly taking place in Russia. This enables doctors to confirm and improve their skills throughout their careers to succeed in their professional activities.

**Keywords:** *professional community, continuing professional development, postgraduate training, psychiatry*

**For citation:** Tsygankov B.D., Kornilov V.V., Kornetov A.N. The role of professional communities in continuing professional education using the example

of the Russian Society of Psychiatrists. *Education & Pedagogy Journal*. 2025;1(13):73-86. doi: 10.23951/2782-2575-2025-1-73-86

Professional communities existed even before our era. In ancient Greece, for example, artisans organized themselves into groups that carried out business tasks by training younger workers and disseminating innovations. Such groups are known among metalworkers, potters, bricklayers, and other artisans. In addition to business tasks, they also served a social purpose (group members worshipped the same gods and celebrated holidays together). The professional communities showed stability, acquired traditions, and developed an internal culture that was passed down from generation to generation. In the Middle Ages, after Christ, the communities spread throughout Europe [1]. Today, they exist worldwide and cover a wide range of professions. Today's professional communities bring together people working in a particular field, providing a platform for collaboration, solving current professional problems, discussing, sharing information, and expanding skills. They form their structures and functions depending on the tasks at hand. They are usually not static but can change due to changing environmental conditions or newly emerging challenges and opportunities. An essential difference between modern professional communities is that they do not come together individually, as in the early days, but on an institutional basis, when the community members are representatives of the institutions in which they work. Professional communities form their organizational structures and hierarchies by introducing local laws that regulate their activities, e.g., statutes, codes of ethics, ordinances, regulations, and membership directories. Regular events are an integral part of the activities of such communities [2].

Professional communities differ in their structure. They may be tightly controlled by a board of directors or grant considerable autonomy to their local branches. The communities have their tasks and functions, which are not limited to areas of expertise but may be of a hidden or explicit social nature, e.g., carrying out activities through their professional competencies to benefit society as a whole. Socially meaningful joint activity is the leading factor in forming all forms of group activity [3]. Regarding subject areas, some functions of professional communities primarily affect individual practitioners within the profession and, consequently, their clients. Another part of the functions relates to the consequences for the profession as a whole and the community of professionals as a structure. One of the main functions of professional communities is to develop strict standards for the profession and ensure that they are adhered to. In this case, it is not only about professional and educational standards but also about research standards aimed at expanding the knowledge on which the profession's activities are based [4]. Thus, communities are the guardians of professional traditions on the one hand and the architects of the future on the other. The success of professional communities may depend on a constellation of essential factors for their management, production systems, and voluntary members. Despite the large number of such communities composed of organizationally and psychologically minded professionals, there is still an apparent lack of research

on the actual organizational dynamics, especially the dynamics of growth, development, and life cycle of professional communities [5].

In relation to the topic discussed here, the functions of professional communities also include educational activities [6, 7] that raise professional training standards. This function enables them to coordinate the activities of organizations involved in academic activities at the organizational, didactic, and methodological levels. By improving the quality of standards, the professional community increases the profession's effectiveness and thus enhances its social status.

The demographic composition of members of professional communities in Russia shows that active members are usually under 40 years old. At the same time, 54% of community members rate their knowledge in the subject areas of their respective communities as average. This shows that the purpose of their participation in professional communities is, among other things, to improve their professional level. Half of the community members believe that participating in a professional community increases their self-esteem, and 66% see themselves as the community's core. About half of the participants are involved in organizing activities in their community. The community's core focus is shaped by the severity of its challenges and the extent to which they have been addressed [8].

The most typical examples of communities simultaneously having individual, internal, professional, and social influence are the social, educational, psychological, and medical communities.

Professional social sciences and practice communities have a long history, but their state differs significantly. While communities in the scientific fields have clear structures and functions, many communities of practice are still insufficiently organized. A striking example is the professional communities in the field of social work. For more than a century, the social work profession has been describing the unique and specific characteristics that define its core functions in society, yet the profession has yet to agree on a unified definition of social work [9].

Professional pedagogical communities are groups of people who are organized in a specific way and communicate regularly with each other to share experiences and practices, acquire new knowledge, and find solutions to the professional pedagogical tasks assigned to them. They are one of the resources that ensure the involvement of teachers in innovative activities [10]. The peculiarity of professional-pedagogical communities is the formation of methodological associations. This fact shows that methodological and management functions are developed in these communities together. At the same time, methodological work has become a sustainable incentive for teachers' professional development. It contributes to their self-realization, solves personal and professional problems, and increases job satisfaction [11].

The professional communities of psychologists promote the development, dissemination, and application of psychological science, knowledge, and practice to benefit society and improve people's quality of life. Their main tasks are to set ethical standards for the profession and to promote interaction

between professionals working in different fields. The publishing activities of professional communities of psychologists are also widely known, especially the publication of scientific journals in various fields of psychology [12]. At the beginning of 2025, 370 (0.8%) of the 47,941 publications indexed in the Scopus database contained the term ‘psychology’ in their title. Professional communities publish a large proportion of these. The educational activities of professional communities of psychologists include not only a variety of academic programs but also the promotion of young scientists, including the awarding of prizes for excellence [13].

Medical professional communities are part of the medical community and fulfill the tasks of protecting intellectual property, creating conditions for the most effective use of professional qualifications, and ensuring societal accountability [14]. They are usually grouped and classified according to their affiliation to a particular medical specialty, their members’ composition and quality, and their legal status. In addition, there are general medical communities and other forms of self-organization of health professionals [15]. An example of this is the National Medical Chamber of Russia, which was established in April 2010 to unite the professional associations of medical practitioners in their work to improve public health [16]. Over the years, its influence on the Russian healthcare system has increased significantly, and its established authority allows it to participate in the legal regulation of medical activities through interaction with the Main Directorate of Forensics of the Investigative Committee of the Russian Federation [17]. It should be emphasized that professional medical communities in Russia are not closed systems; like other communities, they are involved in educational activities, have social influence, and, at the same time, are themselves subject to external influences, with particular attention being paid to globalization in this process.

The Russian healthcare system uses the International Classification of Diseases, 10th revision, for the diagnostic process [18]. One of the consequences of diagnostic system standardization is the change in medical terminology. Because this classification was originally written in English, a means of international communication, during medical forums and in leading scientific publications, the penetration of Anglicisms into other languages is a permanent process. According to N. Gribova and O. Chaplygina [19], the frequency of Anglicisms used in medical circles and during communication with patients is highest among Russian medical specialties in surgery. Oncology, whose terminology was largely influenced by Latin and Greek, uses the fewest Anglicisms. Based on the analysis, the authors propose, for educational purposes, the creation of a unified glossary of English medical terminology with translation into Russian, conducting educational seminars and courses for medical personnel and teachers on the correct use of Anglicisms in Russian medicine, monitoring and analyzing the use of Anglicisms in clinical practice and in the educational process, as well as monitoring their proper use and translation into Russian with contextual adaptation for students and professionals in the field of medicine.

Psychiatric professional societies focus on various areas of theory and practice in the field, such as cutting-edge research, the development of new drugs, and innovations in clinical practice [20]. Although mental illness has been with humanity since time immemorial, the term ‘psychiatry’ was only introduced at the beginning of the 19th century [21]. It is composed of the roots of the Greek words ψυχή – soul, ιατρός – physician, doctor, and ιατρικός – medical, related to medicine. Later, this term began to refer to the corresponding specialty and branch of clinical medicine that researches mental disorders using medical methods and develops and implements procedures for diagnosis, prevention, and treatment. In the middle of the same century, W. Griesinger [22] defined psychiatry as the study of the recognition and treatment of mental illness. According to A. Tiganov [23], this definition captures the key characteristics of this medical specialty, as recognition involves diagnosing mental disorders and studying their etiology, pathogenesis, progression, and consequences.

Meanwhile, treatment encompasses not only direct therapy but also the organization of psychiatric care, various forms of prevention, rehabilitation, and social aspects. Nevertheless, the prominent Moscow psychiatrist V. Gilyarovsky [24] criticized the term ‘psychiatry’ because it separates the psyche from the body and considers psychoses to be the same somatic diseases as all others. Although ideas about the separate existence of the soul (psyche) and body have been known since antiquity, these views were seriously supported by R. Descartes [25], who argued that he could gain some knowledge about himself without knowing the body and that the mind must not control the body. Cartesian psychosomatic dualism has taken root in a number of philosophical concepts and still influences medicine in general and psychiatry in particular [26, 27]. This is at odds with holistic approaches that presuppose a holistic understanding of the human being [28, 29]

The main methods in psychiatry are clinical. They include a thorough assessment of the patient’s complaints, life and illness history, a detailed examination of behavior, mental state, and subjective experience, as well as physical, laboratory, and instrumental examinations [30]. The clinical methods thus make it possible to find the transition of an individual from a state of mental health to a psychopathological space [31–33].

The World Health Organization defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well [34]. At the heart of this definition is a hedonic and eudaimonic perspective in which well-being and achievement play a key role. Although well-being is a desirable goal for many people, its inclusion in the definition of mental health raises concerns [35]. According to S. Galderisi et al. [36], such an understanding narrows the corridor of conditions that belong to mental health. Therefore, the authors proposed a new definition: “Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express, and modulate one’s own emotions as well as empathize with others; flexibility and ability to

cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to a state of internal equilibrium.” Despite the obvious differences in the interpretation of the state of mental health in the definitions presented, it is evident that its components are related not only to the processes occurring in the body but also to a number of other factors at the psychological, cultural, and social levels [37]. Accordingly, R. Cawley’s [38] statement that psychiatry is more than just a science is not speculative. It occupies a special position among the medical disciplines because it has its own methods and integrates various approaches from other disciplines such as philosophy, anthropology, psychology, education, social and many natural sciences, and, of course, approaches from somatic medicine and neurology. Based on the above, it can be stated that psychiatry is an interdisciplinary branch of medicine closely linked to other natural sciences and the humanities and social sciences, which is confirmed by numerous frontier studies [39–43]. This places an additional burden on higher educational institutions and mental health professionals when it comes to incorporating material from related disciplines into educational programs.

Historically, psychiatric communities actively collaborated with educational organizations and carried out educational activities themselves. In the middle of the 20th century, there was a clear conviction that the field’s development was impossible without dialog between representatives of different schools of psychiatry. The World Psychiatric Association was therefore founded in 1950 to hold international congresses. Sometime later, it was agreed that this association should unite professional psychiatric communities worldwide. In 1961, such an association was formally established to promote mental health and psychiatry worldwide. According to the latest data, the World Psychiatric Association brings together 145 psychiatric societies from 121 countries and more than 250,000 psychiatrists. The association comprises more than 70 scientific sections and a powerful educational platform [44, 45].

One of the professional communities of the World Psychiatric Association is the Russian Society of Psychiatrists. Professional associations of psychiatrists and neurologists were formed in Russia as early as the end of the 19th century, based on which the Russian Union of Psychiatrists and Neurologists was founded in 1908. The professional association of these two specialties existed for 80 years, after which it was decided to separate them. The Russian Society of Psychiatrists was registered in 1991 as an independent legal entity and is a public organization that unites psychiatrists, addictologists, psychotherapists, medical psychologists, and other professionals engaged in practical and scientific psychiatry [46]. Its activities are aimed at improving and increasing the quality of medical care for people with mental disorders and protecting their rights and legitimate interests. The educational activities of the Russian Society of Psychiatrists focus on improving the professional level of specialists working in the field of psychiatry and related specialties. The society unites more than 8,500 psychiatrists and other mental health

professionals engaged in scientific work and practical activities. There are regional branches of the Russian Society of Psychiatrists in the vast majority of subjects of the Russian Federation. The society's moral guidelines are laid down in the Code of Professional Ethics of Psychiatrists, which was adopted at the Plenum of the Board of the Russian Society of Psychiatrists on April 19, 1994 [47].

The President heads the society; the Executive Committee consists of the First Vice President and five Vice Presidents, two of whom are responsible for the society's educational projects and vocational training issues. The governing bodies also include the Board of Directors, the Executive Committee, the Examination Commission, Councils, Sections, Commissions, Regional Branches, and the Council for Young Scientists. Congresses and plenary meetings of the Board are held at regular intervals [48, 49], at which the most important topics in psychiatry and related disciplines that are of central importance for the development of this society are discussed. The Board's activities focus on promoting basic and applied scientific developments, educational programs, and the organization of psychiatric care, especially psychosocial rehabilitation of patients with mental disorders, an evidence-based approach to reduce the burden of disease and associated stigma [50]. The publishing, public, and international activities of the Russian Society of Psychiatrists allow it to be open to interaction, participate in the global research agenda, influence domestic social processes, and address a wide range of issues related to mental health. The society confronts governmental bodies and the Russian public with the problems of protecting the rights and legitimate interests of people who have mental illness [51]. The effectiveness of communication is also ensured by interaction with the media and positioning the activities of the Russian Society of Psychiatrists on the Internet [52].

Improving mental health services involves further developing the mental health care system itself and training highly qualified staff. One of the most effective tools for maintaining an adequate level of professional competence of specialists is the system of continuous medical education [53]. The Russian Society of Psychiatrists began more than 20 years ago to introduce a system of continuous professional development in psychiatry, addictology, psychotherapy, and clinical and medical psychology. The regional societies were involved in this process to ensure the exchange of information and proposals for the development of the system. In October 2004, the plenary meeting of the Society's Board of Directors decided to recognize the development of a system of continuous professional education as a mandatory process. An assessment of the qualifications of psychiatrists and addictologists was introduced, with appropriate certificates being issued for participation in training events. The representatives of the local psychiatric societies in the regional certification commissions were asked to apply these criteria when assigning qualification categories [54].

The Commission for Continuing Professional Education is currently developing a system of continuing professional education in the Russian Society of Psychiatrists. Its members include experts in this field and

representatives of universities in Moscow, St. Petersburg, Kazan, Makhachkala, Yekaterinburg, Barnaul, Smolensk, Stavropol, and Tomsk. The commission coordinates the training programs, develops new forms of interaction between the departments, including joint clinical studies on complex cases, and is constantly working on creating manuals, textbooks, teaching aids, and methodological recommendations. The training cycles cover all areas of general psychopathology, private psychiatry, clinical psychopharmacology, psychotherapy, and biological and social psychiatry.

The activities of the Russian Society of Psychiatrists in the field of continuous professional education enable practitioners throughout their careers to confirm their skills and improve them for successful professional activities.

Funding: The study was carried out within the framework of the State assignment “Biopsychosocial mechanisms of pathogenesis and clinical polymorphism, adaptive potential and predictors of therapy effectiveness in patients with mental and behavioral disorders in the Siberian region,” registration number 122020200054-8.

### References

1. Wenger E.C., Snyder W.M. Communities of Practice: The Organizational Frontier. *Harvard Business Review*. 2000;(1-2):139-145.
2. Boulycheva A.E. Professional'noe soobshchestvo psikhologov i psikhoterapevtov kak sub"ekt sotsial'nogo vzaimodeystviya [Professional community of psychologists and psychotherapists as the subject of social interaction]. *Elektronnyy nauchno-obrazovatel'nyy vestnik Zdorov'ye i obrazovaniye v XXI veke – Electronic Scientific and Educational Bulletin Health and Education in the 21st Century*. 2016;18(11):115-119 (in Russian).
3. Petrovskiy A.V., Yaroshevskiy M.G. *Psychologiy* [Psychology]. Moscow, Akademiya Publ., 2002:512 p. (in Russian).
4. Mody C.C.M. The professional scientist. *A Companion to the History of Science*. 2016:164-177. doi: 10.1002/9781118620762.ch12
5. Rodenhauser P. The life cycles of professional associations: organizational and administrative dynamics. *Administration and Policy in Mental Health and Mental Health Services Research*. 1999;26(6):417-427. doi: 10.1023/a:1021381706917
6. Rusaw A.C. Learning by Association: Professional Associations as Learning Agents. *Human Resource Development Quarterly*. 1995;6(2):215-226. doi: 10.1002/hrdq.3920060209
7. Moskovskaya A.A. Problemy stanovleniya modeli professii: Rossiyskiy opyt v zapadnom issledovatel'skom kontekste [The problems of formation of a profession's model. The Russian experience in the light of the western methodology]. *Mir Rossii. Sociologiya. Etnologiya – Universe of Russia. Sociology. Ethnology*. 2010;19(3):90-114 (in Russian).
8. Ivanov O.V., Karlyukova O.S. Professional'nye soobshchestva v Rossii: kolichestvennyy analiz [Professional Communities in Russia: A Quantitative Analysis]. *e-Learning World*. 2007;(1):16-25 (in Russian).
9. Hill K., Fogel S., Plitt Donaldson L., Erickson C. State Definitions of Social Work Practice: Implications for our Professional Identity. *Journal of Evidence-Informed Social Work*. 2017;14(4):266-279. doi: 10.1080/23761407.2017.1319775

10. Nogomerzaeva Z.S. Pedagogicheskie soobshchestva kak faktor stimulirovaniya pedagogov k innovatsionnoy professional'noy deyatel'nosti [Pedagogical communities as a factor in stimulating teachers to innovative professional activity]. *Vestnik Maykovskogo gosudarstvennogo tekhnologicheskogo universiteta – Bulletin of the Maykop State Technological University*. 2015;(2):87-91 (in Russian).
11. Mednik E. Professional'nye soobshchestva i ikh rol' v povyshenii kvalifikatsii pedagogov [Professional communities and their role in the professional development of teachers]. *Professional'noe obrazovanie v Rossii i za rubezhom – Professional education in Russia and abroad*. 2015;(2):80-84 (in Russian).
12. Benjamin L.T.Jr. A history of clinical psychology as a profession in America (and a glimpse at its future). *Annual Review of Clinical Psychology*. 2005;1:1-30. doi: 10.1146/annurev.clinpsy.1.102803.143758
13. James B.T. Looking back to look forward: Avenues into the field of comparative psychology. *Journal of Comparative Psychology*. 2021;135(3):283-285. doi: 10.1037/com0000293
14. Tapygina E.V., Gazenkampf A.A. Opyt uchastiya meditsinskogo professional'nogo soobshchestva v pervichnoy akkreditatsii vrachey [Experience of the medical professional community in primary accreditation of physicians]. *Virtual'nyye tekhnologii v meditsine – Virtual technologies in medicine*. 2017;(2):22-23 (in Russian).
15. Nazarova I.B. Professional'nye soobshchestva v sfere okazaniya meditsinskikh uslug i okhrany zdorov'ya: prezentatsiya v internet prostranstve [Professional associations in health care: presentation on the internet]. *Sotsial'nye aspekty zdorov'ya naseleniya – Social aspects of population health*. 2014;(4):1-15 (in Russian).
16. Mingazova E.N., Gureev S.A., Sadykova R.N. Rol' "National'noy meditsinskoy palaty" v koordinatsii deyatel'nosti meditsinskikh professional'nykh soobshchestv (k yubileyu "National'noy meditsinskoy palaty") [Role of the "National Medical Chamber" in coordinating the activities of medical professional communities (for the anniversary of the "National Medical Chamber")]. *Manager Zdravoohraneniya – Health and Safety Manager*. 2021;(5):57-62 (in Russian). doi: 10.21045/1811-0185-2021-5-57-62
17. Tugarinova S.P. Nenadlezhashchee okazanie medicinskoy pomoshchi: problemy vzaimodeystviya sledstvennykh organov s meditsinskim soobshchestvom [Inappropriate Medical Care: Problems of Interaction of the Investigative Authorities with the Medical Community]. *Vestnik Buryatskogo gosudarstvennogo universiteta. Yurisprudentsiya – Bulletin of Buryat State University. Jurisprudence*. 2021;(2):20-25 (in Russian). doi: 10.18101/2658-4409-2021-2-20-25.
18. World Health Organization ICD-10: *Classification of Mental and Behavioural Disorders – Clinical Descriptions and Diagnostic Guidelines*. Geneva, WHO, 1992.
19. Gribova N.S., Chaplygina O.V. Osobennosti upotrebleniya meditsinskoy leksiki pri obshchenii predstaviteley meditsinskikh soobshchestv (na primere angliyskogo yazyka) [Features of the use of medical vocabulary in communication between representatives of medical communities (using the example of the English language)]. *Baltiyskiy gumanitarniy zhurnal – Baltic Humanitarian Journal*. 2024;13(2):12-14 (In Russian).
20. Worley L. The unique role of psychiatric organizations and societies in professional development. *Academic Psychiatry*. 2007;31(2):112-113. doi: 10.1176/appi.ap.31.2.112
21. Reil J.C. Rhapsodien über die Anwendung der psychischen Curmethode auf Geisteszerrüttungen. Halle, Curtfchen Buchhandlung, 1803:505 S.
22. Griesinger W. Pathologie und Therapie der psychischen Krankheiten, für Ärzte und Studierende. Stuttgart, A. Krabbe, 1845:397 S.
23. Tiganov A.S. (ed.) *Rukovodstvo po psikiatrii* [Manual of Psychiatry]. Moscow, Medicine Publ., 1999;1:712 p. (in Russian).

24. Gilyarovskiy V.A. *Psikhiatriya. Rukovodstvo dlya vrachey i studentov* [Psychiatry. Manual for doctors and students]. 2nd edition. Moscow-Leningrad, SPUBL of Biological and medicine literature Publ., 1935:750 p. (in Russian).
25. Descartes R. *L'homme et un traite de la formation du foetus du mesme auteur*. A Paris: Chez CHARLES ANGOT, Libraire luré, rue S. Jacques, au Lion d'Or, 1664:448 p.
26. Kornetov N.A. Depressivnyye rasstroystva v gastroenterologicheskoy praktike: cherez psikhosomaticheskiy dualizm k raspoznavaniyu i terapii [Depressive disorders in gastroenterological practice: through psychosomatic dualism to recognition and therapy]. *Sibirskiy zhurnal gastroenterologii i gepatologii – Siberian Journal of Gastroenterology and Hepatology*. 1999;(8-9):39-44 (in Russian).
27. Ventriglio A., Bhugra D. Descartes' dogma and damage to Western psychiatry. *Epidemiology and Psychiatric Sciences*. 2015;24(5):368-370. doi: 10.1017/S2045796015000608
28. Engel G.L. The clinical application of the biopsychosocial model. *American Journal of Psychiatry*. 1980;137(5):535-544. doi: 10.1176/ajp.137.5.535
29. Kornetov N.A. Integrativnaya antropologiya: ot meditsiny k filosofii [Integrative anthropology: from medicine to philosophy]. *Novye idei v filosofii – New ideas in philosophy*. 1997;(6):32-41 (in Russian).
30. Cawley R.H. Educating the psychiatrist of the 21st century. *The British Journal of Psychiatry*. 1990;157:174-181. doi: 10.1192/bjp.157.2.174
31. Semichov S.B. *Predbolezennnyye psikhicheskie rasstroystva* [Predisease mental disorders]. Moscow, Medicine Publ., 1987. 181 p. (In Russian).
32. Semke V.Ya. *Klinicheskaya personologiya* [Clinical Personology]. Tomsk, Rasko Publ, 2001:405 p. (in Russian).
33. Smulevich A.B., Kharkova G.S., Lobanova V.M., Voronova E.I. Asteniya v psikhopatologicheskom prostranstve shizofrenii i rasstroystv shizofrenicheskogo spektra (kontseptsiya astenicheskogo defekta v aspekte sovremennykh modeley negativnykh rasstroystv) [Asthenia in the psychopathological space of schizophrenia and schizophrenia spectrum disorders (The concept of asthenic deficit in aspect of the modern model of negative symptoms)]. *Zhurnal Nevrologii i Psikhiatrii im. S.S. Korsakova – Journal of Neurology and Psychiatry named after S.S. Korsakov*. 2019;119(5):7-14 (in Russian). doi: 10.17116/jnevro20191190517
34. *World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report)*. Geneva, World Health Organization, 2004:67 p.
35. Galderisi S., Heinz A., Kastrup M., Beezhold J., Sartorius N. A proposed new definition of mental health. *Psychiatria Polska*. 2017;51(3):407-411. doi: 10.12740/PP/74145
36. Galderisi S., Heinz A., Kastrup M., Beezhold J., Sartorius N. Toward a new definition of mental health. *World Psychiatry*. 2015;14(2):231-233. doi: 10.1002/wps.20231
37. Bracken P., Thomas P., Timimi S., Asen E., Behr G., Beuster C., Bhunnoo S., Browne I., Chhina N., Double D., Downer S., Evans C., Fernando S., Garland M. R., Hopkins W., Huws R., Johnson B., Martindale B., Middleton H., Moldavsky D., Moncrieff J., Mullins S., Nelki J., Pizzo M., Rodger J., Smyth M., Summerfield D., Wallace J., Yeomans D. Psychiatry beyond the current paradigm. *The British Journal of Psychiatry*. 2012;201(6):430-434. doi: 10.1192/bjp.bp.112.109447
38. Cawley R.H. Psychiatry is more than a science. *The British Journal of Psychiatry*. 1993;162:154-160. doi: 10.1192/bjp.162.2.154
39. Schigoreva Yu.G., Boyko A.S., Krotenko N.M., Smirnova L.P., Kornetova E.G., Semke A.V., Ivanova S.A. Glutacion kak kriteriy prognoza riska lekarstvenno-

- indutsirovannoy pozdney diskinezii u bol'nykh shizofreniy [Glutathione as a factor of prediction drug-induced tardive dyskinesia risk in patients with schizophrenia]. *Sibirskiy vestnik psikiatrii i narkologii – Siberian Journal of Psychiatry and Narcology*. 2012;(6):75–78 (in Russian).
40. Tsygankov B.D., Chazova I.E., Poliakova E.O. Psikhofarmakoterapiya bol'nykh arterial'noy gipertoniyei s metabolicheskimi narusheniyami i depressiyey [Psychopharmacotherapy of patients with arterial hypertension complicated with metabolic disturbances and depression]. *Zhurnal Nevrologii i Psikiatrii im. S.S. Korsakova – Journal of Neurology and Psychiatry named after S.S. Korsakov*. 2007;107(8):44-49 (in Russian).
41. Neznanov N.G., Rukavishnikov G.V., Kaysanov E.D., Philippov D.S., Kibitov A.O., Mazo G.E. Biopsikhosotsial'naya model' v psikiatrii kak optimal'naya paradigma dlya sovremennykh biomeditsinskikh issledovaniy [Biopsychosocial model in psychiatry as an optimal paradigm for relevant biomedical research]. *Obozrenie psikiatrii i meditsinskoy psikhologii im. V.M. Bekhtereva – Review of Psychiatry and Medical Psychology named after V.M. Bekhterev*. 2020;(2):3-15 (in Russian). doi: 10.31363/2313-7053-2020-2-3-15
42. Zeng Y., Chourpiliadis C., Hammar N., Seitz C., Valdimarsdóttir U.A., Fang F., Song H., Wei D. Inflammatory Biomarkers and Risk of Psychiatric Disorders. *JAMA Psychiatry*. 2024;81(11):118-1129. doi: 10.1001/jamapsychiatry.2024.2185
43. Shigoreva J.G., Smirnova L.P., Krotenko N.M., Boyko A.S., Kornetova E.G., Semke A.V. Aktivnost' antioksidantnykh fermentov v eritrotsitakh perifericheskoy krovi u bol'nykh shizofreniy s tardivnoy diskineziyey [Activity of antioxidant enzymes in erythrocytes of peripheral blood at patients with schizophrenia with tardive dyskinesia]. *Sovremennyye problemy nauki i obrazovaniya – Modern problems of science and education*. 2013;(5):341-347 (in Russian).
44. Bhugra D., Smith A., Ventriglio A., Hermans M.H.M., Ng R., Javed A., Chumakov E., Kar A., Ruiz R., Oquendo M., Chisolm M.S., Werneke U., Suryadevara U., Jibson M., Hobbs J., Castaldelli-Maia J., Nair M., Seshadri S., Subramanyam A., Patil N., Chandra P., Liebrezn M. World Psychiatric Association-Asian Journal of Psychiatry Commission on Psychiatric Education in the 21st century. *Asian Journal of Psychiatry*. 2023;88:a.103739. doi: 10.1016/j.ajp.2023.103739
45. Bhugra D., Smith A.J., Ventriglio A., Rao N., Ng R., Javed A., Chisolm M.S., Malhi G., Kar A., Chumakov E., Liebrezn M. World Psychiatric Association-Asian Journal of Psychiatry Commission on the Mental Health and Well-being of International Medical Graduates. *Asian Journal of Psychiatry*. 2024;93:a.103943. doi: 10.1016/j.ajp.2024.103943
46. Aleksandrovsky Yu.A. *Stranitsy istorii Rossiyskogo obshchestva psikiatrov* [Pages of the history of the Russian Society of Psychiatrists]. Moscow, GEOTAR-Media Publ., 2011:144 p. (In Russian).
47. Krasnov V.N. About deyatel'nosti Rossiyskogo obshchestva psikiatrov for the period 1991-1995 gg. [On the activities of the Russian Society of Psychiatrists for the period 1991-1995]. *Sotsial'naya i klinicheskaya psikiatriya – Social and clinical psychiatry*. 1996;6(1):113-118 (in Russian).
48. Krasnov V.N., Appenyansky A.I. Reshenie Plenuma Pravleniya Rossiyskogo obshchestva psikiatrov 11–13 oktyabrya 2006 goda, Moskva [Decision of the Plenum of the Board of the Russian Society of Psychiatrists, October 11–13, 2006, Moscow]. *Sotsial'naya i klinicheskaya psikiatriya – Social and clinical psychiatry*. 2007;17(1):98-106 (in Russian).

49. Martynikhin I.A. Informatsionnoe soobshchenie o Plenum Pravleniya Rossiyskogo obshchestva psikiatrov (20 sentyabrya 2013 g., Samara) [Information message about the Plenum of the Board of the Russian Society of Psychiatrists (September 20, 2013, Samara)]. *Rossiyskiy psikiatricheskij zhurnal – Russian Journal of Psychiatry*. 2013;(5):97-99 (in Russian).
50. Petrovicheva S.V. Voprosy psikhosotsial'noy reabilitatsii v rabote Pravleniya Prezidiuma Rossiyskogo obshchestva psikiatrov [Issues of psychosocial rehabilitation in the work of the Presidium of the Board of the Russian Society of Psychiatrists. *Psikhiatriya – Psychiatry*. 2007;(4):104-105 (in Russian).
51. Petrova N.N. “Vzaimodeystvie nauki i praktiki v sovremennoy psikiatrii” Plenum Rossiyskogo obshchestva psikiatrov i konferentsiya [“Interaction of Science and Practice in Modern Psychiatry” Plenum of the Russian Society of Psychiatrists and Conference]. *Meditsina. XXI vek – Medicine. 21st Century*. 2007;(9):21-24 (in Russian).
52. Polishchuk Yu.I., Letnikova Z.V. O vzaimodeystvii Rossiyskogo obshchestva psikiatrov so sredstvami massovoy informatsii [Interaction of The Russian Society of Psychiatrists with the mass media]. *Sotsial'naya i klinicheskaya psikiatriya – Social and clinical psychiatry*. 2010;20(3):96-99 (in Russian).
53. Buromsky I.V., Sidorenko E.S., Ermakova Yu.V. Razvitie sistemy nepreryvnogo meditsinskogo obrazovaniya v sovremennykh usloviyakh [The development of the system of continuous medical education under the present-day conditions]. *Sudebno-meditsinskaya ekspertiza – Forensic Medical Expertise*. 2019;62(1):56-59 (in Russian). doi: 10.17116/sudmed20196201156
54. Krasnov V.N. Deyatel'nost' Rossiyskogo obshchestva psikiatrov za period s oktyabrya 2000 po noyabr' 2005 godov [Activities of the Russian Society of Psychiatrists for the period from October 2000 to November 2005]. *Sotsial'naya i klinicheskaya psikiatriya – Social and clinical psychiatry*. 2005; 15(4):6-8 (in Russian).

***Information about the authors:***

**Boris D. Tsygankov**, Doctor of Medical Sciences, Professor, Russian University of Medicine (ul. Delegatskaya, 20/1, Moscow, Russia, 127473).  
E-mail: boristsygankov@yahoo.com

**Vladimir V. Kornilov**, Candidate of Medical Sciences, Russian University of Medicine (ul. Delegatskaya, 20/1, Moscow, Russia, 127473).  
E-mail: kornilov-74@mail.ru

**Alexander N. Kornetov**, Doctor of Medical Sciences, Research Institute of Mental Health, Tomsk National Research Medical Center of the Russian Academy of Sciences (ul. Aleutskaya, 4, Tomsk, Russia, 634014).  
E-mail: alkornetov@gmail.com

# ОБЗОРЫ

---

## РОЛЬ ПРОФЕССИОНАЛЬНЫХ СООБЩЕСТВ В ДОПОЛНИТЕЛЬНОМ ПРОФЕССИОНАЛЬНОМ ОБРАЗОВАНИИ НА ПРИМЕРЕ РОССИЙСКОГО ОБЩЕСТВА ПСИХИАТРОВ

**Борис Дмитриевич Цыганков<sup>1</sup>,  
Владимир Владимирович Корнилов<sup>2</sup>,  
Александр Николаевич Корнетов<sup>3</sup>**

<sup>1, 2</sup> *Российский университет медицины, Москва, Россия*

<sup>3</sup> *НИИ психического здоровья Томского национального  
исследовательского медицинского центра Российской академии наук,  
Томск, Россия*

<sup>1</sup> *boristsygankov@yahoo.com*

<sup>2</sup> *kornilov-74@mail.ru*

<sup>3</sup> *alkornetov@gmail.com*

**Аннотация.** Профессиональные сообщества объединяют в себе людей, работающих в определенной предметной области, и являются платформой для сотрудничества, решения актуальных профессиональных вопросов, проведения дискуссий, обмена информацией, расширения компетенций. Профессиональные сообщества формируют свои структуры и функции в зависимости от задач, стоящих перед ними. Они, как правило, не являются статическими, а могут трансформироваться в связи с изменением окружающих условий, или возникающими новыми вызовами. Профессиональные сообщества имеют свои миссии и функции, которые могут не быть ограниченными предметными областями, а носить и социальный характер. Наиболее характерными примерами таких сообществ являются собственно социальные, а также педагогические, психологические и медицинские.

Среди медицинских специальностей особое место занимает психиатрия, которая имеет как собственные методологии, так и интегрирует широчайший спектр подходов из других предметных областей, таких как философия, антропология, психология, педагогика, социальные и многие естественные науки и, конечно, подходы, принятые в соматической медицине и неврологии.

Мы рассмотрели вопрос роли Российского общества психиатров в дополнительном профессиональном образовании специалистов, которое в России является непрерывным. Это позволяет практикующим специалистам на протяжении всей карьеры подтверждать компетенции и совершенствовать их для осуществления успешной профессиональной деятельности.

**Ключевые слова:** профессиональное сообщество, дополнительное профессиональное образование, последипломное образование, психиатрия

**Для цитирования:** Tsygankov B.D., Kornilov V.V., Kornetov A.N. The role of professional communities in continuing professional education using the example of the Russian Society of Psychiatrists // Education & Pedagogy Journal. 2025. Issue 1 (13). P. 73-86. doi: 10.23951/2782-2575-2025-1-73-86

***Информация об авторах:***

**Цыганков Борис Дмитриевич**, доктор медицинских наук, профессор, Российский университет медицины (ул. Делегатская, 20/1, Москва, Россия, 127473).  
E-mail: boristsygankov@yahoo.com

**Корнилов Владимир Владимирович**, кандидат медицинских наук, Российский университет медицины (ул. Делегатская, 20/1, Москва, Россия, 127473).  
E-mail: kornilov-74@mail.ru

**Корнетов Александр Николаевич**, доктор медицинских наук, НИИ психического здоровья Томского национального исследовательского медицинского центра Российской академии наук (ул. Алеутская, 4, Томск, Россия, 634014).  
E-mail: alkornetov@gmail.com

*Submitted February 4, 2025*