

Training matters

SHO posts in psychiatry in the 1990s

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Some of the proposals in *Achieving a Balance* (DHSS, 1987) seem to have developed with little regard for postgraduate training in psychiatry. In psychiatry it has become common practice for SHO posts to be incorporated in training schemes with registrar posts, allowing several years of overall basic specialist training in preparation for obtaining the MRCPsych. This is in accord with the GMC Education Committee's position (GMC, 1987a) that specialist training can, on the 'fast track', follow on immediately from satisfactory completion of pre-registration posts (general clinical training) and full registration. *Achieving a Balance* states clearly that specialist training begins at registrar level and that any doctors in SHO posts should be receiving further general training. There are few guidelines concerning the necessary nature of such general training.

The Education Committee of the GMC has, however, attempted to address this matter of post registration House Officer further general clinical training (GMC, 1987b) on the basis that SHO posts exist and that with the new manpower constraints at the registrar level are likely to continue to exist and perhaps even multiply for a while. There are certainly many SHO posts in psychiatry which will now need to be thought about in these more general terms. What follows is one endeavour to identify some educational goals and their consequences for training in SHO posts in the Region in which I am involved. These recommendations stem from my own familiarity with the GMC Education Committee's thinking on this matter and may need considerable revision once the Royal College of Psychiatrists comes to consider this in respect of approval of such posts as suitable for training in psychiatry. It is likely after all that this will remain their major purpose. Meanwhile these proposals reflect the concern in our own Region to begin to redefine the training content of such posts and are published here in case they may be of interest to others undertaking the same kind of task.

Educational goals, content, processes and governance for SHO training in psychiatry in the South West Thames Region

Senior House Officer training is now formally regarded as general clinical/professional training. (Specialist training starts in the registrar grade.) Such general training is not the exclusive domain of any one specialist College though, hopefully, it and the posts offering it can come to be recognised as providing suitable training for specialty purposes, especially, presumably the specialty in which the posts are located. The Recommendations on General Clinical Training produced by the Education Committee of the General Medical Council (1987b) cover this area of training. Relevant aspects of these Recommendations are outlined elsewhere and provide the basis for this document.

Specific general training opportunities: psychiatry

SHO posts in psychiatry can contribute in a number of important ways to further (post registration) general clinical/professional training. Of the aims referred to in the GMC document, posts in psychiatry can in particular offer the following:

- (1) Further experience in *clinical psychopharmacology* which is an everyday element of psychiatric practice. Posts provide the opportunity for further development of proper prescribing skills and the rational use of psychoactive drugs taking account of pharmacological, clinical and economic factors.
- (2) Further training in *communication skills* which are basic to aspects of the consultation including history taking, examination of the mental state, the giving of an opinion and of advice and to basic counselling. The goals of training in basic communication skills for those in SHO and

registrar posts in psychiatry in the South West Thames Region have been outlined elsewhere and adopted by the Regional Postgraduate Medical Education Committee.

- (3) *Team work skills.* In-service training in these posts provides the SHO with the opportunity of working in a multidisciplinary team in community and hospital settings. Good team work requires an understanding of the team model for assessment and treatment, a knowledge and respect for the professions represented and good communication skills. Note taking, communication with general practitioners and with other health care workers and the writing of reports are also regular aspects of the work.
- (4) *Record keeping.* Psychiatry requires a compilation of thoughtful, accurate records distilled from complex information.
- (5) *Social and psychological factors in health and disease.* Trainees have a special opportunity to study these interactions within the contexts of general and liaison psychiatry. Such experience can contribute to a greater understanding of their interactions in general and to particular problems such as the nature of pain and of somatisation.
- (6) *Prevention.* Psychiatrists become involved in preventive approaches to disease in a number of ways. The trainee can secure basic understanding of attempts at primary prevention (e.g. eating disorders), secondary prevention (e.g. crisis intervention) and tertiary prevention (e.g. rehabilitation).
- (7) *Teaching.* The word 'doctor' means 'teacher' and, as such, good teaching is an essential aspect of everyday good medical practice. Psychiatrists are involved in teaching their juniors and other related professional groups. Trainees should begin to learn to teach at this level, using their developing communication skills for this purpose.
- (8) *Research.* Clinical practice also involves many processes which are basic to research methods such as systematic enquiry, accurate measurement, rational analysis. The trainee should grasp this point and develop his clinical scientific curiosity as a basis for developing his critical thinking during this period of his training. Opportunities will arise for studying a particular clinical problem and sometimes writing it up in the form of a case report.
- (9) *Audit.* The consultant and his team will be involved in various kinds of audit. At a minimum they will be involved in audit of their day to day practices. Wherever possible they should also be involved in assessing longer term outcome of their work. The trainee should grasp the essentials of these processes and will be part of them.

Educational process

Doctors appointed at SHO level will be in full-time employment within the National Health Service at a junior and supervised level. They may be required to carry out specialised duties under supervision related to the specialty area (usually within general adult psychiatry or psychiatry of old age posts) in which they are working, but the emphasis will be on their general clinical training from the standpoint of the work in which they are engaged.

The day to day organisation of the doctor's training will be the responsibility of his educational supervisor (normally the consultant with whom he or she is working). It will be this supervisor's responsibility to ensure that adequate time is available for the purposes of the above training coupled with adequate supervision. The supervisor will himself meet with the trainee weekly in a tutorial relationship outside of the context of supervising the trainee's day to day clinical practice.

Trainees also meet with their clinical tutor from time to time for evaluation of their progress and training opportunities and for career guidance.

The trainee will also have specific supervision for his or her development of personal communication skills, basic counselling and behavioural psychotherapy skills. A separate research supervisor is also available to encourage the trainee to begin to think in research terms and to seize any opportunities that exist for engagement in research.

Apart from such in-service training, trainees will also attend courses, Journal Clubs, case conferences and take part in workshops. In particular, trainees will attend the Regional MRCPsych part I course (which is oriented towards the development of psychiatric consultation skills) or other relevant courses. Whether or not the trainee plans to pursue a career in psychiatry the MRCPsych Part I may well be a useful qualification indicating more than usual competence in this area of knowledge and skill. Alternatively, it may be that a free standing diploma course in communication skills in medical practice will be developed for such purposes. For trainees preparing for a career in psychiatry passing the Part I MRCPsych examination is essential. Given the present manpower situation, it may be that possession of MRCPsych Part I will become a desirable or even necessary qualification when applying for registrar posts in psychiatry.

The training scheme in respect of its educational standards will be governed by the relevant Training Committee within the overall Regional psychiatric training scheme and by the Psychiatric Subcommittee of the Regional Postgraduate Medical Committee. SHO posts within given geographical areas are normally linked together to enable doctors in them to rotate when appropriate between them.

Appointments to these posts are made at District Health Authority level.

Suitability of posts

Posts structured in this way for the purposes of further general clinical/professional training are suitable for those planning a career in many specialties provided the post has received appropriate recognition from the relevant specialist Royal College or Faculty. When approved by the Royal College of Psychiatrists, they can provide essential experience for those planning a career in psychiatry or wishing to explore that possibility. Other posts are specifically linked into vocational training programmes for those planning to enter general practice.

Acknowledgement

This document has been considered by the Psychiatric Sub-Committee of the Regional Postgraduate Medical Committee of the South West Thames Regional Health Authority and I wish to express my

appreciation for the helpful suggestions that led to further modifications of the text at that stage.

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Psychiatric training at the Maudsley Hospital: a survey of junior psychiatrists' experiences

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A majority of psychiatrists embark on their careers by entering an SHO/registrar rotation where they can expect to receive a broad based training in the principles and practice of their chosen specialty. These posts should provide the trainee with an opportunity to observe and emulate high standards of clinical care as well as fostering academic interests and research skills. The Royal College of Psychiatrists recognises the importance of these years by monitoring the standard of posts and by examining trainees at the end of this period.

Walton (1986) has suggested a comprehensive list of goals for trainees and describes how it is possible to achieve them within the framework of three years of general professional training. If the aims of training are made specific, this will aid teachers and trainees by setting goals and allowing assessment by examination and feedback. Trainees have an important role to play in formulating objectives for training by telling their educators what they want and monitoring and reporting on the quality of training which they receive. Indeed Creed & Murray (1981) credit