Work Services in general, now would appear to be the time to ask that particular attention be given to the social workers' role as Mental Welfare Officers. I suggest that this role requires careful re-evaluation.

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Gaskell Prize Examination

DEAR SIR

The Gaskell Prize Examination will take place this year in the Department of Psychiatry, Royal Hallamshire Hospital, Glossop Road, Sheffield. The written examination will be on Friday afternoon May 15th at 2 p.m., and the clinical examination will be on Saturday morning 16th May. Accommodation at reasonable rates can be arranged for any candidates who wish it.

Recent examiners have asked me to point out that the examination is intended to pick out a psychiatrist with a particularly high level of clinical knowledge and skills. Entrants should see themselves as active in a broad clinical field and working in a hospital or unit in which there is vigorous therapeutic interaction in the broadest sense.

With the examination moving to different centres in the country each year it is hoped that there can be a broad field of well-qualified candidates.

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The College

*Rotational Training Schemes in Psychiatry and Assessment of Trainees**

Council have given consideration to the organization of rotational training schemes in psychiatry at senior house officer and registrar level and the assessment of trainees. Council are conscious of the wide range of opinion held within the profession about the content of general professional (i.e. pre-MRCPsych) training and the need for any guidance offered to be sufficiently flexible to accommodate a variety of viewpoints. Nonetheless, it is felt that reasonably clear advice can be given about the main components of general professional training. It is hoped that this report will be helpful to psychiatric tutors and others responsible for organizing training schemes. The College has already issued guidance on some of the matters with which this report is concerned in its pamphlet *Educational Programmes for Trainees in Psychiatry* and in an article entitled 'Approval Visits: Guidelines on Criteria and Facilities for Training' (*Bulletin*, September 1978, pp 158-59).

Need for rotational training

Whether rotational training schemes were necessary at all was considered. The public's expectations of, and the range of demands upon, psychiatrists today mean that training has to include experience in a number of different professional areas and settings, in each of which the training provided should be of a high standard. Moreover, because of the nature of psychiatry, it is important that trainees should be exposed to a variety of approaches. It is most important that all consultants who have trainees under their supervision should regard in-service training, including individual supervision, as among their chief responsibilities.

Administration of training schemes

It may be appropriate for a Regional committee to be established to oversee and monitor the organization of rotational training schemes within the Region, or for this function to be undertaken by an existing Regional committee. At local level rotational training schemes of any size should be administered by a Postgraduate Training Committee, which may, of course, have other responsibilities. The Committee should include an adequate number of representatives of the consultants involved in the training scheme as well as representation of the trainees themselves and of any other bodies or groups considered appropriate. It will be the responsibility of the Postgraduate Training Committee to arrange the attachment of trainees within the scheme and to ensure that trainees are placed only with consultants willing and suitable to act as trainers. It is helpful for the Committee to include a representative of the administration. A good relationship with the administration established

*This report was initially drafted by a working party of the Psychiatric Tutors Sub-Committee: Dr L. Tarlo (Chairman), Drs M. W. Annear, I. G. Bronks, H. Ghadiali (Collegiate Trainees Committee), M. T. Haslam and J. S. Stead.

in this way can greatly facilitate the smooth running of the scheme, especially in relation to such matters as questions of residence, mileage allowances, and extra duty payments.

The proper selection of trainees is all-important. The psychiatric tutor should always be involved in the selection procedure, and it is the tutor's responsibility to ensure that only those suitable for training are appointed to the scheme.

Medical staff grading

Training for the MRCPsych normally requires at least three years clinical experience in psychiatry, and most psychiatric hospital and units are approved for training of this duration. Where a satisfactory rotational training scheme exists it is in the interests both of trainees and of the service that recruits entering at senior house officer level should be able to complete general professional training within the same scheme. Employing authorities should ensure that all posts within the scheme can be filled at either senior house officer or registrar level so that a senior house officer can, subject to satisfactory progress, automatically be promoted to registrar after one year's experience. It should be emphasized that senior house officer posts are training posts just as are registrar posts. A balance needs to be kept between the number of registrars and of senior house officers. A ratio of approximately two registrars to one senior house officer is probably appropriate.

Duration of the scheme

Since the Membership Examination can normally be taken for the first time only after a minimum of three years clinical experience, trainees should be able to remain within the scheme for 3½ to 4 years if necessary. It should be borne in mind that in a large rotational scheme, the number and variety of placements will be such that no one trainee will receive every type of experience available during his period in the scheme.

Duration of attachments

In general psychiatry, attachments of nine to twelve months' duration probably strike the best balance between the needs of training and those of the patients for continuity of care. In the psychiatric specialties, attachments may well be much shorter than this, although part-time experience over a longer duration is often to be preferred.

Need for individualization of training programmes

Administrative consideration may mean that the sequence of attachments held by any one trainee is rather rigid. So far as possible, however, in organizing the rotational training programme, account should be taken of trainees' previous experience, special needs and interests.

Relationship between university teaching hospitals and other psychiatric hospitals and units

There should be more liaison between teaching hospitals and other psychiatric hospitals in the organization of training schemes. Ideally, it is desirable that all trainees should have an opportunity of working in University teaching hospitals. In certain parts of the country geographical considerations may make such arrangements difficult or impossible, but more might be done in this area. Psychiatric training in University teaching hospitals, while generally of high quality, can be deficient in areas which are fundamental to psychiatry, especially experience in the care and treatment of long-stay patients, rehabilitation, and the psychiatry of old age. For their part non-University teaching hospitals may have inadequate facilities for training in, for example, psychotherapy or child psychiatry. Each type of hospital may therefore be able to complement the experience offered by the other. Though experience in research is not mandatory for psychiatric trainees at the pre-MRCPsych stage, exposure to an atmosphere in which research is a regular part of a unit's activities—perhaps more likely to be found in a University teaching hospital—can be an invaluable stimulus to trainees at this stage of their career. Wherever possible training schemes in University teaching hospitals should be linked to peripheral psychiatric hospitals. This is now common practice at senior registrar level but less so at registrar and senior house officer level. Arrangements of this type could be of great benefit to many peripheral psychiatric hospitals and units, apart from the training considerations.

The District General Hospital psychiatric unit

These units are often small and unable in themselves to provide an adequate all-round basic training in psychiatry. While there is no entirely satisfactory answer to this problem, greater efforts should be made to link training schemes with those in psychiatric hospitals. College approval teams should be able to exercise a significant influence in this respect.

Registrar posts in psychiatric specialties and special interests

Posts in psychiatric specialties and special interests should form part of a rotational training scheme covering both general psychiatry and the psychiatric specialties and should be held for limited periods by rotational trainees. The practice of psychiatry in whatever field should be based on a broad experience of general adult psychiatry. The establishment of significant numbers of registrar posts confined to one or other of the psychiatric specialties would undermine this principle and would be undesirable.

Peripatetic teaching

Geographical factors make it inevitable that there will always be some relatively isolated psychiatric hospitals and units which cannot provide comprehensive training from their own resources. The introduction of peripatetic teaching is commended, especially in such areas as psychotherapy through the appointment of senior lecturers in University departments with a part-time commitment to teaching in Regional psychiatric hospitals which might profitably be

expanded. In addition, trainees from the periphery could attend specialist teaching occasions in Academic Departments on a regular basis for a limited period.

Experience in particular areas of psychiatry

(a) *General psychiatry:* Training should generally begin with a period in general adult psychiatry. This should include the care of long-stay and psychogeriatric patients. (See also (f) below.) There should be regular supervised out-patient experience, including both new patients and follow-up cases.

Experience in the psychiatric day hospital is also important. Attention should be paid at an early stage to the teaching of interviewing skills. At least eighteen months of the three-year training programme should be spent in general adult psychiatry. Community nurses, social workers, and clinical psychologists, among other groups, are playing an increasingly important role, and the training of the psychiatrist must reflect this. The practice of seconding some trainees for short whole-time or part-time attachments to these departments is commended. The tutor should ensure by close consultation with the heads of the departments concerned that the experience offered during such attachments is useful and appropriate. Particular importance is attached to community experience. It is becoming common practice for trainees to accompany consultants, social workers, and community nurses on visits to patients' homes, and this development is to be encouraged. In appropriate cases, trainees may visit patients independently when adequately experienced; in such circumstances there should be close liaison with the patient's general practitioner. Apart from the short attachments suggested above, there should be liaison with non-medical colleagues, both those referred to above and others (e.g., occupational therapists, pharmacists, etc.) working within and outside the hospital throughout the training period.

(b) *Alcohol and drug dependence:* Attention is drawn to the need to ensure that trainees receive adequate experience in this area. Where there is a separately staffed unit or service for the treatment of alcoholism and/or drug dependence, it should be possible to offer a whole-time or part-time placement, but it is recognized that in many places this opportunity will not be available.

(c) *Child and adolescent psychiatry:* There should be a significant element of experience in child and adolescent psychiatry at registrar level, either part-time or whole-time. A longer part-time attachment would permit the trainees to follow cases through, but this has to be balanced against the administrative difficulties which are usually greater for a part-time that for a whole-time attachment.

(d) *Forensic psychiatry:* It is not essential to have a formal placement. Experience in forensic aspects of psychiatry might be gained throughout the training period by such means as trainees accompanying consultants when patients are seen for medico-legal purposes at prisons, hospitals, including the Special Hospitals, remand centres and other establishments. It is valuable on these occasions for trainees to pepare 'shadow' reports which are subsequently discussed with the consultant. Trainees at this level should have access to a course of lectures which introduce them to the main principles of forensic psychiatry and medico-legal work.

(e) *Liaison psychiatry:* Experience in liaison psychiatry should be gained throughout training. Opportunities will naturally be greater in District General Hospital units than in psychiatric hospitals. All trainees should receive adequate supervised experience in the assessment and management of parasuicide.

(f) *Mental handicap:* There should be an exposure sufficient to give the trainee an awareness of the nature and scope of the problems. Not less than six months whole-time experience or its equivalent would be desirable.

(g) *Psychiatry of old age:* Particular importance is attached to experience in this area because of the increasing numbers of elderly people in the population and the high incidence of mental disorder in this group. The psychiatry of old age should constitute a separate attachment within the rotational training scheme where local arrangements permit, e.g., if there is a consultant with a special interest in the psychiatry of old age and/or a psychogeriatric assessment unit.

(h) *Psychotherapy:* The numbers of consultant psychotherapists will inevitably be very limited for many years to come. Nonetheless, there are many general psychiatrists who are skilled and experienced psychotherapists. In training, equal weight should be given to the psychodynamic and the behavioural therapies and every effort made to ensure that trainees have periods of attachment to a consultant psychotherapist and to a consultant with a special interest in behaviour therapy. It should be possible for all trainees to gain a limited experience in both individual and group psychotherapy under supervision (peripatetic teaching is useful here). Trainees should also have the opportunity to treat some cases personally, using contrasting behavioural techniques under the supervision of an experienced therapists. The importance of experience in the treatment of psychosexual disorders and marital problems is emphasised.

Assessment of trainees

Trainees' progress should be continuously assessed by consultants and tutors, and formal written assessments at the end of each rotational placement are of great value. In addition, there is much to be said for assessments being made at the mid-point of each rotational placement while there is still time for the trainee to modify his work and to learn if he has improved. Assessment forms are used in a number of hospitals. As might be expected, these, while varying considerably in detail, have a good deal in common. Copies of assessment forms in use at two hospitals—one relatively simple (University of Edinburgh), the other much more detailed (St George's Hospital Medical School) are available from the College. While not recommending any

particular form, trainees' performance should be assessed in the following areas: (a) ability in history taking, formulation and oral and written case presentation; (b) therapeutic skill and judgement, including ability in specific treatment techniques; (c) relationships with patients and their relatives and with colleagues (medical and non-medical); (d) theoretical knowledge of psychiatry; (e) knowledge of, and skill in, general medicine; (f) initiative, reliability, self-reliance and administrative ability; (g) command of English language (where appropriate).

It is important for the assessment to describe the trainee's particular strengths and weaknesses and to state the trainer's views about any action needed and career prospects. A rating of ability in each area on a simple 3 or 5 point scale provides a useful profile, but there should also be adequate space for narrative comment.

Formal assessments should always be discussed by the consultant and the tutor with the trainee but should otherwise remain confidential. The trainee should be asked to add his own written comments, including his views as to the quality of content and training on that placement. The report should remain with the psychiatric tutor and remain confidential between consultant, tutor and trainee concerned.

College Notices

Stop Press

It was announced at the meeting of Council on 19 March that the new President of the College will be Kenneth Rawnsley, Professor of Psychiatry at the Welsh National School of Medicine.

A Helping Hand

A year ago the Research Committee expressed its willingness to help those who were experiencing difficulties in undertaking research projects and who were unable to get advice from other sources (*Bulletin*, May 1980). A number of individuals have already sought help and I hope, received it. We would again like to draw attention to our readiness to be of assistance.

SHEILA A. MANN
Secretary, Research Committee

Tenth Psychiatric Tutors' Conference

The next Psychiatric Tutors' Conference is to be held at the University of Kent at Canterbury from 24 to 26 September 1981. Tutors are invited to send suggestions for topics for discussion to Dr I. G. Bronks at the College. Enquiries to Jane Boyce, also at the College.

Psychotherapy Section Scientific Meeting

Dr Fay Fransella, Reader in Clinical Psychology at the Royal Free Hospital, will be talking about **Personal Constructs in Psychotherapy** at the College at 8.00 pm on 20 May 1981. All members of the College are welcome to attend.

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