

Experience of a psychiatric trainee by a general practitioner

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When the idea was first proposed to our practice that we should have a doctor from the York Psychiatry Rotation attached to our practice as a trainee we were all enthusiastic. As the start date approached and it became more obvious that I, as the trainer without a trainee for the six months in question, would be responsible for him I became a little more apprehensive. What if he wore strange clothes? What if he upset all the patients? What if he exposed all my ignorance on matters psychological? When I first spoke to Simon he mentioned that he had not done any acute proper medicine since house jobs, five years previously; I do not know who was more apprehensive – him or me. In the event, of course, I feel the placement was successful and I hope that Simon came away learning a lot about general practice and a significant amount of psychiatry in a different setting.

I was quite offended to hear that the Royal College of Psychiatrists doubted he would be exposed to enough psychiatric morbidity in general practice as I consider it is a major part of our work-load. He had the usual difficulties similar to those experienced by a GP vocational trainee when first starting in a new practice: the strange computer system, all new staff, a

way of working quite different to the hospital system, but, of course, because of his experience in psychiatry he was very skilled in verbal communication and in the consultation. Even when the presenting problem was gynaecological or developmental paediatrics, for example, patients did not seem to mind him consulting one of the partners over how to proceed.

I feel the short attachment has taught him in several areas that will be of benefit in his future psychiatric practice. Most importantly he has been exposed to the full range of psychiatric problems as they present in general practice and their management, including normal responses such as bereavement. He has learnt a little about the pathogenesis and management of common, and a few uncommon, general medical and surgical problems. As psychiatric in-patients undoubtedly suffer from these conditions as much as the general population I hope he will feel more confident in advising them.

Finally, I hope he has gained an insight into the working of a modern, and forever trying to keep up with the changes, general medical NHS practice which may help him when he returns to the ever changing NHS hospital service.

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The times

Compulsory treatment in the community in Scotland: ten questions and answers

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A recent report by the Royal College of Psychiatrists (1993) on community supervision orders refers to the use of extended leave in Scotland. The legal basis for this practice is uncertain, and some explanation is required.

1. *Is a community treatment (or supervision) order specifically mentioned in the Mental Health (Scotland) Act 1984?*

No.