Trainees forum

Part-time senior registrar training in psychiatry

A feasible option?

HILARY M. LIVINGSTON, Consultant Psychiatrist, Royal Alexandra & Dykebar Hospitals, Paisley; DOROTHY OGELTHORPE, Senior Registrar, Queen Mary's Hospital, Carshalton; and SARAH ROBERTSON, Senior Registrar, Maudsley Hospital, London SE5

One of the topics discussed at the recent Trainees Day of Thames Health Authority, Southern Division, was part-time training. Trainees were concerned about difficulties experienced by those wishing to train on a part-time basis.

In the past, a quota system was applied to limit the number of female entrants to medicine. This was abandoned and, as a result, a dramatic rise in the number of female entrants and graduates has taken place. In 1986, 52% of students commencing medicine in Glasgow were female[1] and a similar proportion of women entered training in psychiatry. Most doctors who wish to work part-time are women, and so it is likely that the need for part-time posts in the future will rise accordingly. Despite this, from views expressed by the trainees at the meeting, opportunities to train in psychiatry on a part-time basis are few and far between. This paper reviews the situation in a number of centres, with a view to encouraging the adoption of part-time training schemes in psychiatry, which attract similar scrutiny from the College as the whole-time training schemes do at present.

The current situation in England and Wales

It is extremely difficult to obtain information about doctors training in psychiatry on a part-time basis.[2] The paucity of information about part-time training may reflect the scarcity of, and difficulty in obtaining part-time posts. A recent report[3] provides details, information and guidelines on part-time training. Most part-time senior registrar posts in England and Wales are conducted under the auspices of the DHSS, PM(79)3 Scheme. This scheme was designed for those who cannot train full-time, because of domestic commitments, disability or ill-health.[4]

Opportunities to train under the PM(79)3 Scheme are scarce, highly competitive, and can take up to two years from application to come to fruition. Incredibly, successful applicants may find themselves without a salary. Sometimes, plans have to be abandoned altogether, due to lack of regional funding. There is wide regional variation in the operation of this scheme.[5] The trainee, once given Manpower approval, has to apply to the Health Authority in which he or she lives to set up and find a suitable post. Educational approval must then be sought from the Royal College of Psychiatrists for the individual's training. In the current climate of financial stringency, it can be a long and tedious process finding an area which is both willing and able to provide such finance. It seems unlikely that the situation will improve with devolution of all aspects of the scheme to the Region. Some senior registrars have encountered a further problem, when funding ceases before their training is complete, and they find once again they have to seek a source willing to finance their training. It should be emphasised that by this time many such trainees are quite senior.

Once in post, the trainee may find himself or herself facing some of the prejudice attached to supernumerary posts: low status, labels like 'back-door entry into senior posts', 'jobs for the girls', 'a helping hand'.[2] A report prepared by Burke & Black[6] for the Royal College of Physicians surveyed part-time training at senior registrar level in medicine and its sub-specialities in England and Wales. There were 47 part-time senior registrars, all of whom were employed under the DHSS, PM(79)3 scheme. They found some serious drawbacks in the scheme. Contrary to the recommendations outlined in the scheme's memorandum, senior registrars were often appointed without interview by an appointments committee, and sometimes with substandard qualifi-

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cations, according to College requirements. Unlike their full-time colleagues, part-time senior registrars were seldom subject to annual review, and often lacked feedback on their progress, or adequate supervision. Many were working in non-teaching hospitals, which had been refused approval for general professional training. The on-call commitment was at times felt to be insufficient to gain adequate experience. Presumably, such senior registrars have difficulty obtaining consultant posts, or are diverted into an unpopular specialist interest, for which they have little inclination. This situation neither benefits the trainee, nor the special interest finally adopted. Even when trainees have completed an arduous training in an academic centre with College approval, both training and commitment are often questioned.[7]

Alternative schemes in operation

In Scotland there is no PM(79)3 Scheme and arrangements have developed in a piecemeal fashion. The present Home and Health Department Policy is that Health Boards should fill a minimum of 3% of senior registrar posts with part-time trainees.

At present of 23 senior registrars in psychiatry in the West of Scotland, 11 are female and four of these work part-time. No males work part-time. Unlike the English system, where these posts would be specially created supernumerary posts under the PM(79)3 scheme, the part-time posts in this area are incorporated into the normal higher professional rotation. There are few problems arising from this particular type of training. Part-time senior registrars usually have a five session commitment. The five other sessions from each of two part-time trainees can be amalgamated to form another full-time post, or five spare sessions freed by one part-time trainee can create a further part-time post.

Senior registrar posts, for those training on a whole-time basis, often involve two separate training commitments at any one time. Five sessions, for example, may be spent in general psychiatry and five sessions in rehabilitation. The part-time trainee may have an identical training. Instead of working in two fields concurrently, however, he or she might work first in general psychiatry and then in rehabilitation, the total training time being proportionately longer. The training scheme, whether whole or part-time, is conducted under the auspices of Glasgow University. A postgraduate medical education committee, consisting of NHS and university medical staff, reviews all senior registrars on at least an annual basis. In Lothian region, job sharing of existing senior registrar posts has been used, to permit two trainees to benefit from training in an established scheme, rather than in supernumerary posts, such as those under the PM(79)3 Scheme.

Advantages of part-time trainees to the NHS

(a) Part-time employees often find their input of time exceeds by far their national sessional commitment, with consequent advantages to the NHS.[8]

(b) Medical training is extremely costly. Facilitating part-time training may allow the NHS to benefit from the skills of a group of highly trained doctors, unable to provide a full-time commitment.

(c) Part-time trainees tend to be older, and the additional length of time spent in training may result in a more mature, 'rounded' candidate applying for consultant posts. The service would benefit from the appointment of female consultants, past the stage of early child rearing, with domestic commitments, hopefully, by this time well organised.

Comments

There is a rising proportion of female medical graduates, and a high intake of women into psychiatry. Few women today wish to opt out of a profession for which they are highly trained, preferring to combine their career with their domestic commitments. Part-time training should allow both the NHS and the family to benefit.

There seems, however, to be considerable concern about part-time training in England and Wales. It is often difficult to obtain, and schemes are sometimes piecemeal and poorly supervised. These difficulties seem to relate to the fact that part-time training is separated from full-time training schemes on an administrative and service basis. A working party on part-time training for senior registrars was set-up in March 1984 and is fully aware of the defects in the present system.[3] The situation may improve if their recommendations are carried out. The major manpower contribution from women doctors with children is in the final 15 years before retirement.[10] After about ten years of part-time employment, most return to full-time, or nearly full-time employment for a further 15 years. It is, therefore, vital that training of a high standard should take place during the years of part-time work.

Recommendations

(a) We suggest the College meets with Health Authorities to discuss part-time training in psychiatry, with the aim of setting up standards for suitable schemes. Where schemes are already in existence, these should be considered for suitability along with that Health Authority's full-time training scheme for

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senior registrars, during any approval exercise for higher professional training. Where no attempt has been made to cater for those doctors who wish to train on a part-time basis, indication should be made, that the absence of such a scheme is one of the factors considered by the approval panel, when accrediting higher professional training in psychiatry.

(b) We suggest that particular consideration be given to four main areas:
   (1) the current difficulty in obtaining part-time training
   (2) the quality of training in current part-time schemes
   (3) the possibility of incorporating part-time training into normal rotational training schemes, as in the West of Scotland
   (4) the possibility of splitting posts in job rotations.

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Recommended amendments to the Mental Health Act 1983

Ikechukwu Azuonye, Abraham Cowley Unit, St Peter's Hospital, Chertsey, Surrey

Having been closely involved in the admission of patients into hospital under various provisions of the Mental Health Act 1983[1,2,3] (and its predecessor, the 1959 Act), I have made notes over the years of aspects of the 1983 Act which need to be amended in the interests of the patients, their families and the professionals who have to care for them in hospital and in the community.

Part I: Application of the Act

The Act applies to mental disorder, which is defined as "mental illness, arrested or incomplete development of the mind, psychopatic disorder and any other disorder or disability of mind".

Arrested or incomplete development of mind is further subdivided into mental impairment and severe mental impairment, both of which are defined; as is, indeed, psychopathic disorder.

But no definition of mental *illness* is offered. Considering that the majority of patients who get admitted under the provisions of this Act come under the mental illness category, it seems appropriate that an attempt should at least have been made to define mental illness.

Part II: Compulsory admission to hospital, and guardianship

There was confusion over the interpretation of Section 25 of the 1959 Act, and there is confusion over *Section 2* of the 1983 Act. Doctors and social workers frequently clash over this point, whether Section 2 provides for *treatment* as well as assessment.

Of course, *Section 2* does provide for treatment, but this is stated in such a roundabout way that it does leave room for confusion.

What specifically constitutes an *assessment*? And is it the case that, if treatment is offered under this Section, it should only be given *after* the assessment has been completed?

It would help everyone concerned if *Section 2* should provide for "Admission for Assessment and/or Short-term Treatment".

This would also get around the long-running argument, whether to apply *Section 2* or *Section 3* pro-

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