# General practice training for psychiatrists

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**Eighteen psychiatric trainees from St George's Hospital were placed in three local general practices for periods of six months each. The aim was to broaden their postgraduate education by an experience of primary care and to test the feasibility of such a scheme. Their assessments of the placement were canvassed by postal questionnaire. All considered the experiment a success but there were a number of problems. Resistance among the trainees was much greater than expected. Some of the relationships in practice posed problems for them and the ongoing demands of their psychiatric training exceeded the practices' expectations. Supervision by the GP trainers was rated very highly and old knowledge returned rapidly.**

Hospital postgraduate medical training is increasingly concentrated into rotational training schemes. General practice vocational training schemes (VTS) cannot easily accommodate doctors who wish to 'dip in', and many trainees fear that wide experience may be interpreted as lack of commitment. As a result many doctors make final career decisions directly after registration. The General Medical Council Education Committee's Recommendations on the Training of Specialists (GMC, 1987), however, emphasises breadth and flexibility, stating:

> "It is often desirable for a component of experience in general practice to be included" (para 68).

The benefits of such experience for psychiatric trainees have previously been detailed (Crisp *et al*, 1984) and it is recognised for one year of MRCPsych training. Such experience is increasingly relevant with present community developments.

Overlap of the two specialities is extensive and poorly charted (Kendrick *et al*, 1991). Despite extensive literature on the benefit of psychiatric consultation training for GPs (e.g. Gask *et al*, 1988) there is nothing published on the benefits to psychiatrists of acquiring GPs' special skills in the management of long-term conditions (Kendrick *et al*, 1991).

## The present study

A Department of Health grant to St George's Hospital Medical School in 1987 funded the placement of 18 psychiatric trainees in general practice for six months each. The scheme ran for three years to evaluate feasibility and acceptability to both trainees and trainers.

### *Selection of training practices and trainees*

Three senior local trainers were recruited and briefed on the study. Undecided trainees were excluded by requiring a minimum of one year in psychiatry and preferably Part I of the MRCPsych. Those with previous general practice experience were also excluded. Three trainees had completed all their basic specialist training, 13 had Part I of MRCPsych on entry and two passed during the placement.

### *Conditions of appointment*

Conditions of appointment were identical to normal GP trainees, ensuring the placement was also acceptable for vocational training. For continuity of employment and superannuation, trainees remained hospital employees and payments included:

(a) trainees' salaries
(b) training grants for the GP trainers
(c) car allowance
(d) telephone installation if needed.

Leave entitlement was as for GP trainees but study leave was negotiated individually. Trainees were encouraged to attend:

(a) vocational training course at St George's Hospital
(b) local trainer/trainee group
(c) one to two tutorials per week.

## Experience of the placements

The three trainees met monthly with TB and TS to monitor progress and trouble-shoot



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difficulties. Attendance was remarkably consistent. Their new professional relationships dominated these supervision sessions, as their unfamiliarity compounded the stresses of the new clinical demands. They found general practice warmer and more informal but less open to questioning – 'unspoken' rules of conduct had to be quickly learnt. The roles of practice managers and receptionists posed special difficulties.

Trainees were uniformly satisfied with both the extent and quality of their supervision. The trainees with one trainer who became part-time, however, felt 'outsiders'. Supervision varied both between and within practices, trainees initially sitting in with their trainer for two to three weeks before beginning their own reduced parallel clinics. Both trainees and organisers (TB & TS) preferred the joint monthly supervision to individual sessions as trainees' problems highlighted issues for one another and they could often share solutions.

Our trainees insisted on attending the MRCPsych course. This required negotiation with some trainers, who thought they took too much time away from clinical contact. The issue soon faded, however. Postgraduate training did occupy two to three sessions per week – MRCPsych course, vocational training course and one session for psychotherapy patients and research projects. They considered the vocational training course's emphasis on consultation and interpersonal skills repeated their training, and practice management was of little interest. The more interactive style of teaching (video training and peer-group feedback) was very much appreciated.

Three trainees lived too far away to be on-call from home, and temporary solutions were difficult to find and highly unsatisfactory. All were required to obtain out-of-hours experience, but female trainees would not make unaccompanied night-calls in one inner-city practice. Two placements were not completed (one death and one departure to a SR post). The practices coped well with these disruptions, emphasising that GP trainees really were 'paid learners'. No problems were encountered with salaries, car allowances, fees, etc, but study leave remains problematical.

## Comment

This mechanism for employing psychiatric trainees in a GP post functioned without major problems. Overall income level was about the same but might be a problem for trainees in specialties with higher on-call payments. Specific arrangements (e.g. accommodation, telephone installation) required rapid intervention from the regional adviser in general practice (TS) but this might prove difficult were the scheme extended. Placements too distant to be on-call from home should be avoided.

Administrative convenience must be balanced against the benefits of using practices familiar with specialist trainees. Our trainers experienced psychiatric trainees as 'different' and took time to get used to supervising them. Other hospital trainees (e.g. surgeons, obstetricians) would probably be equally 'different' and practices used to their differing strengths and weaknesses would provide better training. Feedback about the practices generated positive attitudes, making posts easier to fill.

Trainees warmly appreciated the level of clinical supervision provided. Trainers soon recognised the paradoxically greater level of early supervision required by these 'senior' trainees who were less confident with general medical matters. Our problems with the vocational course were idiosyncratic and the local emphasis on the doctor/patient relationship, (experienced as 'coals to Newcastle') might be particularly appropriate for trainees from other disciplines. In larger cities it may be possible to choose between vocational training courses with differing emphases operating from nearby centres. Clearly local circumstances and trainees' backgrounds need to be carefully assessed and, where possible, matched.

Our trainees welcomed didactic clinical instruction. They were surprised by the ease with which old knowledge was revived and updated but they, and their trainers, thought they would have benefited from some preparation in gynaecology (especially family planning), paediatrics and dermatology. Trainees' anxieties were greater than expected. They focused on missing the MRCPsych course, fears of deskilling, and loss of influence in local training matters. Fear of isolation was most marked in newer trainees, with seniors more secure and prepared to experiment.

Nearly all reported that they were very glad they undertook the placement, although few would have elected to do so. An optional GP post in a hospital training rotation is unlikely to have a high take-up. It would need to be a structural requirement of the training programme (as in this project) until its training relevance has become more widely accepted.

More extensive preparation and discussion with trainers than we achieved is needed. Trainees' ongoing professional obligations need to be clearly agreed in advance. Joint supervision of the trainees was very productive. Whether meeting conjointly with trainees from different specialties (e.g. surgery, gynaecology, psychiatry) on the same GP placement scheme would work equally well remains to be seen.



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## Conclusion

This pilot study has established the feasibility and acceptability of such placements. More specific educational goals for psychiatry should include understanding of the specialist/GP interface, early presentation of psychiatric disorders, interplay of physical and psychological processes in health and disease and the role of the GP in long-term disorders. Techniques for assessing achievement of these goals will require elaboration.

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## References

CRISP, A.H., HEMSI, L.K., PAYKEL, E.S., STOREY, P.B., *et al* (1984) A future pattern of psychiatric services and its educational implications: some suggestions. *Medical Education*, **18**, 110–116.

DEPARTMENT OF HEALTH (1989) *Statement of Fees and Allowances (SFA) payable to General Medical Practitioners in England and Wales*. (April 1989).

GASK, L., GOLDBERG, D.P., LESSER, A.L. & MILLAR, T. (1988) Improving the psychiatric skills of the general practice trainee: an evaluation of a group training course. *Medical Education*, **19**, 299–304.

GENERAL MEDICAL COUNCIL EDUCATION COMMITTEE (1987) Recommendations on the Training of Specialists, October 1987. London: GMC.

KENDRICK, T., SIBBALD, B., BURNS, T. & FREELING, P. (1991) Role of general practitioners in care of long-term mentally ill patients. *British Medical Journal*, **302**, 508–510.

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# The British Neuropsychiatry Association Prize

The British Neuropsychiatry Association wishes to encourage young workers in the field of neuropsychiatry and has therefore introduced the **British Neuropsychiatry Prize**. This prize will be awarded for an original paper of up to 7,000 words submitted on a neuropsychiatric topic. The paper could consist of original research in which the author is the prime researcher, an original review or any other original neuropsychiatric work.

The prize is open to any member or potential member of the British Neuropsychiatry Association below the level of NHS consultant or equivalent and currently carries a value of £500.00.

Entries should be submitted to the Secretary of the Association by 1 June 1994. A panel of examiners will make the final decision and the Prize will be presented at the UK Summer Meeting to be held from 18–20 September 1994 in Manchester.

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