

This statement was initially produced by me at the request of the London Professors of Psychiatry group and has since been discussed at AUP. It is reproduced here in case it may be of interest to those organising registrar training schemes in the present climate.

### Reference

EDUCATION COMMITTEE, GENERAL MEDICAL COUNCIL (1987) *Recommendations on the Training of Specialists* – issued in pursuance of Section 15 of the Medical Act 1978.

## The role of the clinical tutor – a personal experience

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The role of the clinical tutor may differ from that set out in the helpful guidelines given by the Royal College of Psychiatrists. It may differ depending on the setting of the training for instance. I was made clinical tutor some three and a half years ago for a large, mainly rural area – North Wales. The area does not have its own medical school, but is associated with the University of Wales College of Medicine, at Cardiff, some 150 miles away.

The tutor's role may, in such a setting, be expanded to include other duties apart from organising tuition, such as personnel work, counselling, organising senior registrar training or medical students' training. In addition there are certain other difficulties that arise due to the relative isolation from an academic centre. Similar problems may affect other areas of the United Kingdom and Ireland so I feel that it would be useful to describe some of my own experiences as a clinical tutor.

### Training scheme

There are certain unique features in organising a training scheme for psychiatry in a large area like North Wales where hospitals at which trainees may be based are up to 60 miles apart. Additional difficulties arise when schemes involve two different health districts. When I started as clinical tutor, there was not a complete training scheme as such, although there were separate SHO and registrar posts. Following the (then) College recommendations I organised a rotational training scheme combining SHO and registrar posts with trainees appointed for 3.5 to 4 years. The scheme included training in general psychiatry based both at a large mental hospital for North Wales at Denbigh and at a new District General Hospital unit at Bangor. Mental handicap training was based at Llanfairfechan, and child psychiatry was based at the Gwynfa unit at Colwyn Bay.

I had a meeting with the new Unit General Manager, and representatives of the two districts (Gwynedd and Clwyd), when I was organising the scheme and obtained their backing and co-operation, which was necessary for such a large scheme involving rotation between the two districts. This involved such matters as accommodation and travel expenses for trainees when they moved between the two areas.

With *Achieving a Balance* we appear to have come full circle, as we are not now able to combine SHO and registrar training and need to separate the two.

### Personnel work

One of the main problems over the last few years for the training scheme has been that of recruitment. I believe that this is a national problem which has had greater effects in our area for several reasons, including the relative unpopularity of hospital medicine, and psychiatry in particular, and the area's remoteness from the 'local' medical school. This shortage of junior staff has resulted in a number of crises and in the winter of 1986 we had six vacant posts with all the resultant disruption to services that this entails.

A number of steps were taken to deal with these difficulties. Initially two trainee posts were filled by nine session clinical assistants. Other clinical assistant sessions were provided by local GPs and other doctors and some of these were kept on for an indefinite period, although at times this has meant we have been slightly over the established number of staff. In fact a significant extra cost was incurred in paying for locum sessions, including payment for staff doing extra on-call duties. Vacant posts were continuously advertised in the *British Medical Journal*. Permission was obtained from the Welsh Office for some posts to attract a 'peripheral allowance' of around £950 in addition to the annual salary.

I found that much of my time was taken up in trying to recruit doctors and dealing with the conse-

quences of recruitment difficulties. Having a good personnel department helps. My own view is that there should be one member of the personnel department with responsibility solely for medical staff.

### *Academic sub-department*

An academic sub-department of Psychological Medicine (University of Wales College of Medicine) has now been established at the North Wales Hospital, Denbigh and Dr Grey Wilkinson has been appointed its Director.

### *Counselling*

The clinical tutor is usually the first person trainees come into contact with when joining a scheme and plays a central role for the trainee throughout his/her rotation. The tutor is in a position of trust for the trainee, and is in a central position to know of the trainee's progress and personal as well as academic difficulties. I have found that trainees coming to our rotation may have difficulties in settling down, and there may be problems with culture, separation from family, uncertainties about career choice etc.

### *Committee work*

The clinical tutor in this area is expected to attend two Postgraduate Boards. In addition I served as a member of the Research Committee of the Institute of Health Studies in Clwyd.

I found that I became a regular commuter to South Wales to attend meetings with representatives from the various psychiatric hospitals around Wales. This was a none too easy car drive of over 150 miles one way, and the public transport links between the two areas are poor. I attended the Working Party of Clinical Tutors for Wales as well as the Senior Registrar Subcommittee of the Joint Planning Advisory Committee. On these committees I found that I had to represent an area with very different problems and needs from some of the South Wales areas which were closer to the academic centre.

### *Senior registrar scheme*

The clinical tutor was also expected to supervise the senior registrar training when I took over the post.

This involved two senior registrars at the time although this has now expanded to three. I have organised a rotational training scheme for senior registrars involving rotation of registrars between various posts in Gwynedd and Clwyd, as well as providing experience in psychogeriatrics.

In 1988 the Joint Committee on Higher Psychiatric Training accredited our senior registrar training scheme but the local scheme was seen as being too small to be self-contained and viable and it was recommended that the scheme form part of a larger one. Thus we have decided to merge with the South Wales scheme, although in view of the distances involved the local rotation will probably need to maintain some degree of independence, as it would be difficult for senior registrars to work on schemes where they have to rotate to hospitals over 150 miles apart.

### *Academic work*

As clinical tutor I have organised and attended regular case conferences and lectures by visiting speakers. I have delegated the task of organising the journal club to the senior registrars. Our trainees attend the University Department at the Royal Liverpool Hospital for the MRCPsych course.

As in other schemes, in my experience locally, trainees have very rarely been able to do their own research. However there are exceptions and, with the establishment of the new academic centre, and improvement in recruitment, trainees may be more able and keen to do original work.

Thus over the last few years that I have been a clinical tutor for North Wales I have seen a number of changes occurring in psychiatric training locally. Our training has been improved with the help of College inspection teams who have given us helpful advice. In addition the setting up of an academic department locally forms a precedent for North Wales and will further enhance training in psychiatry. Recruitment is now much less of a problem and I am now ready to pass on the baton of clinical tutor to my successor with some confidence that psychiatric training in North Wales has been established on a firm footing.

## **Undesirable reading: the real role of the clinical tutor**

**TOM WALMSLEY, Psychiatric Tutor, Knowle Hospital, Fareham PO17 5NA**

I was appointed clinical tutor at Knowle Hospital seven years ago with little idea of what my responsibilities would be. From the College literature (which

I have not found very helpful) it seemed I was responsible in a more or less indirect way for the psychiatric education of most of those working in the hospital as