The retainer scheme and psychiatry in primary care

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Publications in the *Psychiatric Bulletin* have highlighted trainees' interest in part-time training and described different kinds of part-time training, but the feasibility of working as little as four hours a week has not been addressed. I have made unusual use of a Retainer Scheme for Doctors with Domestic Commitments to support part-time psychiatry in a general practice setting. This has proved a useful short-term option for bridging a career gap.

In 1991 I joined Lothian Health Board's Retainer Scheme, which subsidises doctors to work up to two sessions weekly, insisting on at least seven hours PGEA training sessions annually. The Scheme subsidises pay, and this helped persuade a local medical centre to employ me for one session a week, as 'In-house Psychiatrist'.

My position appears to be unique. Some practices employ counsellors, and several Edinburgh health centres have visiting psychiatrists, but these are hospital-based. I observed such a 'shifted out-patients clinic' during registrar training, and the consultant involved has given me ongoing supervision. Continuing contact with the psychiatric unit where I trained adds to the service I offer and helps dovetail care if patients are admitted.

The practice has five general practioners (GPs) and a trainee, with a total list of 9000 patients, including many hospital staff. Patients are referred to me for an initial one-hour assessment interview. During any further management I limit prescribing to psychotropic medication. Patients remain under the overall care of their own GPs. These boundaries are particularly important since I do not have vocational training in general practice. To make best use of my time, children and the elderly are mostly referred to hospital-based specialists.

I believe I bring emphasis and focus to psychiatric interests, and staff make increasing use of discussion and consultation with me, rather than simply referring cases. Over the past year a health visitor wrote a mental health booklet, the practice nurse developed her interest in counselling, I provided discussion sessions for GP trainees, and we held 'defeat depression' seminars.

Despite positive feedback from the practice, a one-year self-audit showed no decrease in referrals to the Psychiatric unit. It seems likely that I raise awareness of psychiatric morbidity, though I could not manage all cases. I also treat people who would decline hospital attendance, because of stigma, or because they work there. I am wary of taking on too many patients who would fare equally well with GPs, as this could de-skill colleagues.

The past three years will not count formally towards higher training, but I have kept my medical career ticking over, gained independence away from a hospital team, and discovered a longer-term perspective on psychiatric disorders, working nearer the community. On the negative side, net pay is small, and since Retainer Scheme lectures target GPs, I must find specialist training opportunities. As knowledge gained for Membership recedes, I must spend a disproportionate time updating skills or consider more intensive clinical experience. Happily, the Health Board now has funding for supernumerary half-time Senior Registrar posts.

References

ROUTH, C. P. (1991) Part-time training in psychiatry: what trainees want. *Psychiatric Bulletin*, **15**, 614–615.

VAN DEN BRINK, E. & SANDERS, A. (1995) Two types of part-time registrar training in psychiatry. *Psychiatric Bulletin*, **19**, 163–165.

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