ROTATIONAL TRAINING SCHEMES IN PSYCHIATRY

In the light of current interest it has been thought appropriate that some accounts of training schemes representing examples of good current practice should be published in the *Bulletin*. The accounts which follow, one describing a scheme based on a teaching centre, the other on a non-teaching hospital, have been provided by the clinical tutors concerned, and it is hoped that they will be of interest to tutors and others involved in psychiatric training.

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THE OXFORD SCHEME

By W. PARRY-JONES, The Warneford Hospital, Oxford.

General outline and administration

The Oxford scheme was established in 1971, since when it has developed considerably. The scheme comprises 25 trainees, and placements are arranged on 12 clinical firms or units, of which ten are in Oxford and two outside the city. Rotation takes place at six or twelve-month intervals.

It was found necessary to introduce fixed entry points and to agree the duration of training and the leaving date with newly appointed trainees. Since the initial period, few trainees have left earlier than expected. February and August were chosen as entry dates, as they coincide with change-over dates in medical appointments at Oxford and elsewhere. The scheme was planned initially on a three-year basis, but later it was increased to 3½ years to allow time for trainees to acquire the experience necessary to enter for the MRC Psych and to find a new appointment. It was agreed with the then Regional Hospital Board that appointments could extend over three years and that trainees entering as senior house officers could proceed to registrar status if their progress was satisfactory. This is a key ingredient of the scheme and is essential for continuous systematic training. Most trainees are appointed as senior house officers, the first year being regarded as probationary. Towards the end of this year detailed progress reports are obtained and discussed with the Director of Postgraduate Medical Education and Training at the University Medical School. If progress is satisfactory, promotion to registrar grade is recommended. These arrangements are modified if trainees have already held a registrar appointment in psychiatry.

The day-to-day running of the scheme is the responsibility of the Psychiatric Tutor, who is an NHS consultant and allocates two sessions a week to his work as Tutor. There is also an Assistant Psychiatric Tutor, who is a lecturer in the University Department of Psychiatry. Other colleagues play a major part in organizing training, including the day release lecture programme. A Postgraduate Medical Training Committee has been established, including the Tutors and consultant and trainee representatives. This has enabled policy to be formulated on many issues and is concerned with all aspects of postgraduate training.

Selection of trainees

Applicants are given a prospectus about psychiatric training in Oxford and invited to visit. Short-listed candidates are seen by the Psychiatric Tutor as a group before being interviewed by the Selection Committee, which includes consultants from the main training areas. This procedure emphasizes that trainees are being chosen for the scheme as a whole rather than for individual firms. Recruitment has been good, and all vacancies have been filled on time.

Rotational placements

Trainees have little choice about their first placement, but the subsequent programme is decided after discussion with the trainee during the first month or two in the scheme. At this stage, the whole sequence of placements is planned and the leaving date, the date of possible upgrading and, usually, the time for sitting examinations are decided.

Planning the sequence of placements is a difficult task. Inevitably, service needs take priority, although this means that at times assignments may not be of a kind or in the order that best suits the individual's training needs. Sometimes trainees allocated to firms may not have the experience, skills or interest thought desirable. On occasions, trainees and consultants who would not normally choose one another as colleagues are required to work together. At such times the co-operation and goodwill of all concerned is needed. However, in return for occasional difficulties and some loss of autonomy in selecting juniors, consultants have the assurance of a constant stream of senior house officers and registrars, with no gaps between appointments. Most trainees can be offered a balanced programme which includes their main individual preferences. Although the order of placements varies,

there are a number of common ingredients in most individual schemes. A 3½-year programme always includes six months on the Professorial Unit, six months in child or adolescent psychiatry and 12 months on a general adult firm; the remaining 18 months may be filled by six-month assignments to psychogeriatrics, mental handicap, the Regional Alcoholic Unit, or to one of the General Hospital Psychiatric Units. Provision is made for trainees with a special interest in child psychiatry by the inclusion of one 12-month placement in this field.

Theoretical instruction, psychotherapy training and research

Weekly tutorials are held on most firms and units. A journal club, open to all trainees, is held each week, and trainees can attend the day release lecture programme which caters for trainees throughout the Oxford Region. There is an annual neuro-sciences course, regular teaching throughout the year in psychopharmacology, and provision for secondment for instruction in neurology. Considerable emphasis is placed on psychotherapy training, and agreement has been reached amongst consultants to release trainees for training that extends across attachments. Supervised experience is provided in individual and group psychotherapy, together with theoretical instruction. Some trainees have been associated with research projects, and opportunities exist to develop an understanding of research methodology.

Progress reports

Regular evaluation by the Psychiatric Tutor of trainees' progress and of the training provided is an intrinsic part of the scheme. This is a sensitive task and one which is complicated by the vague and arbitary nature of the criteria for evaluation. Consultants submit a written report on the trainee's progress towards the end of each placement, emphasizing aspects needing further attention and noting how much of the report has been discussed with the trainee. All trainees are interviewed by a Tutor before they change appointments, and the contents of the report are discussed with them if appropriate and if the consultant concerned agrees. It is important to make clear that the purpose of written reports is primarily to clarify the individual's training needs. Trainees are allocated to one of the Tutors, and in addition to the regular review meetings are encouraged to see their tutor as often as necessary.

With regard to evaluation of training, as much information as possible is gathered from trainees and from discussions with consultants. Emphasis is placed on the range of experience provided, on the case load and on consultant supervision. Exploring these areas with colleagues is a delicate matter, especially when changes have to be recommended, but it is an essential part of the scheme.

Conclusions

Rotational training schemes have a number of inherent shortcomings. Organizational efficiency inevitably leads to a loss of flexibility, and the need for long-term planning of training sequences means that alterations are difficult to make. The question of how far service needs should be sacrificed to provide a good training scheme is fundamental. Frequent changes of registrar can disrupt the continuity of a firm's clinical work. On small units there may be an expectation by the longer-stay members of the team that the registrar will make little contribution to the ethos and development of the firm, and this may be detrimental to training. Certainly, rotation can limit the scope for learning through apprenticeship and reduce the consultants' interest in their juniors. Experience in Oxford, however, has shown that a large rotational scheme can form an excellent basis for general psychiatric training and enhance the standards of clinical service. The scheme has proved popular and has led to a high level of recruitment, allowing the selection of trainees who are seriously committed to the permanent practice of psychiatry.

THE EXETER SCHEME

By G. D. P. Wallen, Exe Vale Hospital, Exeter.

The problem

The group known as Exe Vale Hospital comprises three separate hospitals with a total of 1,066 beds serving a population of 600,000. There are 12 consultants in adult psychiatry, two in child and adolescent psychiatry and two in mental handicap based at the nearby Royal Western Counties Hospital. There are 17 junior trainees (nine SHOs and eight registrars), three senior registars and numerous clinical assistants, some of whom are trainees in all but name. Three SHO posts are reserved for the GP vocational training scheme. These doctors come for six months, occupying the same posts on each occasion. These posts have worked well here, and I would recommend having a nucleus of them provided that their special training needs are recognized. There are two part-time posts which rotate informally, leaving 12 formal rotating posts, five SHOs and seven registrars. These are likely to be increased to 14 in the near future.

The solution

The rotational scheme was designed to run for 3½ years to allow trainees to obtain the MRC Psych from