Flexible registrar training

Sir: Ruth Talbot's optimistic account of part-time higher professional training in child and adolescent psychiatry in Surrey (*Psychiatric Bulletin*, **17**, 665–667) is of interest to all trainees considering a more 'flexible' approach to training.

In the West Midlands a specialised scheme for flexible (part-time) training for registrars in all specialities was advertised nationally in the spring of 1992. For psychiatrists, the interviews were held in October 1992 and funding made available from February 1993. Unfortunately, not all the training schemes in the region were made aware of this option by the clinical tutors and at the time of interview not all the posts were filled. Prior to this, the West Midlands was the only region in the country not to appoint SHOs and registrars onto a specialised flexible training scheme. Others, such as Oxford, have trained their junior psychiatrists flexibly for over 20 years.

The report of the Joint Working Party into Flexible Training (DoH, 1993) suggests that some senior medical staff view part-time training as a 'soft option' and 'inferior'. Ironically, as flexible posts are funded by the Department of Health and consequently supernumerary, trainees are welcomed onto clinical teams.

It is with some trepidation, therefore, that the security of a large well organised and integrated registrar rotation be rejected in favour of the less well established option of flexible training. Working out a time-table that provides a service role with space for an academic programme, setting boundaries without appearing too rigid and uncompromising and planning supernumerary slots on the on-call rota all involve delicate but firm negotiation.

It is reassuring to read that part-time training can be comprehensive and interesting in the presence of appropriate support and encouragement. Although new to the West Midlands we remain optimistic that, with increasing awareness and a working knowledge of part-time trainees, our role will become more established and the risk of marginalisation will be minimised. The co-ordinator of the rotation is enthusiastic in his support of flexible trainees and it is hoped that this will ensure the process of obtaining educational and manpower approval is facilitated where appropriate.

DEPARTMENT OF HEALTH (1993) *The Report of the Joint Working Party on Flexible Training*. NHS Management Executive.

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Auditing postgraduate meetings

Sir: Most psychiatric hospitals have postgraduate educational programmes but their value is not generally monitored. Although trainees are under pressure to attend, consultants and other professionals may not, due to pressure of work or lack of interest, and it can be difficult to design a programme to meet everyone's needs.

At Blackberry Hill Hospital in Bristol, it was decided to audit meetings and with the aid of the audit department a form was designed to look at the degree of interest in the subject matter, its relevance to clinical practice, the quality of the speaker, visual aids and discussion and the relevance to exams for trainees. Scoring was on a visual analogue scale and forms are collated and results sent to the meetings co-ordinator and the presenter.

Looking at five months of returns we found that the range of interest varied between 4.6 and 9 (out of 10), relevance to practice between 4.7 and 10, quality of speaker form 5.3 to 9, that of visual aids from 3.8 to 10 and of discussion from 2.1 to 8.5. Relevance to exams varied between 3.3 and 9 with a smaller sample. There was variation between scores for different indices; good speakers did not always have good visual aids, for example.

Results indicate that this system has proved useful; during the period studied two speakers scored particularly highly; one has been invited back and it is hoped to invite the other later. Prior to this system some speakers were felt by the meetings co-ordinator not to be too good and it was difficult to know how to deal with this, particularly when the people were local. With audit, feedback comes from the whole audience and carries more validity and, because different areas are covered, a reasonable speaker who uses poor overheads, for example, can be alerted to this. The next step will be for the results to be presented to the audit meeting and for minimum standards to be set which meetings can then be measured against.

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Management training – opportunities with the Open Business School

Sir: We are encouraged during higher training to obtain experience in management. No clear guidance has emerged from strategic planning centres like the NHS Management Executive, or the NHS Training Directorate although the latter endorse business school courses (1991). Often enlightened trainees must take control and accept responsibility for their own training (Pedler *et al*, 1978). So where should such a

trainee look? I my case I was directed towards the Open Business School.

The Open Business School (OBS), part of the Open University, offers training in management techniques to nationally recognised standards. The Professional Certificate in Management is at MCI level and contributes towards national vocational qualification (NVQ) accreditation at level 4 (if competence in employment is shown). This can be extended to the Professional Diploma in Management (MCII level and NVQ level 5). The modules are studied at home with the textbooks, video and audio tapes provided. There is opportunity to meet fellow students from various industries with regular tutorials and a three day residential school.

Three assignments applying course principles to real work situations are submitted and count towards the final assessment, the other half from a written examination.

The Certificate in Managing Health Services (Cert MHS) is the introductory module for all those working in the health service (NHS Training Directorate, 1993) based on the OBS standard 'The Effective Manager'. It meets the needs of people moving into the operational level of management in the health service for the first time. I studied the course alongside other health care professionals all hoping to develop management skills, and it was a great leveller. Topics included managerial effectiveness and control, decision making, choosing, developing, leading and motivating the team, and organisational structures and cultures.

Completion of Cert MHS confers membership of the Institute of Health Service Managers (IHSM). If enthusiasm continues, further modules are studied for the diploma. I chose 'Managing People', 'Managing Change', 'Information Systems and Information Technology' and 'Managing in the Competitive Environment'.

I exposed my personal ignorances to others but this was a shared experience in a safe environment. I found management training has increased my confidence and increased my understanding in managing myself and the multidisciplinary team, an important skill for psychiatrists.

NHS TRAINING DIRECTORATE (1991) *Management Development for Hospital Consultants*. Bristol: NHS Training Directorate.

– (1993) *MESOL: Management Education Scheme by Open Learning*. Update 4. Bristol: NHS Training Directorate.

PEDLER, N., BURGOYNE, J. & BOYDELL, T. (1978) *A Manager's Guide to Self Development*. London: McGraw-Hill.

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Clozapine withdrawal symptoms

Sir: I read with interest the clozapine withdrawal symptoms described by Drs Palia and Clarke (*Psychiatric Bulletin*, **17**, 374–375) with subsequent correspondence by Dr Meltzer in (*Psychiatric Bulletin* **17**, 626). In our 1974 paper on clozapine (Simpson & Varga, 1974), we described patients who developed symptoms in the post drug-placebo period "which may have reflected a withdrawal effect." Symptoms lasted approximately one week and then remitted. In our 1978 publication (Simpson *et al*, 1978), three of seven patients treated "showed severe withdrawal effects within three to six days following clozapine discontinuation." They showed a marked clouding of consciousness, severe emotional withdrawal and muteness, with a quick return of their psychotic symptoms. Two of them were worse than during the baseline period. In all three, their tardive dyskinesia became worse even though this had improved during clozapine use.

We have seen these withdrawal or rebound phenomena on several occasions over the past few years. In uncontrolled studies, we have used anticholinergics to treat this since some of the symptoms appear similar to cholinergic rebound. We would, therefore, agree with Drs Palia, Clarke and Meltzer that clozapine should not be withdrawn abruptly unless absolutely necessary. If it is necessary, we would recommend the addition of anticholinergic medication and if a neuroleptic is needed, then a neuroleptic with anticholinergic properties such as chlorpromazine would be preferable to haloperidol.

SIMPSON, G.M. & VARGA, E. (1974) Clozapine – a new antipsychotic agent. *Current Theory & Research*, **16**, 679–686.

–, LEE, H.L. & SHRIVASTAVA, R.K. (1978) Clozapine in tardive dyskinesia. *Pharmacopharmacology*, **56**, 75–80.

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Television programmes and psychiatric treatment

Sir: I was interested to read 'Situation comedy compliance' (*Psychiatric Bulletin*, **17**, 625). The suggestion that popular television programmes should be used to inform the public of psychiatric treatments in a favourable light is especially important in view of the vast numbers of viewers of these programmes. 'Eastenders' and 'Casualty' can command audiences of 10–15 million per episode, and can undoubtedly influence behaviour and attitudes.

With a long history of largely negative portrayal of the psychiatric profession in the media, the time has surely come for greater utilisation of this important resource by collaborating with scriptwriters and producers of such programmes to ensure that positive messages are received by