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Training matters

Training for trainees

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The rotational training scheme now forms the basis of psychiatric training. The advantages include the provision of experience in a wide variety of posts, while permitting educational continuity as well as the stability that accrues from having a job over a long period of time. *Achieving a Balance* threatens to change the structure of the rotation and thus the very nature of psychiatric training. The main consequences are the division of combined rotations into separate senior house officer and registrar rotations, competitive interviews for registrars, and the expansion to multi-district rotations.

Herzberg & Watson (1991) have described the difficulties in establishing a regional scheme for psychiatric registrars in South East Thames. Trainees have described various aspects of the training experiences (Clare, 1972). Maden & Lewis (1990) believed that the changes caused by *Achieving a Balance* have "generated controversy, ill-feeling and a loss of morale among trainees" at the Maudsley. They also described the loss of job security and consequent loss of attractions of a career in psychiatry. Farmer (1991) in response argued that rotational schemes can be devised which benefit trainees.

It is our aim in this paper to examine the consequences of implementing *Achieving a Balance*, on a multi-district rotation, from a trainee's perspective.

The Nottingham Training Scheme was formally a homogeneous rotation with senior house officers and registrars based in Nottingham and Mansfield. It is now the Mid Trent Postgraduate Psychiatric Training Scheme. It consists of 40 trainees, including pre-*Achieving a Balance* registrars, Regional visiting and PM79/3 part-time registrars, as well as Nottingham based senior house officers. The geographical area includes posts in Derby, Lincoln, Mansfield, Newark, and Retford. Thus some peripheral postings are in excess of 40 miles from the base hospital. Previously appointments were for four years. Promotion to registrar was automatic following success in Part 1 of the MRCPsych examination. Only one out of eight jobs involved a non-teaching district. The distance, 15 miles, took approximately 30 minutes. Five trainees from the rotation were based there at a time, thus isolation was not a significant problem. Now senior house officers are appointed for 18 months or for shorter periods. Registrar appointments are for three years.

All the jobs at both levels are for six months. Placements are decided by the scheme organiser at training committee meetings. Individual preferences are taken into account, most trainees being able to choose most of their jobs. Two trainees are members of the training committee. The registrar posts are fairly evenly distributed between teaching and non-teaching district posts.

The increase in size has increased the range of experience available. There is a strong tradition of community psychiatry in Nottingham, with an effective sectorised community-based service. Other districts on the rotation are at different stages on the hospital-community continuum. A concern of "teaching hospital trainees" sent to the periphery is the quality of clinical supervision they receive. In practice, it has proved possible to obtain excellent supervision in the periphery with some peripheral jobs providing a better experience than some of the teaching hospital jobs. However, the converse is also true. Some peripheral jobs have proved unsuitable for training, leading to posts being withdrawn.

A positive feature in Nottingham is the personal tutor system. At the start of the rotation, each trainee is allocated a personal tutor who is available to provide advice and guidance. This is in addition to clinical tutors based on each of the sites, and a scheme organiser. The sheer number of trainees has reduced the effectiveness of this admirable system. It is not possible for the tutors to provide a truly personal service, particularly in view of the intense competition among trainees. This has introduced variability in the quality and availability of advice. One tutor has a single tutee, while another has eight.

Establishing new tutors will mean that some trainees will miss the opportunity of advice from experienced consultants who are familiar with the issues of particular relevance to trainees. Having peripherally based tutors could either result in having several tutors over a period of time or result in long journeys for each appointment. Travel presents the greatest practical difficulties for trainees. Further difficulties arise from having to leave and start at a new health authority every six months. Most trainees

are required to claim study leave and travel expenses from at least three different health authorities while on the rotation. Quite often there are difficulties in determining salary entitlements, and delay in receiving a salary has been reported. It is impossible to plan study leave too far in advance as the "new" health authority might not have the funds to pay for study leave approved by the previous health authority.

The academic component is based around the half-day MRCPsych course and District Postgraduate Meeting at Mapperley Hospital. Psychotherapy training is provided by a course in individual dynamic psychotherapy over 16 weeks (followed by the opportunity to take on a patient under supervision). The times for these are sacrosanct and trainees are usually able to attend regularly. However, it is becoming increasingly difficult to plan long-term psychotherapy and arrange supervision as a result of the uncertainty of future placements and the increasingly shorter notice given for new placements. Determining placements on the scheme is becoming harder. The Appointments Committee necessary for appointing registrars is cumbersome and results in delay. In order to fill sudden gaps on the rotation and ensure a balance of registrar and senior house officers on a particular site, trainees may be swopped around just before starting a new job.

MRCPsych Part 1 is the main qualifying criterion for registrar appointments. However, research is of increasing importance in the life of the trainee (Junaid & Staines, 1990). Maden & Lewis (1990) expressed concern that emphasis on research publications may become important in determining promotion to registrar. The introduction of competitive interviews at registrar level has led to a greater pressure on senior house officers to produce research in order to gain a registrar post, resulting in outbreaks of research paranoia as rumours circulate regarding colleagues' research endeavours. Many ill-considered projects are hatched and then shelved, often after considerable effort. Research supervision has lagged behind the increased research activity, and is often poorly structured.

As psychiatry continues to move out of the "safe" structure of hospital wards into the community, trainees are faced with increasing uncertainty. In the community there are an infinite number of variables, and among an often chaotic environment there is the real threat of aggression and violence. We are aware of at least one incident where a trainee assessing a patient alone in the community was attacked, sustaining injuries. The dispersal into community teams is a cause of fragmentation of professional support for trainees. More attention needs to be given to encouraging autonomy with appropriate support, rather than further sink or swim experiences reminiscent of earlier training.

Peer groups provide support through common experience, particularly in coping with adversity. Peer groups and the associated informal information networks are invaluable in dealing with difficulties and making important career decisions. Nottingham has a long history of being a trainee-friendly rotation. Old hands strive to welcome and integrate newcomers. Barbecues and Christmas parties are regular and well-attended events. There are regular mixed sporting events in football, rounders and cricket. Trainees frequently arrange social activities to which all trainees are invited. This has been made more difficult by the placement of new trainees in peripheral posts with few career psychiatrists, leading to significant professional isolation. Thus the recent changes, the geographical area, large numbers and, perhaps even more importantly, the intense competition, threatens the group.

The Mid-Trent Psychiatric Rotation provides a wide variety of general and specialty posts as part of a multi-district scheme. It is successful on objective criteria such as exam success and career progression, and also in providing a supportive peer group and friendly professional environment. The expansion of the rotation to include non-teaching District posts has led to a broadening of clinical experience without a reduction in the quality of supervision or training received.

Our fears of a reduction in the overall quality of training have been unfounded. But we are particularly concerned about the trend towards a dilution of the cohesiveness of the group and the consequent danger of lowering of morale and its implications for training and, indeed, service provision. The adjustment is difficult, but perhaps in the future we will be able to look on it as a valuable formative experience.

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