Pre-registration house officer training in psychiatry: the London experience

AIMS AND METHOD
To evaluate whether new pre-registration house officer posts in psychiatry deliver training leading to increased confidence in target skills, based on General Medical Council requirements, and to evaluate trainees' satisfaction with these posts. A structured questionnaire was filled out by the first nine incumbents of the PRHO posts before and after the placements.

RESULTS
Trainees' confidence improved in all the target skills and the posts were all rated as good or excellent. The posts attracted trainees who were potentially interested in a career in psychiatry or general practice.

CLINICAL IMPLICATIONS
PRHO posts in psychiatry deliver training that meets General Medical Council objectives, and trainees' confidence with core psychiatric skills improves after undertaking the placements.

The pre-registration house officer (PRHO) year is a crucial bridge between undergraduate training and working as a senior house officer (SHO). At its best, it provides the context within which the new graduate can further develop the clinical skills acquired as a student, and work towards an increasing degree of independent practice and decision making. At the end of the year, he/she should have the necessary competences and confidence to work as an SHO. The General Medical Council (GMC) describes very specifically the characteristics of PRHO posts, and charges the relevant local Postgraduate Dean both to commission and to regularly evaluate PRHO posts. In addition, the GMC defines the PRHO experience that a graduate must satisfactorily complete in order to be eligible, on the recommendation of their medical school, for entry into the GMC register as a fully-registered practitioner. This includes at least 3 months' acute general medicine and 3 months' acute general surgery. Traditionally, most PRHO posts have comprised 6 months’ training in medicine and 6 months’ surgery. However, GMC regulations allow considerably more latitude than this arrangement suggests and in Sheffield, PRHO posts that include psychiatry have existed for many years (O'Dwyer, 1999). Recently, the London Deanery has commissioned over 30 1-year PRHO rotations that include 4 months’ medicine, 4 months’ surgery and 4 months in another speciality. The specialties have included critical care/general intensive care units, anaesthetics, women's health, general practice, child health and psychiatry. The criteria used to identify specialties suitable for PRHO training were: (1) that these should be in the same hospital or community as the medical and surgical posts; (2) there was a consultant keen and able to take on the role of a PRHO trainer/supervisor, that his/her team had a good reputation for training, and that his/her team were willing to include a PRHO and understood the need for supervision; (3) that the clinical experience came within GMC guidelines and (4) that the timetable of the PRHO reflected the likely competence of a PRHO and had an element of latitude that took into account variation in acquisition of skills and competencies, included a range of learning opportunities and that the post holder should not simply be required to do tedious administrative work that others do not want to do.

Four consultants in three north London community/mental health trusts were identified as keen to take on a PRHO and in August 1999, three rotations were set up. For these psychiatry posts, F.M. and J.H. drafted proposed educational skills based on requirements outlined in The New Doctor (GMC, 1997) and modified these after discussion with the consultant trainers (Box 1). Two of the posts were based in mental health units and one was based with a liaison psychiatrist in a general hospital. The first of the mental health unit posts offers a two-thirds in-patient/one-third community split. The second mental health unit post offers a two-thirds community/one-third in-patient split. The liaison post offers one-third emergency referral work and two-thirds attendance at specialist clinics. All three posts allow for attendance at the unit academic programme and all offer individual educational supervision by the consultant trainer. This paper reports an initial evaluation of these posts and in particular whether trainees feel more confident in the target skills set, outlined in Box 1.
were any statistically significant differences between
thought it would be interesting to see whether there
placement questionnaire. Despite these low numbers, we
naire (100%) but only five (67%) filled out the post-
skills in the PRHO year?

Results

Do trainees gain confidence in psychiatric
skills in the PRHO year?

All nine trainees filled out the pre-placement question-
aire (100%) but only five (67%) filled out the post-
placement questionnaire. Despite these low numbers, we
thought it would be interesting to see whether there
were any statistically significant differences between

Method

We drew up a questionnaire to find out how confident
trainees were in the skills outlined in Box 1. Each was
asked to rate their confidence on a five-point scale. The
stems were ‘I feel confident about’ or ‘I feel anxious
about’ and each related to the educational skills outlined
in Box 1. The five possible responses for each item were;
strongly disagree (0), mildly disagree (1), no opinion (2),
mildly agree (3) and strongly agree (4). The questionnaires
were sent by post to nine trainees within the first month
of their placements and within 2 months following the
end of their placements.

Results

Do trainees gain confidence in psychiatric
skills in the PRHO year?

All nine trainees filled out the pre-placement question-
aire (100%) but only five (67%) filled out the post-
placement questionnaire. Despite these low numbers, we
thought it would be interesting to see whether there
were any statistically significant differences between

Overall assessment of the posts

Three of the five trainees who completed the post
feedback questionnaire rated the placement as excellent
and two trainees as good. A further four trainees have
completed this question as part of the Dean’s evaluation
of the post. Of the nine trainees who have provided
overall evaluation, five (56%) have rated the placements
as excellent and four (44%) as good.

Possible career intentions

All nine of the trainees in this cohort were considering a
career in either psychiatry or general practice before the
placement, and none of the five who responded to the
second questionnaire had changed their minds.
Discussion

The PRHO posts in psychiatry seem largely to meet their targets, in that there is a clear improvement in trainees’ self-rating of relevant skills, and the posts seem to be rated highly by trainees who have undertaken them. Our initial impression is that these placements are successful in equipping PRHOs with improved psychiatric skills. While these skills are clearly important for psychiatrists, they also have clear relevance to work in other settings, such as hospital medicine or general practice. It has been found that medical students experience particular stress and Firth (1986) highlighted the stress that they experience in talking to psychiatric patients. These placements clearly increase confidence in all aspects of psychiatric clerking.

The findings also suggest that newly-qualified doctors who opt to undertake a PRHO post in psychiatry tend to do so because they are considering a career either in general practice or psychiatry. The experience tends to confirm these career expectations. J.H. subsequently interviewed two psychiatry PRHOs (but not those surveyed in this study) who had applied for psychiatry posts, with a clear preference for a surgical career, on the basis that this would be their only opportunity to gain experience in mental health skills. However, it seems that most trainees who undertake these placements are at least considering a community-based speciality. Psychiatry is one of many innovative hospital and community options now available to trainees as part of their PRHO experience and it is hoped that these initial promising findings will encourage other colleagues to set up house officer posts of this kind.

Acknowledgements

The authors wish to thank Drs Howard Ring, Jan Falkowski, Martin Deal and Pepe Catalan for their invaluable help in setting up these pre-registration house officer posts and assisting us in refining the skills. We also thank Karen Fergus for her assistance with the manuscript.

References


Dr Joe Herzberg Honorary Reader in Postgraduate Medical Education (Queen Mary, University of London), Associate Dean of Postgraduate Medicine (North East London), M. Aitken Web and Information Officer, Dr Fiona Moss Associate Dean of Postgraduate Medicine (North West London), London Deanery, 20 Guilford Street, London WC1N 1DZ.