

Training matters

Outcome of psychiatric training – The Liverpool training scheme

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The Liverpool training scheme in psychiatry began in August 1985 and at the time of writing is five years old. During this time 73 trainees have left the scheme; some having completed four years training in psychiatry, some completing a much shorter time. We thought, therefore, that it would be interesting to consider the posts trainees took on leaving.

The scheme

The Liverpool scheme covers registrar and senior house officer posts in five health districts and includes 52 posts in 15 different hospitals. It can be seen, therefore, that we do not agree with our Manchester colleagues that in regard to training schemes “small is beautiful”.

Although the size of the scheme makes a great deal of work for the organisers, this is more than compen-

sated for by the flexibility it gives for the placement of individual trainees. We are able to give each trainee a wide experience of psychiatry and they have considerable choice in the posts which they occupy. We think we succeed in satisfying most of the trainees most of the time.

The committee responsible for the training scheme is the General Professional Training Sub-Committee for Psychiatry GPTS(P) which is a sub-committee of the Postgraduate Advisory Panel (Psychiatry) PAP(P), but the day to day organisation is carried out by the Chairman (Dr J. Higgins) and the Vice-Chairman (Dr E. W. Birchall). Each general psychiatry hospital group and each sub-specialty group has a clinical tutor responsible to the PAP(P) and he/she is expected to arrange a full and varied programme of experience for the trainees under his/her care.

TABLE I
 Trainees leaving training scheme 1985–1990

	1985–86	1986–87	1987–88	1988–89	1989–90	Total
Passed Membership						
(a) Senior registrar posts	5	5	6	4	7	27
(b) Abroad	2	1	2	1	–	6
(c) Other posts or not known	1	2	2	1	–	6
Sub-total	8	8	10	6	7	39
Completed four years, but not passed Membership						
	–	3	–	–	1	4
Not completed four years						
(a) Further psychiatric posts	1	1	3	2	3	10
(b) General practice	5	1	–	4	–	10
(c) Other posts or not known	1	5	3	–	1	10
Sub-total	7	7	6	6	4	30
Total	15	18	16	12	12	73

TABLE II
Length of time in training

	Group	Number	Length of time		
			Shortest	Longest	Mean
Completed training and passed Membership	Senior registrar	24	3 yr 2 m	6 yr 4 m	4 yr 4 m
	Others	10	4 yr 0 m	6 yr 8 m	5 yr 3 m
	Total	34	3 yr 2 m	6 yr 8 m	4 yr 8 m
Completed four years and failed membership	Total	4	4 yr 8 m	6 yr 0 m	5 yr 3 m
Not completed four years training	Total	29	6 m	3 yr 10 m	1 yr 7 m

*Six trainees have been omitted from this Table because of inadequate data.

During the first two years of training it is intended that the trainee should get as wide an experience of general psychiatry as possible, and in years three and four the trainee gains experience of psychiatric sub-specialties. Placements are decided at a twice per year meeting between the two organisers (Drs J. Higgins and E. W. Birchall) and the trainees. Contrary to expectations these meetings are friendly, good-humoured affairs. The trainees also have their own representative organisation, Association of Liverpool Psychiatrists in Training (ALPIT), and are encouraged to attend the regular meetings.

The step from SHO grade to registrar usually takes place after 18 to 24 months when the trainee has passed Part I of the Membership examination. Under the regulations associated with the *Achieving a Balance* report it is necessary for all the trainees to be successful in a competitive interview at this stage, but we are confident that our own SHO trainees will cope well with this challenge and we are considering ways to make the transition as smooth as possible.

Although a small training scheme would be easier to run, it seems to us that a large scheme not only provides benefits to the trainees in giving wider experience, more choice and greater flexibility, but is also influential in improving standards of training and possibly even in the practice of psychiatry in all the hospitals involved in the scheme. Far from thinking that the scheme is too big, we are currently considering ways in which it could be expanded to include most of the psychiatric posts in the region.

Internal audit

When organising a large training scheme it is necessary to assume that all trainees are of equal ability and that all posts provide an equal quality of training, otherwise the numbers of variables become completely unmanageable. However, as the assumption is clearly false, it is necessary to lay down minimum standards.

For the trainees we attempted to do this by careful initial selection, and by asking the clinical tutors to complete assessment forms at the end of every six month period on each trainee under their supervision. This enables the GPTS(P) to monitor the progress of the trainees and to counsel them appropriately if any problems are detected.

All the posts in the scheme are subject to 'internal audit'. The GPTS(P) appoints audit panels similar to the College Approval Panels, and these consist of a member of the GPTS(P), a clinical tutor, and a senior registrar. The panel visits a hospital or group of hospitals and assesses the posts in a similar way to a College visit. The audits are carried out in a friendly relaxed manner, but as the panel has the advantage of detailed local knowledge, they are often far more searching than a College visit. We have been pleased to note that our College visitors have not yet detected any problems of which we have not already been aware through our 'internal audit'.

The process is, of course, time-consuming and it has proved possible to visit all the posts only twice in four years. We think it has been well worthwhile as it has made consultants more aware of the educational needs of the trainees and has improved the standard of training in many of the posts.

Outcome of training

In 1985 most of the posts covered by the scheme were already occupied. These trainees were incorporated into the scheme, their contracts were honoured, and in most cases extended to allow them to complete their training.

Of the 73 trainees who left the scheme between 1 August 1985 and 31 July 1990, 43 had completed four years training in psychiatry – not necessarily all in Liverpool – and of these only four (9%) failed the Membership examination. Out of 39 who passed the examination, 27 trainees succeeded in obtaining senior registrar posts (20 in the Mersey Region). The

proportion obtaining senior registrar posts is 69% but in 1989–90 it rose to 100%. Six trainees (15%) successful in the Membership examination have taken posts abroad, some in their own country and others in America or Canada.

Thirty trainees left without completing their training. Of these, ten (33%) continued their psychiatric training elsewhere, and ten trainees (33%) gave up psychiatry to undertake training in general practice.

Length of time in training

The length of time spent in SHO and registrar grades is very variable. For trainees leaving the scheme it ranges from six months to six years eight months. Of course, as the scheme has been in existence for only four years, some of the time was spent in other training posts before coming to Liverpool. It appears to us significant that for those trainees passing the Membership examination, the mean time spent in training of the group achieving senior registrar status is four years four months while those who do not achieve this have a mean length of training of five years three months.

It would appear that after a certain length of time trainees' chances of obtaining senior registrar posts begin to diminish. It is now GPTS(P) policy that only in exceptional circumstances will trainees' contracts be renewed after they have completed five years training in psychiatry.

Comment

Those trainees who leave without completing four years fall into a number of groups, the largest being those who decide after six to twelve months that psychiatry is not for them and leave to pursue training for general practice. A second group are those who fail the Part I examinations twice and are asked to leave. We feel that it is better to give up at this stage rather than struggle on with the possibility of not getting a senior registrar post even if the Membership qualification is achieved. The third group are those who leave for personal reasons to continue training elsewhere.

Trainees who complete four years training but do not achieve the Membership examination are

fortunately few in number, but are no doubt very unhappy with this outcome. We hope with better selection techniques and close monitoring of progress to reduce this number still further.

It must be very frustrating to pass the Membership examinations and then to fail to obtain a senior registrar post. These doctors fall into two groups. Those who are not suitable for consultant grade, usually because of personal qualities, and those who are suitable for consultant status but are unable to obtain senior registrar posts because of the shortage of such posts. This latter group, though small in number, is particularly worrying as at present most regions have consultant posts lying vacant while there is a bottleneck between registrar and senior registrar grades. This is a matter for regional health authorities and the Department of Health to correct by speedy implementation of newly approved senior registrar allocations. The more stringent selection procedures and closer monitoring under *Achieving a Balance* should help to raise the proportion of trainees with membership obtaining senior registrar posts from the present 69%.

Conclusions

We are fairly satisfied with the outcome of training in the Liverpool training scheme, but hope to improve with time and experience. We should be very interested in the outcome in other training schemes if comparable figures are available.

We believe that our results indicate that an increase in senior registrar posts is necessary, especially in regions which regularly have consultant vacancies.

We also believe that the introduction of *Achieving a Balance* will be of considerable benefit to psychiatric training.

Further reading

- DHSS (1988) *Plan for Action: Hospital Staff: Achieving a Balance*. London: HMSO.
- SONI, S. D., TAIT, A., PIDDS, S. & GOLDBERG, D. P. (1987) Multi-district rotational schemes for postgraduate trainees in psychiatry. *Bulletin of the Royal College of Psychiatrists*, **11**, 13–15.