

Trainees' Forum

Contributions are welcome from trainees on any aspects of their training

The Dartford Training Scheme of the Joint Senior Registrar Appointment with King's College Hospital

M. S. PERINPANAYAGAM and K. SIVAKUMAR, Stone House Hospital, Kent

Senior registrar training is a preparation for consultantship. The Royal College recommends that when selecting senior registrars 'potential suitability for a consultant post' should be the prime consideration (1). The trainee, having concentrated on the acquisition of theoretical knowledge and basic clinical experience, now sets out to learn further management skills, improves on his special interests and fills gaps in the experience he has so far gained (2). The emphasis during his senior registrar tenure is therefore on a different set of objectives.

Senior registrar training schemes have aroused a great deal of interest in recent years. The schemes contain some form of rotation, which is usually between a teaching hospital unit and a peripheral psychiatric hospital or unit. It is generally considered that training facilities in the periphery are inadequate and second-grade to those available in the teaching hospital. However, when one considers the vast and varied experience available in the peripheral hospitals one often finds that such criticism is unfounded. As a source of patients for teaching, peripheral hospitals are becoming increasingly important. Matters such as re-allocation of resources to the periphery and the re-organization of medical education (3) at the centre, though hotly debated, underline the importance of the peripheral hospitals. It is therefore vital that the situation in the periphery should be critically evaluated.

This article seeks to set out the different aspects of training available at the peripheral end of one senior registrar rotation, and the authors invite criticism regarding its shortcomings.

Dartford and Gravesham Health District, with a mixture of urban and rural areas, has a population of about 260,000. There are two psychiatric hospitals (Stone House and Mabledon), a hospital for the mentally handicapped (Darenth Park) and a district general hospital (Joyce Green) with a psychiatric wing and also one for mental handicap.

The main psychiatric hospital is Stone House (350 beds), and it has an attached day hospital. The second is Mabledon Hospital, about two miles away, with 137 beds and a day hospital.

In spite of there being beds for acute admissions, male and female, the majority of patients in the two psychiatric hospitals are medium and long-stay, who have an active

rehabilitation programme. Joyce Green Hospital has acute beds, a mother and baby unit and a day hospital. There are fully staffed departments of psychology, social services and occupation therapy attached to all three hospitals. Out of necessity adolescents are admitted to the general adult wards, as there is no special unit.

Besides Joyce Green, general hospitals in the area include West Hill in Dartford and the Gravesend and North Kent Hospital in Gravesend. Liaison work is carried out at all these.

There are four consultants, two attached to the Dartford area and two to Gravesend. The senior registrar works in the Dartford 'firms' and is directly supervised by the senior consultant (M.S.P.) who is also the psychiatric tutor. Periodically the senior registrar is called upon to undertake some duties in the absence of the second consultant. The supporting junior medical staff consists of a registrar and four SHOs for the Dartford 'firms' and a registrar and three SHOs for the Gravesend 'firms'. One of the SHOs is a general practitioner trainee. There are also three GP clinical assistants.

The senior registrar transfers to King's College Hospital at the end of two years in Dartford. The current incumbent is the third since the scheme began and the first two secured consultant appointments after completing their rotation. Experience gained is wide and varied. The range of clinical material available includes short-stay acutely ill patients in both Joyce Green and Stone House. Alcohol and drug dependence patients are among those admitted.

Management of medium and long-stay patients involves the use of token economy, and as the patients gain more independence and confidence they are encouraged to move from the hospital to a halfway house and finally to a group home or hostel in the community (organized by the local branch of the NAMH). The support of the community psychiatric services in the District has greatly reduced the long-stay hospital population. Weekly day hospital patient review and twice-weekly out-patient clinics, when unsupervised new and follow-up patients are seen, increases this important area of experience. Liaison psychiatry experience is extensive when up to 6-8 patients a week are seen for assessment in the accident and emergency unit. This includes patients from other departments.

Discussion with the consultant is encouraged at every

level and at every stage when the senior registrar requires it, or the consultant feels it necessary.

The senior registrar accompanies the consultant on many of his domiciliary visits (over 300 a year) and is able to liaise with general practitioners and community nurses in the follow-up of patients who have been assessed. The senior registrar has been approved under Section 28 of the Mental Health Act.

Experience in child and adolescent psychiatry is encouraged by attendance and active participation in the weekly clinic. Adolescents, when necessary, are admitted to the adult wards and this provides useful experience in adolescent and family psychiatry. Regular visits are made to the home for adolescent disturbed girls, Kendall House at Gravesend. The occasional hospital admission from Kendall House of a severely disturbed adolescent enables the senior registrar to enrich his experience in adolescent management.

Experience is gained in the management of psychiatric disorders in mentally handicapped patients when the consultant is invited to advise, and the senior registrar participates in the case conferences organized by the tutor for mental handicap at Darenth Park Hospital and Joyce Green Hospital.

The senior registrar is guided by the consultant to write his own court reports on patients referred for shoplifting, arson, exhibitionism, etc., and accompanies the consultant on his visits to Rochester Borstal.

Formal psychotherapy experience is gained by attendance at the Tavistock Clinic. The future appointment of a consultant psychotherapist to the Group would enable more personal psychotherapy supervision.

Consultants regularly teach at their ward rounds and during many other informal meetings.

The organizing of fortnightly clinical case conferences alternating with fortnightly journal club meetings are the responsibility of the senior registrar. The senior registrar is involved in the Regional Postgraduate teaching programme for the MRCPsych and DPM, of which the consultant was the founder (4). Bi-annually MRCPsych and DPM residential revision courses (since 1972) are conducted at the University of Surrey, Guildford, and Brookwood Hospital, Woking, under the auspices of the Southern Division psychiatric training scheme. The consultant, one of the original organizers, introduced and actively encourages the senior registrar to conduct tutorials and participate as examiner in the mock exams at the Guildford Course.

Students from Westminster Hospital Medical School attend periodically for a week's residential training in psychiatry, and the senior registrar is closely involved in their teaching programme. In addition, he is actively involved in teaching and training the nurses.

The libraries at both Stone House and Joyce Green Hospitals are well organized with books and journals, and the senior registrar is expected to participate in keeping the libraries up to date.

Lunchtime seminars for GPs and weekend GP courses are held at the postgraduate medical centre and the senior registrar is actively involved in the teaching activities.

The senior registrar is a full member of the 'cogwheel' or 'psychiatric division'. He is also the medical representative on many other Sectoral committees. His advice is welcomed and much relied on at multidisciplinary unit meetings.

The present senior registrar is working on two research projects under the consultant's supervision, and is also pursuing a project in which he was involved before his appointment to the present post.

Summary: It is generally felt that Higher Professional Training has as its cornerstones the development of management and administrative skills, the gaining of further experience in clinical psychiatry, including special interests and provision for teaching and research experiences (2). It cannot be doubted that the common denominator in all these aspects and experience here for higher training is clinical work, developing sensitivity to the needs of the patients and their relatives, and this sensitivity is sharpened by working with the multidisciplinary team. How else does one develop the clinical acumen and diplomacy which is expected of a consultant? Involvement in research is another important requirement. Is there not a case for clinical research? (5) The peripheral hospital is a mine of interesting material. The senior registrar with the right guidance should easily be able to gain experience in research. The peripheral end of a joint training scheme offers a wide range of patient population from a large catchment area, and the facilities for multidisciplinary assessment and treatment, together with facilities to gain experience in most of the sub-specialties, teaching and research.

REFERENCES

- (1) ROYAL COLLEGE OF PSYCHIATRISTS (1979) Criteria for senior registrars appointments. *Bulletin of the Royal College of Psychiatrists*, June p. 107.
- (2) FIELDSEND, R. (1980) A view on senior registrar's training in general adult psychiatry. *Bulletin of The Royal College of Psychiatrists*, August.
- (3) BRITISH MEDICAL JOURNAL, (1980) London's medicine. 8th March.
- (4) PERINPANAYAGAM, M. S. (1969) In *The Training of Psychiatrists*. British Journal of Psychiatry Special Publication No. 5, p. 95.
- (5) TSUANG, MING T. (1980) A case for clinical research. *Bulletin of the Royal College of Psychiatrists*, June, p. 87.