

JCHPT have produced good results. But it is disheartening to learn that the majority of consultants still rate their training in essential areas of activity—rehabilitation, work in the community and administration—as not completely satisfactory.

As well as a raising of the level of satisfaction with training, the gap in standards between psychiatric and teaching hospitals has narrowed, resulting, together with better opportunities to work in a teaching hospital, in a reduction of the discrepancies in training reported between home and overseas doctors. Nonetheless, discrepancies do still exist and still demand attention from the College and the JCHPT.

It is also disappointing that nearly half of the ex-senior registrars had not obtained the two half-study days each week recommended by the DHSS. Also, closer attention at senior registrar level would seem needed in administration, psychiatry of old age and alcoholism. Further consideration should also be given as to why so many ex-senior registrars felt that the JCHPT approval visits were not improving the quality of their training.

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Senior Registrar Training in Alcoholism and Drug Dependence

Summary of a Report by a Working Party of the Dependence/Addiction Group*

The working party was set up in November 1981 to review current senior registrar training in alcoholism and drug dependence, and to make recommendations for the future. It sought the views of all known consultants in alcoholism and drug dependence, and their present and past senior registrars. Attention to this question is justified for the following reasons. First, the Manpower Working Party's report, *Medical Manpower in the Psychiatric Specialties* (Royal College of Psychiatrists, 1982), has recommended that the average District (i.e. a population of 200,000) should allocate about four consultant sessions to the 'dependencies',

such sessions being provided by general psychiatrists with a special interest in alcohol or drug dependence or both. Secondly, appropriately trained applicants are needed for vacancies which occur in the existing regional and sub-regional alcoholism treatment units and drug dependence clinics. Thirdly, the Treatment and Rehabilitation Working Group of the government's Advisory Council on the Misuse of Drugs is likely to recommend an increase in the number of consultants specializing in drug dependence.

At present there are about twelve senior registrar posts in alcoholism and about five in drug dependence, although only one of the latter is full-time. Such provision of training posts is unlikely to be adequate.

The appropriate locations of senior registrar training

It is recommended that each Regional Health Authority in

*The working party comprised Dr D. Black (DHSS observer), Dr A. H. Ghodse, Dr N. W. Imlah and Dr K. J. B. Rix (Convener). Copies of the full length report are available from the College.

England and Wales, each Health Board in Scotland, and each Health and Social Services Board in Northern Ireland should have at least one senior registrar post at a centre, or centres, which meet the following requirements: (a) the consultant or consultants devote the majority of their time to either or both these specialties; (b) there is adequate support staff; (c) the workload is sufficiently large to occupy the senior registrar for up to 25 hours a week in clinical duties; (d) the centre is based in a teaching hospital or closely linked with a university department of psychiatry; and (e) the post is part of an established senior registrar rotation. Such posts may require the linking of appropriate alcoholism treatment units and drug dependence clinics.

Training for consultants with a special interest

The working party was convinced that consultants who are going to devote only a small number of sessions to the 'dependencies' need *more* training in their specialty than consultants who are going to devote the majority of their sessions. In practice, however, it had to be conceded that it would be unlikely for such a person to have been able to spend more than a year in the specialties of alcohol and drug dependence. It was therefore recommended that the 'special interest' consultant should spend at least 12 months as a senior registrar in alcoholism *and* drug dependence and, if this minimum level only has been achieved, provision must be made for further training at consultant level, either by secondment or by making use of proleptic appointments.

Training for consultants devoting the majority of their time

Senior registrars intending to be consultants devoting the majority of their time to alcoholism, drug dependence or both should spend at least 18 months in alcoholism *and* drug dependence. Those who are going to devote the majority of their sessions to alcoholism will need to work as a full-time senior registrar in alcoholism for a year. The remaining six months of the 18-month period should, ideally, be spent working full-time in drug dependence. But, if this is not possible, it is acceptable to spend four sessions a week in drug dependence over the course of a year. Similarly, for a consultant devoting the majority of his sessions to drug dependence, the requirements would be a year as a full-time senior registrar in drug dependence and six months (or the sessional equivalent) in alcoholism.

The need for training in both alcoholism and drug dependence

The need for alcoholism consultants to be trained in drug dependence and for drug dependence consultants to be

trained in alcoholism arises from the nature of the work in these specialties today. There are now many more similarities and greater overlap between the work in alcoholism and drug dependence services. This is reflected in the similar age of patients, the occurrence of multiple drug abuse alongside alcohol abuse, and similarities in approaches to treatment and rehabilitation.

The content of senior registrar training

Patients with alcohol or drug problems frequently come to the attention of other hospital specialties. As part of the senior registrar training in alcoholism, it is important that there should be opportunities for working in close liaison with a general medical or gastroenterology service. In the senior registrar training in drug dependence, there should, in particular, be opportunities for liaison with accident and emergency services.

Senior registrars should have the opportunity to liaise closely with statutory services, such as social services, education, the rehabilitation employment officer, staff in residential hostels and day centres; and with non-statutory organizations such as regional councils on alcoholism and voluntary bodies such as Phoenix and Roma which provide detached social work, walk-in service centres, and residential rehabilitation homes for drug dependents.

It is also desirable that the senior registrar should gain experience in preparation of court reports, presentation of evidence in court, and liaison with probation services.

There are other specialties in which consultants in alcoholism or drug dependence, or both, should have had experience (if possible, as senior registrars): forensic psychiatry, psychotherapy, and, in the case of drug dependence but not necessarily alcoholism, adolescent psychiatry.

The significance of experience at the SHO or registrar level

The opportunity of working as an SHO or registrar in alcoholism or drug dependence may be important in encouraging a favourable attitude towards these specialties. If experience has already been obtained at a junior training grade some reduction may be made in the duration of senior registrar training in alcoholism and drug dependence. However, such previous training cannot be regarded as equivalent to similar periods at the senior registrar level since the experience will differ.

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