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A Regional Post-graduate Training Scheme in Psychiatry

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I. The Central View

The foundation of the new Department of Psychiatry in the University of Birmingham in January, 1962 was followed by the development of a post-graduate training scheme in psychiatry operating within the area administered by the Birmingham Regional Hospital Board. It was clear at the outset that the Regional psychiatric hospitals were looking to the new Department for positive help in post-graduate training and research and that its creation was accompanied by an air of expectancy. Because, judging from enquiries received, the scheme has excited some attention from outside the Region, it would seem appropriate to give an account of how it operates.

Within the Region there are 13 psychiatric hospitals and a number of smaller units including the Uffculme Clinic, St. Wulstan's—a rehabilitation unit for long-term patients at Malvern—a unit in the City General Hospital at Stoke-on-Trent, and the Department of Psychological Medicine in the United Birmingham Hospitals which was in existence before the University Department of Psychiatry was founded. There are also several hospitals for the care of the mentally subnormal which, with one exception, have not so far been included in the scheme but will be included in due course.

Because of the number of hospitals and the distances between those most peripherally situated, it seemed extremely unlikely that any post-graduate training scheme based only on the centre could adequately meet Regional needs. At the same time it also seemed unlikely that anything very worth while could be accomplished by peripatetic visits carried out by the very few members of the relatively small University Department. To some the idea of a "Maudsley in the Midlands" sounded attractive. However, funds for the foundation of such a centre were not available. Apart from this, the desirability of imitation deserves the closest consideration. What may be best for London is not necessarily best for the Midlands or for anywhere else for that matter. It is probably a sound principle that a post-graduate training scheme should be tailor-made to suit the needs of a particular region. Accordingly, and with the co-operation of the Regional Hospital Board and the Director of Graduate Studies at the Medical School, a plan was evolved which took into account the Region's particular needs and facilities already in existence. The principle underlying this plan was that post-graduate training should be widely dispersed though centrally led.

The scheme as it at present exists has four main aspects: (1) the appointment of post-graduate clinical tutors in psychiatric hospitals; (2) the development of special aspects of post-graduate training at certain hospitals in addition to their normal service function; (3) a special training scheme for senior registrars; and (4) limited central training courses largely directed towards helping those psychiatric registrars intending to sit for the Conjoint D.P.M.

Clinical Tutors

A post-graduate clinical tutor has been appointed to each of the 12 major psychiatric hospitals in the Region. Uffculme Clinic also has a senior clinical tutor (in post before the scheme came into existence) and a clinical tutor in psychotherapy. There is also a post-graduate clinical tutor in forensic psychiatry at All Saints' hospital. A post-graduate clinical tutor in mental subnormality has recently been appointed to Monyhull. All clinical tutors have honorary University status. Each is paid a small honorarium by the Regional Hospital Board. Appointments are made for three years in the first instance and are renewable.

As a general rule, post-graduate clinical

tutors are appointed from among the younger consultants either from those already in post or where a vacancy exists a consultant may be appointed with a view to his suitability as a clinical tutor. Each clinical tutor is chosen following discussion between the Medical Director or Superintendent of each hospital concerned and the University Department of Psychiatry. Following this, a recommendation is made to the Regional Board and to the Director of Graduate Studies, who places this in front of the Faculty of Medicine. In two instances, the medical director of the hospital is also the clinical tutor. The functions of the post-graduate clinical tutors include:

(1) Post-graduate supervision of junior members of hospital staff of various grades.

(2) Training those sitting for part II of the Conjoint D.P.M.

(3) Organizing case conferences, clinical seminars, tutorials, etc.

(4) Organizing post-graduate courses for general practitioners, and courses of instruction for ancillaries.

(5) The clinical instruction of medical students, visiting or in temporary residence.

(6) Maintaining local library services to a standard sufficient to meet post-graduate needs.

It is not incumbent upon clinical tutors to carry the whole load of post-graduate teaching. On the contrary, efforts are made to spread the teaching load throughout all members of the consultant staff of each hospital. The prime role of the clinical tutor is therefore that of organizer and co-ordinator.

Approximately every two months a meeting is held of clinical tutors with members of the University Department. These take place in a different hospital on each occasion. The Regional Board's medical officer concerned with mental health services acts as secretary to these meetings. Minutes are kept and later circulated not only to those attending the meetings but to each medical superintendent or director who may, where appropriate, keep his hospital management committee informed of the proceedings. The first part of each meeting consists of a general discussion of various aspects of post-graduate psychiatric training and research, the deployment of senior registrars for special training, maintenance of hospital libraries, etc. The second half may be devoted to the discussion of a clinical topic or the inspection of special features of interest in the hospital where the meeting is held.

Apart from keeping minutes, the meetings are largely informal, giving rise to lively and often controversial discussion. The level of attendance has been high throughout. In particular the meetings serve as a medium of communication not only between centre and periphery but between one hospital and another. To be able to hear of progress in other units is clearly a stimulus to progress in one's own.

Development of Special Aspects for Training

In addition to their normal service function to patients, several hospitals have developed units with special functions which may be used for post-graduate training. The following are examples:

(1) *All Saints' Hospital.* This contains a forensic psychiatry unit, a unit for the treatment of alcoholism and drug addiction, a centre for electroencephalography and a developing industrial therapy programme.

(2) *Uffculme Clinic.* Although once part of All Saints', this has now been developed as a psychotherapy clinic with emphasis on intensive group therapy. The clinic also contains biochemical and ethological laboratories. A 30-bedded unit for child psychiatric patients is at present being erected in the grounds.

(3) *Hollymoor Hospital.* This contains a unit for research into the chemical basis of mental disorders and a behaviour therapy unit specially geared to the treatment of obsessive-compulsive disorders. A new unit for 20 adolescent patients will shortly be under construction.

(4) *The John Conolly Hospital.* This is the Region's newest psychiatric hospital. It takes all kinds of adult patients (except geriatric patients) and has been developed as a therapeutic

community. It will also shortly contain a second electroencephalographic centre.

(5) *The United Birmingham Hospitals.* While the chief concentration here is upon undergraduate teaching, both the Department of Psychological Medicine and the University Department of Psychiatry offer facilities for in-service post-graduate training. The Children's Hospital has 8 beds for emotionally disturbed children and together with the Birmingham child guidance clinics provides training for those intending to specialize in child psychiatry and other senior registrars needing experience in this field.

As stated, these are only examples. There are other more peripherally placed psychiatric hospitals which not only have good potentials for training but are developing specialized units also. Although the examples quoted are all of hospitals centrally placed, this, though it may appear so, does not contravene the principle of decentralization of training. A start, however, has had to be made at one point, but the further development of similar constellations of units providing parallel facilities for specialized as well as general training is envisaged.

Training Scheme for Senior Registrars

This scheme was put into operation because it was found that many senior registrars, although obtaining good general experience, often received no systematic training. Also when applying for consultant appointments it was apparent that their store of specialized knowledge and experience contained considerable gaps.

The training scheme embodies two essential principles; the first that a senior registrar should not be employed merely as an extra pair of hands; the second that any senior registrar should be allowed to work for up to 50 per cent. of his time away from his own hospital for the purpose of gaining special experience. It was also considered desirable for senior registrars to partake actively in teaching and during the course of their appointments to undertake one or more research projects. These principles having been agreed, the scheme was put into operation at the beginning of 1963.

It may be asked why this scheme was to be preferred rather than senior registrar rotation between one hospital and another. This has often been advocated, but has proved difficult to implement both in the Midlands as well as elsewhere. The chief difficulty is domestic; most senior registrars are married with children and for this reason alone cannot move frequently from place to place. The scheme described here avoids this difficulty though has the disadvantage that for those more peripherally placed, considerable travelling may be involved. Travelling expenses for the purpose of training are allowed by the Regional Hospital Board. So far the courses of training available are:

(1) *Forensic Psychiatry.* This consists of 3 sessions weekly for 3 months during which visits to court, prisons, approved schools, etc. are undertaken. Experience is gained in examining prisoners on remand.

(2) *Electroencephalography.* This consists of one session per week for 6 weeks which may be extended if more specialized experience is desirable.

(3) *Psychotherapy.* Training in psychotherapy is carried out in various ways. Some senior registrars have been attached to Uffculme clinic for up to half-time for a period up to 6 months. At the present time a group attends the clinic for one session weekly for 3 months during which its members observe an on-going therapeutic group. Psychotherapy carried out by senior registrars on their own patients is also subject to group supervision.

(4) *Child Psychiatry.* To date, training in child psychiatry has been carried out by attaching senior registrars for several sessions weekly for periods up to 6 months to one or other of the Regional child psychiatrists and to the child psychiatric unit in the Children's Hospital. Facilities for training will improve greatly with the opening of the new child psychiatry unit at Uffculme and the adolescent unit at Hollymoor hospital.

(5) *Mental Subnormality.* So far training in mental subnormality has been limited to intensive courses lasting a week. Whether or not a longer apprenticeship is required for those not intending to practise in this specialty is still under discussion.

Apart from these courses, senior registrars may be deployed for other kinds of special training depending on circumstances. Not all senior registrars undergo all the available forms of training, what they do depends on previous experience. A senior registrars who has, for example, had more than ordinary training in one or other special aspect of psychiatry prior to his appointment may be better employed gaining experience of other kinds. It should be stressed furthermore that undergoing any or all these relatively short courses is not expected to lead to expertness in any subspecialty. The intention is no more than to provide a general view of a wider field and to stimulate interest. Where appropriate, provision can be made for a more intensive study in one or other specialized field.

One existing deficiency is that all senior registrars do not yet have sufficient contact with the University department. This will shortly be remedied by the inception of a series of seminars dealing with various topics and at which current research projects will be presented and discussed. A small group is at present studying interviewing techniques using closed-circuit television.

The senior registrar training scheme has already shown results. One is that senior registrars are, at the end of their training, undoubtedly now better equipped than before for consultant positions. A secondary result has been the expansion of the number of senior registrar posts in the region from 7 to 23 (including one in child psychiatry and one in mental subnormality). The present distribution of these posts is as follows: 8 psychiatric hospitals each have 1 senior registrar post; 4 psychiatric hospitals and the Uffculme clinic have 2 each; the United Birmingham hospitals have 5 (including 1 senior registrar in child psychiatry) and one mental subnormality hospital has 1, with a part-time affiliation with the Children's hospital. Only 3 psychiatric hospitals (including the rehabilitation unit at St. Wulstan's) have no senior registrar establishment.

While recruitment has been of good standard the turnover has been such that some difficulty is now being experienced in keeping posts filled. Altogether, during the period October, 1962 to September, 1966, the available senior registrar posts have been filled by 40 appointees, the average duration of stay before obtaining another usually more senior appointment being approximately 2½ years. Further details of what has happened to senior registrars appointed during the period under review are given in Table I.

Central Training Courses for Registrars

These probably do not differ greatly from courses carried out in other regions. Two are held annually, each taking some 20 half-day sessions weekly. The first is directed at those taking the Conjoint D.P.M. Part I and consists of conventional lecture courses and demonstrations in psychology, neuro-anatomy, physiology and biochemistry. The second course is on various aspects of psychiatry and each session at present consists of a one-and-a-half hour seminar using material previously prepared by the students, followed by a lecture on another topic. These sessions also take place once-weekly over 18-20 weeks. Efforts have been made not merely to train students for D.P.M. Part II but to cover a broader spectrum by bringing together inter-related topics which cannot be readily gleaned from reading. An attempt therefore, is made to educate rather than train, it being felt that training is more appropriately carried out in the parent hospital under the auspices of the post-graduate clinical tutor. In practice this second course has not yet proved entirely satisfactory and it is clear that some re-thinking is required. What appears to be needed is some type of training akin to that at present given to senior registrars, though modified in certain respects. Implementation of this may be expected shortly.

II. The Peripheral View

In view of rapid advances and of increasing specialization, keeping up to date in medicine is an ever-growing problem; thus, post-graduate education and training have become of paramount importance. As Ellis (1954) has remarked, "The continuing professional education of practising physicians constitutes one of the most important, difficult and neglected problems in

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TABLE I

*Analysis of Occupation of 22 Senior Registrar Posts in Birmingham Region**
(October, 1962–September, 1966)

(1) Position held immediately prior to appointment as Senior Registrar

	Inside Region	Elsewhere	Total
Locum Consultant	1	—	1
Senior Registrar..	—	4	4
Registrar	7	19	26
S.H.M.O.	3	1	4
University Lecturer (temp.) ..	—	1	1
Research Fellow	1	—	1
Junior Specialist R.A.M.C. ..	—	1	1
Other	—	2	2
Totals	12	28	40

(2) Post obtained after tenure of appointment as Senior Registrar

	Inside Region	Elsewhere	Total
Consultant	7	5	12
University Lecturer	—	2	2
Medical Assistant	—	1	1
Senior Registrar..	—	1	1
Prison Service	—	1	1
Retired ill-health	—	2	2
Currently in post	21	—	21
Totals	28	12	40

(3) Average length of tenure (months) of Senior Registrar post†

	Average	Range
Consultants (12)	44	18–80
Other appointments (5) ..	20	12–39
Still in post (21)	17	1–45

* Includes appointments ($4\frac{1}{2}$) to United Birmingham Hospitals
† 2 Senior Registrars retiring on grounds of ill-health excluded

medicine today. It is unnecessary to labour the point that complexity and rapidity of developments in all branches of medical knowledge have forced the modern physician to be continually going to school, if he is to be considered competent and well trained." In psychiatry the demand involves experience of many new matters, among others group therapy, psychopharmacology, the therapeutic milieu, social and industrial rehabilitation, domiciliary and community care and the modern management and treatment of the elderly. Today, no progressive psychiatric hospital can disregard these developments, nor, for the sake of its patients and in the face of increasing competition for junior staff, can it afford to neglect its teaching function.

Post-graduate medical education (psychiatry included) has for far too long been regarded as the prerogative of a relatively few large urban centres—London in particular. For some, the trek to the metropolis seems almost to have become a pilgrimage. Clearly, however, this

state of affairs is not in accord with the times.

Shelton Hospital, Shrewsbury, is about 50 miles from Birmingham. Although relatively remote, it is in itself a centre which has to cope with the psychiatric needs of the largest inland county of the United Kingdom—Shropshire—together with the eastern half of Montgomeryshire. Shelton Hospital's local training scheme was first launched in February, 1963, and was, at the same time, supported by the inception of a post-graduate training plan covering the whole area administered by the Birmingham Regional Hospital Board. The essential first step was the appointment of a post-graduate clinical tutor to the hospital, his functions being those already outlined in the first part of this paper. It is proposed to examine these more closely and to observe their effects on the hospital itself.

The supervision of the training of junior medical staff is considered to be of the utmost importance. In many mental hospitals, the role of junior doctors was for far too long limited to carrying out annual physical examinations and other routine ward work. Today, they are encouraged to take a more active part in the management and treatment of patients. Each is attached to a firm under the direction of a consultant. He is encouraged to see the majority of new admissions to his firm's beds, some of the cases being allocated to him for treatment. He also attends out-patient clinics and treats patients under supervision, and in so doing is able to obtain a clearer view of the range of clinical problems at first hand. As he becomes familiar with essential signs and symptoms and learns to deal with many of the complex problems which arise he is also able to observe the effects of various forms of treatment. Apart from this he gains experience in handling patients and relatives, of working with ancillary staff, of the problems of rehabilitation and discharge and of the necessity for follow-up.

The organizing of clinical meetings, journal meetings, and seminars plays an important part in the comprehensive scheme of teaching. It has been found to be important for all doctors to be available at one and the same time. This was difficult to arrange at first because of heavy out-patient commitments, though it proved possible to rearrange these so that one day each week was free of out-patient clinics thus allowing all staff to attend the meetings.

Meetings must be properly organized. If held haphazardly or at irregular intervals they soon prove useless because there is a loss of interest and attendance dwindles. At Shelton clinical meetings are held weekly and the pattern follows the University terms. During the "vacations" time is available to pursue other interests. Each term a theme is adopted. This prevents overlapping and the confusion which may occur when flitting from one subject to another. It has been found valuable to have two kinds of meeting which take place alternately. One week a demonstration is given by a senior psychiatrist and the following week a problem case is presented by a junior doctor. On occasions a talk on a special aspect of the chosen theme by a visiting lecturer is interposed. The system provides an opportunity for those in training to learn to evaluate symptoms and signs and to recognize various psychiatric syndromes. It also allows the acquisition of skill in presentation. One by-product of these meetings is that they help to keep senior doctors up-to-date. Indeed, there is nothing which so dispels woolly and vague thinking as having to prepare a clear account of a subject with the object of teaching others.

Journal meetings take place fortnightly, though at a separate time from the weekly meetings. Each doctor in turn is given the task of covering two or three journals and presenting any important papers. Reports of recent conferences, films or research projects are also included.

Seminars, usually attended by junior doctors only, take the form of discussions in general psychiatric topics aiming to cover the whole field. During the past year the topics chosen have anticipated those chosen by the University department for its own central course.

This does not complete the list of Shelton hospital's present post-graduate activities. Because teaching is allied to research, senior psychiatrists also undertake research projects in conjunction with members of the junior medical staff. From time to time other kinds of meetings are held, the most recent being a successful symposium for general practitioners on "Mental

Health and Community Care" in which guest speakers from other hospitals and members of the University department took part.

Within this framework of post-graduate activity it is perhaps appropriate to regard the role of the clinical tutor as catalytic in that he stimulates interaction between others. Initially he himself has to undertake much of the organization required, but his main aim is to stimulate activity in others and in so doing to create a general interest in teaching and learning throughout the hospital. He is also regarded as the University Department of Psychiatry's representative in the peripheral hospital. In addition, as one clinical tutor put it, "the hospital not only sees the clinical tutor as the University representative but as our man at the centre". This link is an essential part of the training scheme.

In conclusion it should be stressed that no claim is made for the originality of any or all of the training measures detailed here. Others elsewhere have put into effect similar or different schemes, according to choice or as differing local facilities allow. As already stated it is not suggested that the plan as a whole should be adopted as a model and generally applied. What has so far been accomplished in the Region as a whole and at Shelton in particular, has been designed to operate in such a way as to make the best and most economic use of existing facilities, starting at once without awaiting future developments or additional finance. Apart from raising the standard of training of individuals, an important by-product of the Regional training scheme has been the raising of the standard of clinical practice in Regional hospitals. Above all the ultimate aim is improved patient care for, as Halsted (1962) has stated: "Better patient care always ensues when teaching and research are combined with it to produce a climate of inquiry."

Summary

An account is given of a developing post-graduate training scheme in psychiatry operating within the area served by the Birmingham Regional Hospital Board. The essential principles underlying this scheme are decentralization of post-graduate training and its advancement in all psychiatric hospitals within the Region.

Four main features of the scheme are (1) the appointment of post-graduate clinical tutors having University status in each psychiatric hospital; (2) the development of special functions in hospitals in addition to their normal service function; (3) a scheme for the advanced training of senior registrars in psychiatry; and (4) the development of special training for registrars.

Two views of the training scheme are presented, one as seen from the centre, the other from the periphery.

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