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Training needs of psychiatrists in non-training posts

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This study was undertaken to analyse training needs and to formulate a training plan to meet the needs of psychiatrists in non-training posts.

Appropriate training (induction, continuing, further) for any job in any profession is of vital importance. Psychiatry is no exception. The increasing advancements in psychiatric knowledge and the recent reforms in legislation and policies in the NHS have led to significant changes in organisation structure and psychiatric health care delivery, together with accountability and achievement of performance standards to fulfil obligations in the purchase/provider contracts. There is concern about standards of care in medicine, in psychiatry as a speciality, and in the practice of individual psychiatrists (Royal College of Psychiatrists, 1991).

Psychiatrists in non-training posts can easily miss out on recent clinical advancements and fundamental organisational changes, thereby threatening not only their professional existence but creating serious dents in service provision. Reduction in clinical skills with the possibility of redeployment in a changing organisation can undermine individual confidence and service delivery. Each service is only as strong as its weakest link at any one time. A fine administrative system counts for nothing if the patient suffers as a result of outdated and poor clinical expertise.

Psychiatrists require qualities of good leadership, skills to supervise non-medical staff, and prudence in the resource implications of clinical decisions (Littlejohns & Wilkinson, 1992).

The study

A semi-structured interview schedule was formulated to ascertain the subjective views of psychiatrists in non-training posts on their professional competence, training, its relevance to their present job, and training needs for the future. Efforts were made to analyse the job both for the present and for the near future (3–5 years) in view of the recent organisational changes in the hospital, and the delivery of psychiatric health care. The job description for each of the doctors was also examined.

Clinical assistants and staff grade doctors employed within an NHS Trust were given the choice of being interviewed. A participative approach was used. Each interview lasted for about 30 minutes.

Findings

None of the doctors objected to the study. However, three of the ten doctors could not be interviewed because of work commitments or absence due to sickness. Of the seven doctors (one man, six women) interviewed, three did not have any formal syllabus or competence based post-graduate training in psychiatry. Experience of psychiatry in training posts prior to the present job was lacked by two of the doctors. One of the doctors had had a month's experience as an SHO prior to the recent appointment. The others had had psychiatric training for a minimum of six months to a maximum of four years. The median length of stay in the present post was three years (range one month to 15 years).

There was no concern expressed about the ability and skills to deal with medical and biological aspects of psychiatric assessment, interview skills, and diagnostic formulation. However, apart from one whose main job is psychosexual counselling, the doctors expressed concern at the lack of formal training in psychotherapeutic and counselling skills, despite it being an important aspect of their job requirement. All doctors had high motivation and therefore managed to have some form of 'experiential learning', with a few having attended day release courses. This experience, although useful, was not considered sufficient for sustained improvement in skill. It lacked the basis of a theoretical framework, with no feedback on their performance. The training received was perceived as opportunistic and *ad hoc*, not thematic or systematic, and not conforming with established principles and practices of adult learning.

It was suggested by all that training in cognitive and behavioural psychotherapy (CBT) should encompass experience of treating at least one case under supervision. The objectives, goals, content and process for training in communication skills and CBT should be similar to that formulated by Crisp *et al* (1987).

Relative professional isolation, widespread ignorance of training opportunities and the continuing predominance of women doctors taking this career path was evident (Rhodes, 1990). Two of the six women doctors have recently written to the Royal College of Psychiatrists requesting information on availability of training opportunities. All doctors interviewed understood their role within the organisation. However, they were keen to be more

aware of the recent organisational changes, develop administrative skills and obtain a wider knowledge of the strategic objectives within the document *Health of the Nation* (1992).

It was agreed by all that the most convenient and economical venue for further training should be as local as possible. The training needs varied depending on experience, skills, different job requirements, age and personal career aims. Broad training needs were nevertheless identified.

Training needs and plan

Induction training

(a) *Medical/psychiatric*. Psychiatrists with no formal syllabus or competence based experience at a postgraduate level in training cadre should attend the half-day release course at present run at the local hospital.

(b) *Organisational changes*. Understanding of recent structural changes in the NHS, service provisions, Patients' Charter and purchaser/provider concept.

Continuation training

(a) *Medical/psychiatric*. Access to a one-day annual event run by local consultants to help update knowledge and information of major advances in psychiatry. Attendance at weekly seminars/case-presentation/journal clubs should be encouraged.

(b) *Clinical audit*. An understanding of the audit process by encouraging 'hands-on' experience of individual work.

(c) *Counselling and psychotherapeutic skills*. These can range from anxiety management, assertiveness training, CBT, group therapy, Bereavement counselling, psychosexual counselling and marital and family therapy.

Recommendations and conclusions

This study illustrates the lack of suitable training for some psychiatrists within the NHS to be able to meet their present job requirements. It has serious implications for human resource management, both at a local and national level, This cannot continue to be neglected. The fast moving changes in the health care delivery systems and the NHS means that such doctors would be increasingly responsible for fulfilling their obligations, meeting performances standards and helping to fulfil strategic objectives (*Health of the Nation*, 1992).

Doctors in general have the experience and ability to work with a wide variety of people, to have had early overall responsibility for important tasks, and to have led groups early in their careers. This is no panacea for encouragement of further autonomy without appropriate training, guidance and regular appraisal. The mere use of a life support machine, 'when thrown in at the deep end' is not sufficient; it is detrimental to the morale and motivation of psychiatrist and the organisation.

Dilution of the cohesiveness of doctors in non-training posts and the associated danger of the lowering of morale has implications for training and service provision. Peer group meetings, grouping of these jobs, and increased responsibility linked with regular feedback should help enrich professional growth and give job satisfaction.

Appropriate leadership from senior consultants and management is vital to influence doctors in non-training posts to apply their efforts to attainment of personal and organisation goals. Provision of training should indeed be a mandatory requirement of employing authorities. A consumer audit of the training (Cunningham & Aquilina, 1993) would be helpful in order to have a better understanding of needs and improve performance of future training. It is hoped that the training needs and opinions of psychiatrists in non-training posts will be taken more into account in the future.

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