

VIEWS FROM GP AND PSYCHIATRIC TRAINEES ABOUT GETTING EXPERIENCE IN EACH OTHER'S SPECIALTY DURING TRAINING: A WAY TO DEVELOP A SHARED CULTURE?

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SUMMARY

The need to deliver holistic medical care that addresses both physical and mental health requirements has never been more important. The UK medical training system has been designed to provide all medical graduates with a broad experience of different medical specialities and psychiatry prior to entering specialist training. Furthermore there is a distinct crossover between Psychiatric and General Practice training, with programmes providing trainees with the opportunity to work alongside each other in the care of mental health patients.

The video presentation will explain the UK medical training system in more detail, before going on to explore how the organisation of training may foster a shared culture among different specialities and how it could form a model for improving parity of esteem of medical and physical health care. In addition it will discuss the strengths and weaknesses of this system from a trainee perspective and will conclude with comments from eminent Psychiatrists whom have special interests in medical training and developing parity of mental and physical health care.

Key words: *medical training – psychiatry - General Practice - shared culture*

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INTRODUCTION

The need to deliver holistic medical care that covers both physical and mental components has never been more important. A review of UK Medical Training identifies that 'patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations' (Greenaway 2013). The UK medical training system, which is different to many other countries, already has many aspects that are specifically designed to ensure all doctors have core medical and mental health competencies. There is currently a drive to develop this training even more. The evolving UK medical training system could be used to identify key components of a doctors training that are important for improving parity of esteem of medical and physical health.

Background

In the UK, following completion of medical school, graduates complete a two-year 'Foundation Programme' period during which they have six, four-month rotations through different specialities. This allows all medical graduates to experience significant time in medical specialities and psychiatry before specialising. There is also a distinct crossover between psychiatric and GP training as trainees work alongside each other when GP trainees complete a rotation within Psychiatry.

The standards for the Foundation Programme and specialty training programmes, including GP training, have been developed by the General Medical Council (GMC) and published in the document titled 'The Trainee Doctor' (General Medical Council, 2011). The aim of this approach is to 'ensure consistency of expectations and standards' (General Medical Council, 2013) from medical school through to retirement and across all medical specialities, with the standards being underpinned by the 'Good medical practice' guidance (General Medical Council, 2013). This document, along with the standards for undergraduate medical education (General Medical Council, 2009), is to be superseded in January 2016 by a new set of standards, titled 'Promoting excellence: standards for medical education and training', which are presently available on the GMC Website.

Since The Royal College of General Practitioners published their seminal work 'The Future General Practitioner: Learning and Teaching' (Horder 1970, Royal College of General Practitioners 1972), vocational training for General Practice has developed, as has the role of the General Practitioner, which has recently been re-defined in a new document, 'A Vision for General Practice in the future NHS' (Royal College of General Practitioners, 2013). In this document an important statement is made regarding the need for increased collaboration between primary care and specialists, including psychiatrists. It is stated that:

'The future GP must have time and opportunities to interact more closely with his or her specialist collea-

gues – who themselves will need to extend their role from the traditional hospital setting and provide expertise in a more flexible manner than the traditional, hospital-based ‘outpatient’ model. The future specialist will also need to develop more generalist skills and apply these to his or her everyday work – just as the future GP will need to develop greater specialist skills in areas of need for population groups in which a high degree of clinical expertise is frequently required for first-contact or continuing community-based care, including general medicine, geriatrics, mental health and paediatrics’ (Royal College of General Practitioners 2013).

Thus the document calls for both generalists and specialists to expand their knowledge and skills in order to collaborate better.

The Royal College of Psychiatrists is committed to following the GMC standards for speciality training. It is clear that the college sees the need for the optimisation of all aspects of physical care for psychiatric patients, but especially in the area of physical health monitoring for those on psychotropic medication. The Royal College of Psychiatrists ‘Report of the Second Round of the National Audit of Schizophrenia’ identified ‘considerable ground that secondary care and primary care services need to make up to reach an acceptable provision of care’ for patients with Schizophrenia and refers to ‘the need for more formal arrangements regarding collaboration between primary and secondary care in relation to physical health’ (Royal College of Psychiatrists 2014a).

THE VIDEO

Aim

Given the importance of collaboration between doctors in General Practice and Psychiatry for providing holistic care, a group of Psychiatric trainees and General Practice trainees was set up to create a video which would explore their experience of the UK Foundation Programme and the learning and experiential outcomes they got from periods of joint training during specialisation. A number of eminent Psychiatrists whom have special interests in medical training and developing parity of mental and physical health care were also interviewed for the video.

Results

Psychiatry trainees report that the two years spent rotating through different specialties before specialising increases practical medical knowledge, improves understanding of how services work and thus advances skills such as making appropriate referrals. This is especially important given that Psychiatrists are often the only doctors mental health patients come into contact with. It does mean longer training with more on-

calls and may be less helpful as you become more senior. Psychiatry trainees found working alongside GP trainees a very positive experience, finding that it facilitated sharing of expertise and allowed them to develop their understanding mental health from a GP perspective.

GP trainees report that they found completing a rotation in psychiatry worthwhile as they improved their confidence in assessing acutely unwell patients and making referrals to psychiatric services. Although GP trainees work on the same rota as psychiatry trainees with no additional training they report learning a number of transferrable skills such as how to sensitively ask questions, how to do a thorough risk assessment and becoming confident in all aspects of prescribing psychotropic medications.

Professor Stuart Carney (Dean of Medical Education, Kings College London and Deputy National Director of the Foundation Programme) states that the advantages of a Foundation Programme are that all junior doctors consolidate and reinforce core knowledge, they follow a standardised curriculum and learn skills essential for a holistic doctor. Professor Carney was the Clinical Lead for The Shape of Training review (Greenway 2013) and envisions that over the next ten years Psychiatrists need to improve their attention to patients’ physical health needs. Throughout the medical field in the UK Psychiatry is already at the forefront of providing community based care and GPs do place emphasis on mental health.

Professor Sir Simon Wessely (President of the Royal College of Psychiatrists) stated that ‘a priority for the Royal College) is to make parity between mental and physical health care a reality’ (Royal College of Psychiatrists 2014b). He believes that the training of junior doctors is important for this as parity of esteem works both ways; Psychiatrists need to manage their patients’ physical health as robustly as their mental health. He has advocated for an increase in numbers of doctors completing a psychiatry rotation during their Foundation Programme because he believes the future of medicine involves the development of psychological skills which psychiatry can teach and that these skills are relevant to all disciplines.

CONCLUSIONS

The video presentation provides an explanation of the structure of the UK medical training system, before going on to explore how the organisation of training may foster a shared culture among different specialties and how it could form a model for improving parity of esteem of medical and physical health care. In addition it discusses the strengths and weaknesses of this system from a trainee perspective and concludes with comments from eminent Psychiatrists who have special interests in medical training and who emphasize the need for developing parity of mental and physical health care.

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References

1. General Medical Council: *Tomorrow's doctors: outcomes and standards for undergraduate medical education*. General Medical Council, London, 2009. Available from: http://www.gmc-uk.org/Tomorrow_s_Doctors_1214.pdf_48905759.pdf (Accessed 17 August 2015).
2. General Medical Council: *The Trainee Doctor*. General Medical Council, London, 2011. Available from: http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf (Accessed 17 August 2015).
3. General Medical Council: *Good medical practice*. General Medical Council, London, 2013. Available from: http://www.gmc-uk.org/guidance/good_medical_practice.asp (Accessed 19 August 2015).
4. General Medical Council: *Promoting excellence: standards for medical education and training*. General Medical Council, London, 2016. Available from: http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf (Accessed 17 August 2015).
5. Greenaway D: *Shape of training: securing the future of excellent medical care. Final report of the independent review led by Professor David Greenaway*. General Medical Council, London, 2013.
6. Horder J: *The educational needs of the future general practitioner*. *J R Coll Gen Pract* 1970; 20: 48.
7. Royal College of General Practitioners: *The future General Practitioner: learning and teaching*. Royal College of General Practitioners, London, 1972.
8. Royal College of General Practitioners: *A vision for General Practice in the future NHS*. Royal College of General Practitioners, London, 2013.
9. Royal College of Psychiatrists: *Report of the second round of the National Audit of Schizophrenia*. Healthcare Quality Improvement Partnership, London, 2014(a).
10. Royal College of Psychiatrists: *President Elections 2014(b)*. Available from: <http://www.rcpsych.ac.uk/mediacentre/pressreleases2014/presidentelections2014result.aspx> (Accessed 17 August 2015).

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