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

Sophie Butler1, Juliette Mullin1, Tharun Zacharia1, Andrew Howe1, Ross Mirvis1, Camilla Jeffries-Chung2, Damian Mirzadeh1, Clare Holt1 & Orestes Couppis2

1South London and the Maudsley NHS Foundation Trust, London, UK
2London Recruitment - London GPVTS Scheme, London, UK

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 who have special interests in medical training and developing parity of mental and physical health care.

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

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 specialities 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 General Practice training as trainees work alongside each other when GP trainees complete a rotation within Psychiatry.
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


Correspondence:
Sophie Butler, MD
South London and the Maudsley NHS Foundation Trust
London, UK
E-mail: sophiebutler@doctors.org.uk