

# Scottish general practice registrars — their views on psychotherapy training

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## SUMMARY

**Background.** Psychological problems constitute between 10% and 30% of general practice workload. In 1993, the Royal Colleges of General Practitioners and Psychiatrists published guidelines on the psychiatric component of vocational training for general practice, recognizing the need for training in the psychological aspects of patient care and knowledge of the psychotherapies. Little is known as to how much these guidelines have been followed.

**Aim.** To determine Scottish general practice registrars' views on whether the above training objectives had been met.

**Method.** An anonymous self-report questionnaire was sent to all general practice registrars in west and south-east Scotland one month before the end of their trainee year with a 95% response rate. This provided basic descriptive information on the population surveyed and their attitudes to psychotherapy training.

**Results.** Altogether, 53% had spent time in psychiatry and half of these had had access to a consultant psychotherapist, but only 9% had been involved in using a psychological approach to treatment. A total of 51% disagreed that they had had enough psychotherapy experience, and 44% did not feel confident in assessing patients for psychotherapy, 15% saying that lack of knowledge would prevent them from referring patients. Of the whole sample, 88% felt that further psychotherapy training would be helpful.

**Conclusion.** The majority of general practice registrars in Scotland did not feel that training objectives had been met regarding the attainment of skills in the psychotherapies.

**Keywords:** GP registrars; Scotland; questionnaire survey; psychotherapy.

## Introduction

PSYCHOLOGICAL problems constitute between 10% and 30% of general practice workload,<sup>1-3</sup> yet only a minority are referred to psychiatric services.<sup>4</sup> In recognition of this, the regulations for general practice vocational training since 1982 have included a hospital psychiatry post in the list A group of specialties.

As early as 1974, the importance of psychiatric training was recognized and the Royal Colleges of General Practitioners and Psychiatrists convened their first Joint Working Party on General

Practice Vocational Training in Psychiatry.<sup>5</sup> Since that time, there have been advances in the treatment of mental disorders as well as reorganization of mental health services, notably the advent of community care, with the general practitioner (GP) being directly involved in the care of a substantially larger number of mentally ill patients and their families. Consequently, another joint working party was convened to review the arrangements for the psychiatric component of vocational training for general practice, the result of which was published in 1993.<sup>6</sup>

The working party stated that, 'There is scope for sharing the training of future GPs with that of future psychiatrists. This could be developed within the setting of general practice as well as in association with hospital posts and joint meetings and courses.' In its list of objectives for the psychiatric component of general practice vocational training, the working party recognized the need for the future GP to be aware of the effect of psychological factors in their patients' illnesses and in their own relationships with patients and colleagues: 'The general practitioner must develop skills appropriate for psychiatric care within the setting of general practice. These would include skills in counselling and in the management of stress as well as an understanding of the various forms of psychotherapy and their application.'

We would agree that training in this area is very important since 87% of patients diagnosed as mentally ill in general practice have neurotic or psychosomatic disorders.<sup>3</sup> It has been shown that training improves matters; for example, dynamic psychotherapy training improves the skills of psychiatric trainees in communication, assessment/referral for psychotherapy, and anxiety and boundary management.

The aim of this study, therefore, was to assess Scottish general practice registrars' views on whether the above objectives in training had been met.

## Method

An anonymous self-report questionnaire was sent to all general practice registrars in west and south-east Scotland one month before the end of their trainee year, with a second sweep two weeks later. It provided us with basic descriptive information about the population surveyed and their attitudes to psychotherapy training.

## Results

Questionnaires were sent to a total of 178 registrars. Altogether, 169 replied (95%). We excluded five who had additional training as psychiatric trainees before entering general practice and five whose questionnaires were incomplete, leaving 159 (89%) for analysis. Of those replying, 84 (53%) had completed a training post in psychiatry and 75 (47%) had no psychiatric experience. Forty-five (28%) of these trainees did not intend to take up a psychiatric placement.

## Psychotherapy experience in general psychiatry

Only half of the GP registrars who had completed a placement in psychiatry had done so in a training scheme that incorporated a consultant psychotherapist. Of those who had experience in psy-

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chiatry, 36% were involved in a doctor-patient relationship group and/or treatment of patients using psychotherapy, although only 9% of these had weekly or fortnightly supervision.

We asked the registrars to specify their level of agreement with the statement, 'I had enough psychotherapy experience in general psychiatry to give me an understanding of my relationship with my patients and their emotional/psychological difficulties'. A total of 51% disagreed with this statement (Table 1).

The questionnaire then asked how confident the registrars felt in assessing patients for referral to psychotherapy and whether or not further psychotherapy training would be helpful. A total of 44% did not feel confident in assessing patients for psychotherapy (Table 2).

As regards further training, 88% felt that further psychotherapy training would be helpful in their daily work (Table 3).

The views of GP registrars who had no psychiatric experience were similar on the question of further psychotherapy training being helpful, in that 89% agreed while none disagreed.

### *Experience of all general practice registrars*

The final part of the questionnaire asked how often all registrars were consulted by patients with emotional/relationship difficulties and how often they referred them to psychotherapy. A total of 98% of the registrars treated 'several or many' of these patients on an ongoing basis, while 2% never saw such patients. Some 98% had referred patients with emotional/relationship difficulties to mental health specialists, but less than a third to psychotherapy. Overall, 15% said that lack of knowledge of the specialty would prevent them from referring patients.

## Discussion

The high response rate to the questionnaire sent to all general practice registrars in west and south-east Scotland suggests that this is an important issue and one they wished to comment upon.

Between entry to medical school and emergence as a general practice principal, only 12% of a registrar's time is spent in general practice. Therefore, the contribution of hospital experience to the education and training of GPs is extremely important. It has been shown that hospital training is considered unsatisfactory in specialties other than psychiatry,<sup>7</sup> with 57% of responders in one study stating that they had had no general practice-oriented teaching in their last post.<sup>8</sup> The authors of this paper concluded

that there was no reason to suppose that these findings would be different in psychiatry.

Over one quarter of responders in our survey did not intend to take up a placement in psychiatry, which seems surprising in view of the fact that much of a GP's workload consists of psychiatric problems.<sup>1-3</sup>

A recent survey of patients' perception of need from primary health care services ranked help in coping with stress third in their priorities,<sup>10</sup> and it has been shown that patients find talking to their GP about emotional problems beneficial.<sup>9</sup>

As far as their doctors are concerned, positive attitudes to both physical and psychosocial problems are associated with postgraduate experience in psychiatry,<sup>11</sup> and further training in psychiatry can help GPs to manage better somatized presentations of psychological distress.<sup>13</sup> More specifically, psychotherapy training has been shown to ease the management of patients by general psychiatry trainees,<sup>12</sup> and there is no reason to suppose that this finding would not apply to GP registrars.

Therefore, it seems that patients with psychological problems like to consult their GP, many finding this of benefit, and that GPs respond to them better if they have more postgraduate training in psychiatry and psychotherapy.

A training post in general psychiatry is likely to give experience in treating major psychiatric disorders, which is not necessarily relevant to the psychiatric problems more commonly encountered in general practice. Perhaps the registrars who did not wish to undertake postgraduate training in psychiatry did not consider that they would learn enough of relevance to their future work in general practice. It is possible that increased exposure to the types of problems encountered in psychotherapy may be seen as more helpful.

In the responders who did have experience in psychiatry, just over a third had some psychotherapy experience but fewer than 1 in 10 had what we would consider to be adequate supervision. Over half did not think that they had had enough psychotherapy training, and only one in five felt confident in assessing patients for referral to psychotherapy.

Several factors could be postulated for this shortfall in experience: there was no trained psychotherapist available for over half the registrars; the pressure of clinical work in acute psychiatry can leave little time for additional training; and finally, registrars may view psychotherapy as being too specialized and not relevant to their daily work. In spite of all these factors, 88% of responders felt that further psychotherapy training would be helpful.

The implications of these findings are relevant both to the well-being of practitioners who are frequently consulted by emotionally disturbed patients and of those patients themselves. The GP registrars of today are the GP principals of tomorrow and may not deal with emotional problems effectively, may refer to services inappropriately or, worse still, not at all.

The Joint Working Party of the Royal College of Psychiatrists and the Royal College of General Practitioners made several recommendations regarding the training objectives for GP registrars. There is little evidence from the registrars surveyed that they feel that they have achieved these. In our opinion, this finding should be taken seriously and steps should be taken to improve both the amount and quality of psychotherapy experience for GP registrars.

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**Table 1.** I had enough psychotherapy experience in psychiatry.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
0%	13%	36%	40%	11%

**Table 2.** I feel confident in assessing patients for referral to psychotherapy.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
0%	20%	36%	37%	7%

**Table 3.** Further psychotherapy training would be helpful.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
19%	69%	8%	4%	0%

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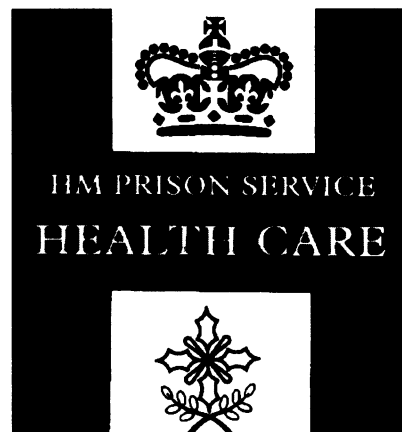
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