

Conference briefings

Training implications of the NHS and community care reforms: the myths and the realities*

TONI LOCK, Senior Registrar in Biological Psychiatry, Royal Liverpool Hospital, and Research Fellow, University of Liverpool and CTC Regional Representative for Merseyside; and DAVID CASTLE, Registrar in Psychiatry, Maudsley Hospital, London SE5, and CTC Regional Representative for Southern Division

The NHS and community care reforms have implications for trainee psychiatrists, but many consultants are unable to instruct trainees in these areas.

The pressure of escalating costs of health care is found throughout the Western world and British doctors simply have to decide in which way they will ensure that patients get the best value for money in the new system. Thus, trainees should support the principles of leadership in specialities, holding to priorities, rationalisation of resources and taking control of costs – even if they do not think much of the NHS reforms. They should make an effort to obtain management training, and get involved with management issues. They also need a good grounding in community mental health care, and need to learn how to share responsibility with GPs and non-medical colleagues. The degree of control we will have over how mental health care will be provided in the future depends on the choices we make now.

Experience in management and community psychiatry should be provided from an early stage in training, and training schemes will need to provide some in order to gain approval by the College. It is possible that more emphasis will be placed on these issues in the MRCPsych exams.

Care planning for the mentally ill in the community – a concept including community ward rounds, case registers, and case management – will be implemented in April 1992. The exact role, background and qualifications required by case

managers, with responsibility for coordinating the care of named individuals, remain to be determined. Case managers are not a substitute for inter-agency cooperation, and will need the support of psychiatrists. Will professional identity be lost? Who will determine which patients most need case managers?

Need is defined as the ability to benefit from a given intervention. In order to plan for the mental health care needs of a community and weigh up resource implications (i.e. cost) of treatments against their potential health benefits, purchasers require an understanding of the epidemiology of mental disorders and a means of comparing available interventions. Much essential information is not available, and good outcome data for psychiatric interventions are limited and crude. It is likely that Public Health Departments will play an increasing role in this area.

Will Trust managers respect the training needs of trainees? Trusts will have to operate within the guidelines of the document *Achieving a Balance*, and College approval will be essential for Trusts offering psychiatric services through junior medical staff. Psychiatric tutors will have a responsibility for ensuring that managers are aware of training needs. It is in the interest of Trusts to have good juniors working for them, and not in their interest to alienate trainees. The postgraduate training budget will be ring fenced and managed by Postgraduate Deans. Regional health authorities, not Trust managers, will hold the contracts for trainees who will retain existing conditions of employment.

Drs Fiona Caldicott, Peter Kennedy, John Shanks, and Geoff Shepherd contributed to the Forum.

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