Medical Education

Is psychiatric training improving?*

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Summary and conclusions

All consultants in general psychiatry appointed between 1 October 1975 and 30 September 1978 were sent a questionnaire asking about their training experience in various aspects of psychiatric practice. The results showed that the standard of training in several important areas of psychiatry were generally poor, although psychiatrists who had trained at the Maudsley Hospital or in teaching hospitals had better training than those who had worked in psychiatric hospitals. As compared with the last survey made three years ago there had been some improvement, but it had been least pronounced in psychiatric hospitals.

The effects of approval visits made by both the Royal College of Psychiatrists and the Joint Committee of Higher Psychiatric Training would seem to be achieving results, but more attention needs to be paid to the standard of training in psychiatric hospitals and units.

Introduction

Are the efforts of the Royal College of Psychiatrists and the Joint Committee for Higher Psychiatric Training to improve postgraduate training in psychiatry beginning to achieve results? Four previous surveys made at three-yearly intervals of consultants appointed during 1963-75¹⁻⁴ showed that despite progress after the first inquiry there was disappointingly little improvement thereafter. These surveys also showed considerable differences in the standard of training received in different types of hospitals.

This paper summarises the most recent survey asking newly appointed consultants how they viewed their training experience.

Method

A postal questionnaire was circulated to all consultants (NHS and honorary) in Britain who were believed to have been appointed to posts in general psychiatry for the first time between 1 October 1975 and 30 September 1978. The questionnaire was similar to the original one used for consultants appointed during 1963-6¹ and identical to the three inquiries made thereafter except that 14 instead of 13 areas of clinical experience were listed, addiction and alcoholism being separated. The consultants were asked to rate their training in these 13 areas of clinical experience on a four-point scale: 1=adequate in quantity with adequate consultant supervision, 2=adequate in quantity with inadequate consultant supervision, 3=inadequate

experience, and 4=no experience. A similar four-point scale was used to assess training in a further 19 areas of more specialised experience, research being added to the original list. The respondents were told to "use the criterion of being prepared for a consultant post" when considering adequacy of this. The second half of the questionnaire dealt with personal factors such as age, sex, the country where qualified, qualifications, and the timing and reasons for their career choice.

What is reported here is an analysis of the same areas of training about which fewer than half of the consultants in the last survey⁴ expressed complete satisfaction, and in addition training in research. The results are compared with those from the four earlier surveys to see whether standards had improved over the 12 years, and a comparison is also drawn between three types of hospitals where training is given.

Results

Seventy-three consultants proved to be ineligible to take part in the survey either because of their being in a psychiatric specialty, such as child psychiatry, handicap forensic psychiatry, or psychotherapy, or because they were not in their first appointment and would therefore have been included in previous surveys. Of the 192 eligible, 162 replied, giving a response rate of 84%, a figure identical with that for the previous survey. Of these, 120 (74%) had graduated in Great Britain and Ireland and 42 (26%) had qualified abroad. Of the non-responders, 60% were overseas graduates.

The consultants were divided into three groups on the basis of the type of hospital at which they had spent most of their time as registrars: 79 trained in psychiatric hospitals or general hospital (non-teaching) psychiatric units, 59 in teaching hospitals, and 23 at the Maudsley. One consultant was unable to complete the section "adequacy of training" although completing other parts of the questionnaire. Of the 43 female consultants—that is, 27% of the respondents as compared with 20% in the previous survey—27 had trained in psychiatric hospitals. There was a pronounced discrepancy, as in the previous survey, in the proportion of home and overseas doctors who had spent most of their time as registrars in some form of teaching hospital, the figures being 60% and 26% respectively.

To simplify the table only the proportion of consultants giving the most favourable form of response is included—that is, that they had had sufficient training in each area and that it had been adequately supervised and taught. The first three columns compare the three main types of hospital and the next five compare the total for the present survey and the four previous ones. The "1963" column covers consultants appointed 1 October 1963 to 30 September 1966, the 1966 group the next three years, the 1969 group those appointed 1969-72, the 1972 group those appointed 1972-5, and the 1975 group (the respondents in the present study), those who were appointed between 1 October 1975 and 30 September 1978.

As with the previous inquiry those trained at the Maudsley reported the most satisfactory experience overall, psychiatric hospital trainees the least, with teaching hospital graduates overall reporting a considerably better training than the psychiatric hospital group but not quite as good as those from the Maudsley. There were variations—for example, the teaching hospital graduates reporting the best experience for ward consultation, alcoholism, therapeutic community, and neurology.

The table does show an improvement in the least satisfactory

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Percentages of consultants who said that training was both adequate and adequately supervised. Results in the present study are compared with those in four previous ones

Areas of psychiatric experience	Psychiatric hospital group (n = 79)	General hospital group (n = 59)	Maudsley hospital group (n = 23)	All 1975 (n = 161)	All 1972 (n = 164)	All 1969 (n = 125)	All 1966 (n = 108)	All 1963 (n = 148)
Psychogeriatrics	47	51	48	48	43	42	44	25
Long-stay patients	53	44	39	48	46	47	44	25
Rehabilitation	38	46	39	41	36	36	36	36
Individual psychotherapy	47	73	83	62	50	48	47	39
Group psychotherapy	37	59	65	49	46	42	41	24
Other psychological treatment*	19	36	65	32	30	26	28	—
Community work†	37	21	48	38	21	32	18	29
Subnormality	32	29	26	30	20	18	22	14
Child psychiatry	34	44	96	47	36	43	30	30
Forensic psychiatry	33	32	57	36	25	26	27	20
Epidemiology	25	59	78	44	40	33	30	—
Administration	20	44	43	32	23	22	20	—
Teaching (undergraduate)	49	68	52	57	49	46	43	20
Teaching (postgraduate)	39	56	65	49	44	49	46	14
Research	25	44	78	39	—	—	—	—

*For example, behaviour therapy, hypnotherapy.

†For example, domiciliary visits, part III accommodation, local authority day centres, and day hospitals.

areas of training over the past three years, particularly in community work and to a less extent individual psychotherapy, subnormality, child psychiatry, forensic psychiatry, and undergraduate teaching. In the areas not given in the table there has been little change apart from diminished satisfaction with respect to neurology and psychology, which may be explained by the lesser emphasis given to these topics in the membership examination of the Royal College of Psychiatrists as compared with the diploma of psychological medicine that it has largely replaced for those aspiring to consultant posts.

The table does not show how the three main groups of institutions changed over the three years. In summary, the Maudsley has shown a great improvement in what were its three weak areas of training—namely, psychogeriatrics, work with long-stay patients, and community work. This has been accompanied by a small drop in the numbers reporting satisfaction with training in rehabilitation and group psychotherapy. In the teaching hospital group there has been an overall moderate increase in all areas with the exception of other methods of psychotherapy, while experience in the community and with individual psychotherapy has shown a considerable improvement. Changes in the psychiatric hospital group have been much less pronounced, with the exception of modest improvements in individual psychotherapy, community work, child psychiatry, and forensic psychiatry, with an appreciable improvement in experience in subnormality and a falling off in the teaching of psychogeriatrics.

In summary, then, there does seem to have been some overall advance since the last survey, but the teaching hospital and Maudsley trainees benefited the most while the group most in need—that is, those who have spent most of their training in psychiatric hospitals—have experienced the least improvement in supervised training.

Discussion

There are still several important areas of psychiatry where most newly appointed consultants report inadequate training and experience, particularly with work in the community, subnormality, and forensic psychiatry. There has been a considerable improvement in the proportions reporting adequate experience in the community, but even so about three-fifths of the consultants have some reservations about this aspect of their training.

There does now seem to be cause for guarded optimism about the improvements produced by the approval visits of the Royal College of Psychiatrists together with the inspections of senior registrar posts started some four years ago by the Joint Committee of Higher Psychiatric Training. Indeed, the full effects of inspections and visits may have been concealed because many of the consultants in the survey were of sufficient seniority to have been unaffected or only marginally affected by the inspections. The next three-year survey covering those consultants appointed between 1978 and 1981 will, if those visits have achieved their aim, show a considerable improvement. What does, however, cause concern is that the improvements that have taken place over the past three years seem to have

occurred in the already privileged units and to have least affected those working in the psychiatric hospitals. Moreover, the division, formerly quite sharp, between those training in one type of institution only is now becoming more blurred with the increasing emphasis on rotational training schemes together with the insistence of the Joint Committee of Higher Psychiatric Training that all senior registrars must have some experience in university centres.⁵ That this is already happening was shown by the fact that some two-thirds of those assigned to the psychiatric hospital group had in fact received some of their training in teaching hospitals.

References

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- 3 Brook P. The post-graduate education and training of consultant psychiatrists. *Br J Psychiatry* 1974;124:109-24.
- 4 Brook P. Psychiatric training: the consultants' view. *Br Med J* 1977;ii: 622-3.
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WORDS MNEMONICS for AMNESIA. AMNESIA (G *amnēsia*; a-, privative + *mnēmōn*, mindful; *mnāsthai*, to remember) is failure to remember or loss of memory, especially in a medical context if it occurs to an abnormal degree. ANAMNESIS is the word used in many European languages, also rarely in English, for a medical history (G *anāmnesis*, remembrance; *ana*, back + *mnēmōn*). AN ANAMNESTIC REACTION is one in which there is an augmented production of antibody after a previous response to the same antigen, the immune system remembering, as it were, the previous episode. AMNESTY is an intentional forgetting, or overlooking, or pardon for past offences by a ruling authority; sometimes called an Act of Oblivion. Most of us have been helped during academic studies to memorise a seemingly arbitrary list of facts by the device known as a MNEMONIC. I wonder if Timothy still Doth Vex All Nervous Housemaids.* If so he must be having some difficulty in locating a member of this probably obsolete occupation. In the days when this mnemonic was coined, every medical student's parental household must surely have had at least one nervous housemaid.—B J FREEDMAN.

*Mnemonic for order of tendons, vessels, and nerve lying beneath the flexor retinaculum at the ankle.