

Trainees' Forum

Isolated Senior Trainees: A Survey and a Cure

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The lot of a senior registrar starting higher specialist training is not always a happy one. At least that is what our experience suggested when we began our careers in forensic psychiatry.

With the development of a new speciality there has to be a sudden expansion of training posts. But this is likely to lead to problems. Firstly, such posts are new, or nearly new, which presents several difficulties. Perhaps the most immediate challenge is that of setting an appropriate work load. If there was a previous post holder then he or she tends to be remembered as coping at the level when s/he left; this of course is when s/he is at the his/her peak as a trainee and about to take up a consultant appointment. The previous incumbent may have had particular interests and set up additional clinical services, which can easily add to the burden of a new trainee. In addition the supervisor is understandably keen to provide the new trainee with the same range of experience and clinical material and, as a consequence, what was often accrued over three years can be pressed into the first year. Not surprisingly the new trainee can feel overwhelmed! Even when the post is new and there has not been a previous trainee, unrealistic expectations can still be set. Consultants' memories of what it was like to be a trainee may have faded. And furthermore many trainers in forensic psychiatry missed the opportunity of being trainees, a complication of the explosion of a new speciality and a further obstacle to empathising with the subsequent generation of trainees. Secondly, these posts tend to be scattered around the country, with many incumbents being the only specialist trainee in their area and thus devoid of appropriate peer group contact or support. Thirdly, senior trainees in forensic psychiatry are usually split between several institutions, with the risk that the trainee can find himself dashing between establishments and in the invidious position of being unable to satisfy the demands and expectations that all have of 'their' new trainee. At best this results in divided loyalties, but is more likely to end in demoralisation.

Contact with peers can do much to restore the ravages of these pressures, through sharing feelings of inadequacy and nursing confidence by the mutual exchange of difficulties. Having suffered from some of these problems ourselves, we decided to try to organise a national meeting of senior regis-

trars in full-time career specialist posts. The aims were both to tackle training issues and instil a peer group cohesion; many had not previously even met each other. In addition by creating such a forum we could discuss wider matters relating to the development of our profession, and as we are hopefully the next generation of forensic psychiatrists we are in a considerable position of influence.

Organisation of the meeting

We arranged to hold the first meeting in a central hotel in Liverpool as this was convenient for rail transport and would allow other trainees to visit our training centres at Park Lane Hospital (a Special Hospital) and at the Scott Clinic (a Regional Secure Unit). We were fortunate to have Dr Malcolm MacCulloch, Medical Director Park Lane Hospital, to agree to talk to us on the future of special hospitals and the career opportunities that lay ahead and Dr Jim Higgins, Consultant Forensic Psychiatrist for the Merseyside Regional Health Authority, to speak on the area close to all trainees' hearts, the assessment of future consultant manpower needs. The meeting began with an informal reception to allow everyone to meet each other. The following morning was spent in listening to the short talks and in the longer and semi-structured discussions that followed. Visits were arranged for the afternoon, with the local trainees providing the transport and acting as guides.

A good turn-out

With some detective work we managed to identify in England and Scotland 22 posts which are approved for higher training for full time careers in forensic psychiatry, including two lecturers' posts. In all, three were vacant at the time of the meeting, 28/29 November 1985, and one trainee was on maternity leave. There was also a trainee from Northern Ireland, where there is no formal training in forensic psychiatry, and so he had elected to work as a clinical assistant in the Department of Forensic Psychiatry of the Maudsley and Bethlem Royal Hospitals. All 19 were invited. Only two declined to come and both were from the country's largest training centre; a further two from the same centre failed to attend because of illness. However, 15 did attend and, as many had to travel long distances, this must be considered an enthusiastic response.

The survey

In order to measure the need and value of such a meeting all the participants answered, anonymously, a brief questionnaire in which they rated statements concerning their past experience and what they had got out of this first national peer group meeting, along a five point scale from 'strongly agree' to 'strongly disagree'. The results were consistent with the high turn out. Prior to the meeting 12 had felt isolated from their peers in other training centres. One of the trainees had just started and thus felt it was inappropriate to answer this question. Thus only two were without feelings of isolation. In any case, all found it useful to be able to have discussions with their peers from around the country. Similarly, all found the social aspects useful and all rated the meeting as both generally supportive and enjoyable. Hearing about others' training experiences was obviously worthwhile, as again all responded affirmatively to this question. Furthermore, 10 found that the meeting had given them confidence to venture into new training experiences and 12 believed that they had gained the confidence to renegotiate their own work load or training needs. As a forum for gaining career ideas the meeting was less successful, with only seven reporting positively. The formal talks and the lively discussion that followed appeared to be appreciated, with a majority of participants reporting favourably and no-one rated these sessions as unhelpful. After lunch visits were arranged to local centres of forensic psychiatry and practical reasons necessitated that the trainees be asked only for their estimate of how useful such visits would be. A third had already had the opportunity of visiting these units but of the 10 that had not, eight thought the visits would be worthwhile. Lastly, all were in favour of having regular meetings in the future, with five wanting

them on a yearly basis, eight requesting a meeting twice a year and two calling for quarterly meetings.

Comments were also invited and the members suggested a number of points which should be included in the planning of future meetings. A list of trainees would be helpful to those new to the field. Minutes of the meetings could be a valuable record of training problems and the group's suggestions for their solution. It was generally thought advantageous to rotate the venue and thus facilitate visits to other units. Having authoritative speakers was identified as another important ingredient, which in turn helps generate discussion and debate. It was also suggested that the peer group meetings should address some of the more controversial ethical and moral issues which abound in forensic psychiatry. Some were in favour of widening the meeting to all those undergoing any forensic training, while others wished to restrict it to the core peer group who are undergoing training for full time specialism. Clearly both views have their advantages and disadvantages, and surprisingly this became a very contentious issue. However, the benefits of having a wider range of participants eventually proved persuasive.

Conclusion

It is clear that in a new and small speciality, as forensic psychiatry is, there is a great need for trainees to hold regular national peer group meetings. Our survey confirms that the majority of trainees do feel isolated from one another and that such peer group meetings are likely to be extremely rewarding to all.

We also hope that our experience might encourage trainees in other sub-specialities to form their own peer groups, if they haven't done so already!

The Computers in Psychiatry Group

Following a meeting of the Computers in Psychiatry Steering Group in November 1986 the group is now inviting applications for membership. Many psychiatrists have already indicated their interest and they will be contacted individually. The aim of the group is to act as a focus for exchange of information on computer applications in psychiatry, to organise local and national meetings for workers in this field, to act as resource centre for education and training, and to offer advice to those contemplating implementation of computer techniques in clinical practice.

The annual membership fee is £5 payable to 'CIP Steering Group'; this fee will be used to support the publication of a

regular newsletter and the distribution to paid-up members only of a regularly updated printout of the database of psychiatrists involved in computing, hardware used and software in use and under development.

Anyone wishing to join should forward their cheque, made out to CIP Steering Group, to the Chairman of the steering group: Dr R. N. Bloor, Department of Psychiatry, RAF Hospital Ely, Ely, Cambs CB6 1DN.

Registration forms and further details will then be returned to the member and his details entered on the database.