

activity and publications. In the six month interval between the two evaluations, all eight of the attenders had started and continued to pursue a research project, compared with two of the non-attenders (Fisher's exact,  $P=0.003$ , one-tailed).

Furthermore, six of the eight attenders either had a new publication or one in press, compared to none of the non-attenders (Fisher's exact,  $P=0.003$ , one-tailed). Thus, the research course seemed to work, not only as judged by the trainees' own criteria obtained at the onset and by the change in some negative attitudes about research, but also by the improved performance on objective indicators of research activity by course-attenders compared to non-course-attenders.

### Comment

Judging from the evidence of the initial shortlisting study, the attenders at the course can expect in future to have a better chance of being interviewed for the senior registrar job they want. Before and after the research course, trainees were unanimous in their strong agreement that publications were an important aspect of a trainee's C.V. Talking to colleagues, most trainers also seem to believe this, mainly for two reasons. The less important reason is that, at the end of their general training, many trainees on paper are very similar in terms of approved clinical experience,

and the presence or absence of a publication is one of the few convenient ways to distinguish applicants for a post. The more important reason is that trainers generally believe that evidence of completed research and publications says more about a trainee than a good reference ever can. It is said to communicate the impression that a trainee has several virtues: a spirit of critical enquiry, the ability to observe and question, an interest in keeping abreast of the current literature, and qualities of organisation and persistence, all of which are seen to reflect a commitment to the chosen speciality. The validity of these assumptions is clearly open to question. Nonetheless, the implementation of *Achieving a Balance* will shift these issues still further down the career ladder.

### Acknowledgement

Thanks go to those trainees and trainers who made the research course possible.

### References

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*Psychiatric Bulletin* (1991), 15, 480–482

## Management experience of senior registrars in the West Midlands

JEAN ANTOINE BOODHOO, Senior Registrar in Psychiatry, Lucy Baldwin Unit, Olive Grove, off Bewdley Road, Stourport-on-Severn, Worcestershire; and ELAINE M. GADD, Senior Registrar (Honorary Lecturer) in Psychiatry, Hollymoor Hospital, Tessall Lane, Northfield, Birmingham B31 5EX

Clinicians, in particular consultants, are and always have been operational managers (Kennedy, 1989). Senior registrars also exercise considerable day to day management responsibility, often without any formal training (Hindle, 1990). Attitudes to management training have changed rapidly over the last five years from the "support" offered by the College Working Party (1985) to an "intrinsic part of psychi-

atric training" (CTC Working Party Report, 1990). Constantly increasing expectations of the clinicians' management role have led to an increasing recognition of the need for clinicians to develop specific management skills and have resulted in rapid expansion of training available. A further survey examining the extent training needs are currently being met is therefore justified.

### *The study*

The West Midlands Senior Registrar (SR) Training Scheme in Psychiatry is one of the largest in the country, with 43 SRs in general psychiatry, psychogeriatrics, mental handicap, and child and forensic psychiatry. In April 1990 a questionnaire was sent to trainees who had completed over six months on the rotation. This examined general theoretical management training, management skills training, and practical experience of management. The latter included attendance at regional, district and unit level meetings and at meetings with other agencies. Practical management tasks surveyed included organising educational programmes, clinics, duty rotas and participation in new service developments. Trainees assessed the usefulness of each experience on a scale of 0–5 and gave an overall perception of the practical and theoretical management training they had received.

### *Findings*

Of 17 eligible general/psychogeriatric trainees, 16 responded. Twelve had been in post between one to two years, two less than one year and two between two to three years. Of 16 eligible speciality trainees, nine responded. Due to the low response rate and possible differences in training needs, this group was analysed separately.

#### **Theoretical training**

Of general trainees, 87.5% had attended one three-day management course (one trainee had attended three) with mean usefulness scores of 3.3. Of speciality respondents, 44% had attended a course (mean rating 3.6). The majority had attended one of two local courses, the single speciality course being rated more useful than the multispeciality course.

Five general and three speciality trainees had received formal instruction in any of the management skills examined (leadership, team motivation, conflict management, service planning, budgeting, information technology and staff recruitment). Such courses were found very useful, particularly in planning and budget setting.

#### **Practical experience**

Only two general trainees had attended regional level meetings, as peer group representatives at the Regional Training Sub-Committee. One speciality trainee had attended a regional planning group. All found these experiences very useful.

Eighty-one per cent of general and 33% of speciality trainees had attended district meetings, mainly district medical and planning committees

with very varied perceptions of usefulness. Two trainees attended a district budget meeting finding this very useful.

At unit level, all but one general and one speciality trainee had attended divisions of psychiatry, the majority in each year of training. Of general trainees, 87.5% also attended medical staff committees, finding them more useful than divisions (rating 3.7 cf. 3.2). Of general trainees, 44% had attended a unit management group, with widely varying perceptions of usefulness. One general trainee had attended a unit budget meeting. Of general trainees, 31% had attended audit sub-committees and 25% education or training committees which were found very useful.

General trainees appear to have limited opportunity to attend meetings with other agencies, 44% having attended meetings with social services apart from case conferences and 50% meetings with voluntary agencies. Trainees who had attended geriatric/psychogeriatric meetings (37.5%) found them helpful (rating 3.75).

Overall, there was some indication that trainees found meetings in which they were participants rather than observers more useful.

All general trainees organised their clinics and 37.5% organised clinics of junior staff and medical students and regarded this as an important part of training; 56% had organised duty rotas, with less unanimity over training importance.

General trainees had considerable experience of organising teaching programmes for medical students (93.8%), psychiatric trainees (62.5%), nurses (50%) and GP trainees (37.5%). Speciality trainees had predominantly arranged teaching for psychiatric trainees (66.7%) and nurses (55.5%). All speciality trainees and 56% of general trainees had organised clinical meetings programmes, with 75% general trainees and all but one of the specialists organising journal clubs. Eighty-one per cent of general trainees and 33% of speciality trainees had organised MRCPsych examination practices. All had regarded these activities as an important part of training.

Overall, 62.5% of general trainees felt that both their theoretical and practical management training were inadequate; 78% of speciality trainees felt that their theoretical training and 55.5%, that their practical training were inadequate.

### *Comment*

Although this is a small study of senior registrars' management experience in one region, there are indications of progress both in training and attitudes to management from the CTC study completed 18 months ago. More trainees have attended a management course (72% overall, and 87.5% of general

trainees cf. 59% in CTC study), and trainees now find regular unit meetings at least moderately useful compared to the "boring and unhelpful" reports received by the CTC.

Several areas of concern were identified from this study.

- (a) Present training courses are not helping trainees to develop specific management skills.
- (b) Speciality-specific management training should be considered.
- (c) Trainees' low attendance at joint meetings, when such meetings are being encouraged.
- (d) Trainees' lack of involvement in service planning and development and in budget and audit development.
- (e) Trainees need to participate in the management process rather than observe it.

While the general dissatisfaction with management training highlighted in this study might be a cause for concern, it may reflect changes in clinicians

attitudes and the fact that current training is not meeting senior registrars' needs. The trainees' most frequent suggestion to improve training was a formalised programme, including theoretical and practical aspects of management, beginning in the first year of higher training if not earlier. We believe the development of such programmes should become a training priority.

## References

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## Courses

The Institute of Psychiatry, De Crespigny Park, London SE5 8AF will be holding the following courses: **Prion Diseases in Humans and Animals** at The Royal Institute of British Architects, 66 Portland Place, London W1, 2–4 September 1991, fee: £250; **Eating Disorders: the way forward: new approaches in therapy and management** at The Institute of Psychiatry, 19 and 20 September 1991, fee: £100; and **Neuropsychology of Schizophrenia** at the Institute of Psychiatry, 10 and 11 October 1991, fee: £70. Further information: Mrs Lee Wilding, Short Courses Office, Institute of Psychiatry at the above address.

They will also be holding a two-year part-time course leading to an **MSc degree in Neuroscience** beginning October 1991 mainly at the Institute of Psychiatry and partly at the Institute of Ophthalmology. The MSc may also be taken as a one-year full-time course. Individual topics may in addition be taken as short courses. Applications are invited from medical and suitably qualified science graduates. Further details: The Secretary, Department of Neuroscience, Institute of Psychiatry (telephone 071 703 5411, extension 3259; fax 071 703 5796).

**A revision course for MRCPsych Part II and Board Certification in Psychiatry of the Institute of Psychiatry Part B Examinations** will be held from 23 September–4 October 1991. Fee: £250 (non-residential). *Closing date: 2 September 1991*. Further details and application form: Miss J. Crisell, Board Certification in Psychiatry Office, Institute of Psychiatry (telephone 071 703 5411, extension 3193).

A one year part-time post-qualification course in **Cognitive Therapy** will start in Oxford in January 1992. Further information and application forms: Dr M. J. V. Fennell, Department of Clinical Psychology, The Warneford Hospital, Oxford OX3 7JX. (*Closing date for applications: 15 September 1991*).

**The 2nd Manchester Course on Cognitive Behaviour Therapy** will be held from 16 September–9 December 1991. This will include a two-day Introductory Workshop on 16 and 17 September followed by a half-day weekly course from 23 September. Further information and application forms: Dr Sidney Benjamin, Department of Psychiatry, The Rawsley Building, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL.