

Working for trainees

The work of ALPIT in Liverpool 1989–1992

CARMELO AQUILINA, Senior Registrar in Old Age Psychiatry, Chase Farm Hospital, Middlesex EN2 8JL; TANIA STANWAY, Registrar in Psychiatry, The Scott Clinic, Rainhill, Merseyside L35 4PQ; and KIERON CRONIN, Registrar in Psychiatry, Greaves Hall Hospital, Southport PR9 9BP



The Association of Liverpool Psychiatrists in Training (ALPIT) is the body representing the junior trainees on the Merseyside Regional Rotational Training Scheme. It has been around for some years, but trainee indifference to ALPIT had reached such depths by the summer of 1989 that it was only able to get eight out of 70 trainees to a meeting to elect new representatives to the committee. We will describe how we tried to transform ALPIT into a more effective and constructive body, and in doing so hope to encourage trainees in other areas to try something similar.

Reorganising

At our first meeting after our election, we had a brainstorming session during which we identified three underlying problems:

ALPIT meant nothing to most trainees
meetings were poorly attended
ALPIT could not communicate effectively.

We set about giving ALPIT an identity. A statute was drawn up stating the aims of ALPIT and describing meetings, election procedures and quorums, and the roles of committee members. A logo was designed to provide a 'corporate identity'. A letter was sent to all trainees introducing the committee, discussing our plans for ALPIT and enclosing a copy of the new statute. Trainees were approached to act as local representatives for specific hospitals or sub-specialities. They were asked to convey information to and from trainees. We hoped that by having someone 'on the ground' ALPIT's presence would be made more tangible.

The only ALPIT meetings which were reasonably attended were bi-annual meetings during which job allocation were discussed with the scheme organisers (Birchall & Higgins, 1991). We decided to organise other meetings which would be worth attending.

Instead of expecting people to turn up after working hours, we decided that meetings would be held on an afternoon in between University terms when most would have been attending the MRCPsych day release course. We persuaded the course organisers to make the afternoon eligible for study leave. Apart from ALPIT business, we hoped to tempt trainees by offering a sponsored lunch, and two talks by outside speakers – one on an exam-related academic topic and another on a career-related topic.

The final problem was effective communication. Despite having representatives on the two regional psychiatric training committees, nobody knew what ALPIT was doing for them. We were lucky in that we had a word-processor so we did not have to depend on the secretaries' goodwill and time to type and distribute letters. By using a desktop publishing system, we planned an eye-catching newsletter that would be read instead of ending up in a bin. We also wanted the newsletter's contents to include trainees' articles, ALPIT news and opinions, cartoons, gossip, and news of forthcoming local events. To send the newsletter and mail out as quickly as hospital post could permit, we got an up-to-date list of trainees and their placements from the scheme organisers and produced mailing labels.

Reviving

The first meeting was organised for November 1989. As we had in effect been elected by only five members we were in breach of our own statute and we stood for re-election at the meeting. Two psychotherapists were invited to speak on childhood sexual abuse and another consultant was invited to speak about 'How to write CVs and Influence People'. We got sponsorship for a buffet meal. We also confirmed that the meeting was eligible for study leave. A letter of invitation was sent to trainees, posters were sent to our local reps to put up, and the first nine-page issue of the newsletter was sent with details of the forthcoming meeting as front page news. Thirty trainees turned up for a more crowded and livelier

meeting than we'd seen before. Further meetings featuring such diverse topics as liaison psychiatry, misidentification syndromes and dealing with families, were held subsequently every six months and attendance continued to be high.

The newsletter expanded in size from nine to 20 pages. Trainees sent in articles on their audit of psychiatric training (Cunningham & Aquilina, 1993), psychiatry in Kuwait, details of local mental health self-help groups, a review of key papers in forensic psychiatry, reports from ALPIT representatives in the regional committees, forthcoming local courses and talks. A gossip column and a few cartoons provided the necessary comic relief. As much as the meetings, the newsletter made people sit up and take notice of ALPIT.

A psychiatric training logbook was reprinted. We decided to send a copy automatically to trainees joining the scheme along with our letter of welcome as one way of getting their attention. Notices of meetings were sent with weeks to spare and the mailing list was kept up to date. ALPIT's efficiency in communication was eventually acknowledged when the scheme organisers asked ALPIT to forward trainee feedback forms as secretaries could not send them in time!

ALPIT's credibility with regional training committees grew slowly. The audit of training published in the newsletter and an audit of research organised for one of the regional committees gave trainee opinions more weight. ALPIT representatives were invited to sit on the committee reorganising the MRCPsych course and in preparing a report on reorganisation of regional psychiatric libraries.

Two of us (C.A. and K.C.) have not stood for re-election, with the remaining member (T.S.) staying on and ensuring continuity. Unlike the previous election of ALPIT, there was competition for the places and the committee's composition was not a foregone conclusion. ALPIT continues to develop thanks to an increase in trainee interest and input. Meetings for local representatives have been well attended. Apart from the six monthly meetings, there are plans for special meetings on specific topics like

violence and post-traumatic stress disorder. ALPIT is continuing to take a very active part in regional organisation of the training scheme.

Reviewing

The experience of working in a trainees' group such as ALPIT was beneficial both for ourselves as trainee representatives, for trainees as well as for the training scheme organisers.

As ALPIT committee members we were able to gain organisational and 'political' experience. This is something rarely achieved while still at SHO and registrar level. On a more personal level we were happy to see our work being rewarded by increasing involvement of trainees in ALPIT's work.

ALPIT was able to provide a channel for trainees to criticise constructively without risking being labelled as troublemakers. Our increasing effectiveness and involvement meant that we were no longer passive consumers of training. Meetings became an opportunity to learn and to meet socially.

We think that the course organisers benefited by having organised trainee participation to highlight problem areas, suggest improvements and provide a junior trainee's perspective of the scheme. ALPIT has also shown it can filter down information to trainees quickly and efficiently, and this is a useful channel for communication that the course organisers could use again.

We are aware of at least one other active, organised junior psychiatric trainee group working at a regional level. We hope that this article will encourage others to develop such worthwhile and rewarding initiatives, and share their experiences with us.

References

- BIRCHALL, E. & HIGGINS, J. (1991) Outcome of training – the Liverpool training scheme. *Psychiatric Bulletin*, 15, 357–359.
- CUNNINGHAM, S. & AQUILINA, C. (1993) Consumer audit of psychiatric training *Psychiatric Bulletin*, 17, 93–94.