

The management role of consultants is continually increasing; if they are to make effective contributions to management decisions and management of services, it is essential that they are adequately prepared. Management training should not be an optional, but an 'integral part of training' (Smith *et al*, 1986). There is a need both for theoretical management education throughout higher training (as in the Welsh model), and for practical management experience. A short attachment to a Unit General Manager would be a useful addition to every senior registrar's training programme.

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Trainees' forum

Career progression in psychiatry: perceptions and realities

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The guidelines on criteria necessary for promotion to senior registrar grade in psychiatry may be found in *The Handbook for Inceptors and Trainees 1987*. The criteria are essentially those in the 1980 edition, namely the need for possession of MRCPsych status and completion of at least three years general professional training approved by the College. Yet it is undeniable that in recent years eligible candidates have experienced much more difficulty in achieving appointment as a senior registrar. Indeed Holden (1988) comments that "dedicated clinical service

and the qualification of MRCPsych is insufficient to guarantee a registrar success in his or her application for a senior registrar post". In the increasingly competitive job market research experience, possession of publications, and management training have become valuable assets for prospective candidates. Our concern at the lack of pertinent career guidance for trainee psychiatrists prompted us to look at trainees' perceptions of requirements and at the provisions which exist in their training to enhance their career prospects.

TABLE I
Demographic data and employment status

Grade	Number	Sex	Mean age	UK graduates (%)	Teaching hospitals based	Average time in psychiatry (years)
SHOs	14	M 9 F 5	29.8 29.8	100	12 (85.7%)	1.3
Registrars	23	M 13 F 10	30.5 29	6 (46.1) 8 (80%)	8 (61.5%) 7 (70%)	2.7 3.25
Senior registrars	5	M 3 F 2	31.7 29	100%	100%	5.8

TABLE II
Factors considered essential for promotion to senior registrar

Factors	Essential	Essential or desirable
MRCPsych	100%	100%
Participation in research	76%	91%
Published research	60%	86%
Committee meeting experience	19%	41%
Management training	17%	50%
Involvement in medical politics	7%	33%
Other postgraduate qualifications	5%	48%
Non-psychiatric experience	5%	38%
Foreign medical experience	0%	12%

The study

At the Midlands Division Trainees Day in 1989 a 30 item questionnaire was circulated to the 49 trainees present. Completed questionnaires were returned by 42 (86%). Tests of significance were carried out at the 5% level using the χ^2 test. Table I describes the demographic data, employment status and proportions of trainees graduating from the United Kingdom.

Of the SHOs, 21% described involvement in research, but only 7% had published findings. While 70% of registrars described research involvement only 13% had published. All the senior registrars described both current research involvement and having published research. There is a marked difference between research activity in the teaching and non-teaching hospitals, SHOs reporting 25% and 0% respectively, while there is a significant difference in research activity among registrars in teaching hospitals and non-teaching hospitals ($P < 0.001$). Sixty-four per cent of SHOs reported that their posts did not provide enough time for research involvement (with no allocated research sessions). Research supervision was available to 71% and 70% had had

career guidance. Comparing the years 1984, 1985 and 1989 there is a significant increase in junior trainees reporting enough time to do research ($P < 0.001$). Similarly 65% of registrars had no allocated research time, although 87% had research supervision and 70% career guidance. All the senior registrars had at least one session per week allocated for research, yet only 80% reported enough time for research and availability of supervision. Remarkably, only 40% of senior registrars had received career guidance. Only 12% of the SHO/registrar have access to a full-time research post.

All the respondents were asked to indicate which factors they considered essential and which desirable for promotion to senior registrar grade (Table II).

Comment

Our response rate of 86% of trainees from two university-based teaching hospital rotations and two peripheral non-teaching hospital rotations is significantly greater than that of the Southern survey reported by Hollyman (1985) (25%), or the Mersey region sample of Davidson & Abou-Saleh in 1987 (67%). It is also more representative than that of Burford in 1987 who concentrated on a single teaching hospital based rotation.

Our findings suggest that psychiatric trainees are now aware of the necessity to participate in and indeed publish research in order to ensure career progression. Research activity is undeniably increasing. The Royal Free Survey of 1984 and 1985 reporting 29% and 37% respectively, the Mersey Region Survey of 1986 24%, and our survey of SHOs and registrars reporting 51%. When these figures are subjected to statistical analysis the trend fails to reach significance ($P < 0.05$). When the Mersey Region survey is compared with our survey there is a significant increase in research activity among senior registrars ($P < 0.05$). We are therefore able to confirm the earlier observation of Davidson & Abou-Saleh (1987) that "trainees are becoming increasingly

aware of the need to produce research in order to enhance their promotion prospects and to widen their knowledge and experience”.

In the light of this we find it alarming that junior trainees continue to report difficulty in pursuing research. In the Royal Free Study, 93% and 88% reported “lack of time” in 1984 and 1985 respectively. Five years later we find that the situation has improved but there is still room for further progress. Two-thirds of junior trainees still report no time for research with one-third of SHOs and one-quarter of registrars having no availability of research supervision; this despite the respected observation by Freeman & Tyrer (1989) that “a good supervisor is essential for a trainee carrying out research”.

We would argue that it is now time to formally recognise the importance of research as an integral and essential component of the training and experience of psychiatric SHOs and registrars. Organisers of rotational training schemes need to assess research opportunities on their rotations and concerted efforts need to be made to identify willing and able supervisors and to ensure that all junior trainees have allocated time for research.

Career guidance is necessary for both the trainee of high potential and the trainee in danger of becoming stuck. Our findings of career guidance received by 70% of junior doctors, although higher than the 40% figure for senior registrars is still somewhat alarming. In an increasingly competitive speciality it must be essential that all entrants to psychiatry receive career guidance as early as possible. The fact that one-quarter of our sample did not consider participation in research essential for career progression may be a result of the lack of career guidance received.

Research activity is not the only requirement for the trainee psychiatrist wishing to progress. With the implementation of *Achieving a Balance* and the introduction of proposals contained in the White Paper *Working for Patients* comes a time of change for the practice of psychiatry alongside the rest of medicine. Management training is sure to become increasingly vital. Half of our sample consider management training either essential or desirable in enhancing promotion chances. There has been some debate on the acquisition of management training by trainee

psychiatrists. It was the subject of an open forum at the Education Committee Meeting, reported in the *Psychiatric Bulletin* (August 1989). Lionel Joyce argues that registrars and senior registrars need to acquire a certain hard knowledge and a number of skills. Higgins in the same article comments that specific training is required, certainly at senior registrar level and probably earlier. This subject needs consideration and clarification by training scheme organisers.

Conclusion

We have shown an increase in research activity among psychiatric trainees in response to what seems to be an accurate perception of requirements in an increasingly competitive market for promotion to senior registrar grade. However, there is an alarming delay by training schemes in the provision of this particular experience and other relevant experience, e.g. management training which may become ever more crucial for the successful career advancement of trainees.

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