DECEMBER 1977 ISSN 0140-0789

THE BULLETIN
OF THE
ROYAL COLLEGE OF PSYCHIATRISTS

COLLEGE NEWS

WOMEN IN PSYCHIATRY: REPORT OF A WORKING PARTY OF THE EDUCATION COMMITTEE

Introduction

The proportion of women among practising doctors has been rising steadily over the past decade. In some medical schools over 50 per cent of the students admitted in 1975–76 were women, and it is anticipated that by 1980 50 per cent of all medical students may be female. The financial investment of the nation in its future doctors is likely to receive a poor return unless women doctors are able to make a major contribution to the delivery of medical care.

Psychiatry has traditionally attracted a higher proportion of women practitioners than other medical specialties, and various theories have been advanced to account for this. Similarly, there has been speculation about the needs and wishes of women working in psychiatry, based not upon empirical facts but upon assumptions drawn from scanty evidence and the occasional statements of an articulate minority. About 23 per cent of all psychiatric staff are women but only 13 per cent are Consultants. These figures exclude para 94 Clinical Assistant appointments, which grade perforce for many women working in psychiatry is the only one available to them for their career. At this time of

Contents

College News:
Women in Psychiatry: Report of a Working Party of the Education Committee 1
Providing a District Service for General Psychiatry, its Special Interests and Related Specialties—Medical Manpower Priorities 5
Election of Fellows 7
Scottish Division 8
Papers for the Annual Meeting, 1978 9
To Overseas Members 9
M.R.C.Psych. Examinations 10
Meeting for Trainees 10
Reports and Pamphlets: Child Research Behaviour: A Survey of British Research into Child Psychiatric Disorder and Normal Social Development, 1975/1976 11
Correspondence 13
News Items 14
Forthcoming Events 15

https://doi.org/10.1192/pb.1.6.1 Published online by Cambridge University Press

medical manpower shortage and apparent poor recruitment into psychiatry it is appropriate for the College to concern itself with women doctors working in psychiatry. About one-third of the College membership is female, and the proportion is likely to increase (*Analysis of the Membership Examination*, Hassall, personal communication). Women are poorly represented on College committees.

Medical staffing structure has evolved in its present pattern around service needs, further professional training programmes, the evidence of Reports and Commissions, forecasts of population needs—later seen to be inaccurate—and a rigid career ladder with a Consultant appointment as the hallmark of eventual success. Such a career structure demanded total dedication and competitive commitment from the aspiring Consultant. Unsurprisingly, most women doctors who married were unable to combine the demands of such a career structure with their family responsibilities. Immobility because of the spouse's job was often a major problem, whilst adequate domestic help could often enable the woman doctor to continue to work in spite of heavy domestic responsibilities for home and children. Surveys have shown that unmarried women doctors have career patterns similar to those of their male colleagues.

The Working Party set up under the auspices of the Education Committee has been small and active, its members sharing the task of gathering information and making contact with as many women working in psychiatry as possible. The response to our surveys has shown that women contribute very considerably to the psychiatric services, and a significant proportion of them feel able to contribute more, in either time or professional responsibility, in the future. It is likely that some women will always wish to undertake full-time medical work, just as some women may wish to give up medicine entirely, whatever the demands of their domestic commitments. The majority of women working in psychiatry have attempted to balance the professional and personal demands upon them, and expect to take longer to achieve their career goal than their peers without family responsibilities.

We would do well to acknowledge the need in psychiatry for long-term continuity of practice in patient care, and to reflect on our support for the present career structure. This Working Party believes that it has found ample evidence of an as yet under-utilized source of psychiatric staffing, stable geographically, and with previous special experience to contribute to the service.

We hope that the information we have gathered will be of use in formulating College policy in relation to women working in psychiatry. We believe that our survey findings have considerable manpower implications, which should be taken into account when planning future psychiatric staffing policy. Some of our findings could have been anticipated, others were unexpected. The information, in both cases, provides a valuable basis from which we have been able to draw conclusions and make recommendations.

In November 1976 the Working Party submitted a Report to the Special Committee preparing evidence for the Royal Commission on the National Health Service. The recommendations made therein were substantially those put forward in the present Report, which are now based on the full information from our surveys.

We wish to record our gratitude to Miss Jane Boyce, whose untiring efforts on behalf of the Working Party, particularly in assisting with the surveys, have been essential to our endeavours.

Summary of the Working Party Inquiries

1. Correspondence to the Working Party

An unexpectedly large response followed the publication of a letter in the medical press inviting interested persons to write to the Working Party.

Many letters were received from senior members of the profession, expressing support for our inquiries and outlining problems, usually administrative or financial, which they had experienced in their efforts to provide training and/or suitable employment for women in psychiatry. A number of Consultants wrote asking if we could recommend anyone for vacant posts which could not be advertised.

Many women who felt isolated in their supernumerary training posts sent information and inquiries. Our advice was sought on many anomalies, financial and contractual, and in a few cases it was clear that women with part-time contracts were being exploited by an uninformed administration. Numerous letters sought information which should have been available locally if suitable counselling facilities had been provided. There was considerable ignorance of Inceptorship; however, several older women wrote to complain about the age limit, feeling that the College appeared to have no use for them.

The majority of the correspondence contained sometimes lengthy detailed personal accounts of careers which were often highly individual and rewarding to those women who had succeeded in carving a niche for themselves. Some women had deliberately chosen to specialize in an area where they saw an evident need, and had virtually created an opening for themselves. Most of the women in part-time Consultant posts had achieved these by

ability, determination and the support of their colleagues. Many well-qualified women working in service grades were expected to carry more responsibility than the grade warranted. They were often unable to move for a Consultant appointment, and contented themselves with doing a good job. Others were relatively inexperienced and felt unsupported in the load they carried. A further proportion were happy in their limited service posts, having realistic aims, but wrote critically of the inequality of the Hospital Practitioner grade proposals. Many women expressed fear that they would become redundant, as they were ineligible for the new grade. Women who had completed training at the higher professional level before choosing to have their families found particular difficulty in obtaining employment in an appropriate grade.

The majority of the correspondents were asked to complete survey questionnaires.

2. Register of Psychiatrists

It is a matter of concern that it is impossible to identify psychiatric staff with any degree of accuracy, especially those in the service grades. Dr Peter Brook has been in communication with the DHSS about compiling a register of psychiatrists, but unfortunately funds were not forthcoming. The Working Party has attempted to create an informal register of women working in psychiatry from the following sources:

1. Personnel officers of Regional Health Authorities.
2. Direct personal contact.
3. Lists of staff compiled during the Approval Exercise.

3. Counselling

With the notable exception of the excellent scheme administered from Alison Hunter House, Glasgow, which is available to all women doctors in that area, it is clear that little counselling help is offered to women in psychiatry. Advice on educational matters is usually available from Clinical Tutors, but career aspirations were sometimes based on alarming ignorance in all parties. It was noticeable that some women employed in junior posts created under HM(69)6 did not regard themselves as trainees and were inappropriately graded. In some areas supernumerary posts have been freely created and funded. Excellent training has been made available, but there is no commitment to providing Consultant posts, the result being a number of fully trained and frustrated Senior Registrars, who are unable to move for a Consultant vacancy elsewhere. Conversely, women in the early stages of training needing to move from one area to another have had to abandon training because administratively it has not been possible to transfer their appointment. The monitoring of all such posts (HM(69)6 posts) is vital. The availability of informed counselling for women at all stages of their careers could avoid much frustration and wastage.

4. Education

The availability of educational facilities for training in psychiatry was good overall, but attitudes towards the provision of training for women working part time, particularly in the non-training grades, were variable. It seems that many of the anomalies and inadequacies arise at administrative level, either because of funding difficulties or, in some Areas, because there is resistance to training part-time psychiatrists.

We recommend that the principle of access to educational facilities being available to all grades—whether training or non-training and regardless of the number of sessions worked, if the doctor so desires, must be accepted. Doctors wishing to further their professional knowledge and skills should not have to suffer financial disincentives as many do at present (cf para 63 *payments to general practitioners*).

5. Financial aspects

(1) No tax allowances were available towards the cost of domestic support or child care. Other professional salaried women were in the same situation. General practitioners found the situation easier.

(2) Levels of remuneration varied with employing authorities. Some HM(69)6 posts were graded as SHO or Registrar but salaried as Medical Officer sessional payments. In areas where this was not so, doctors in training often preferred to work as Clinical Assistants because of the considerable salary differential.

(3) In some areas doctors working part time not only have to give up free (unpaid) time to attend courses but are only able to claim a proportion of the fees and subsistence allowance received by full-time colleagues. In some cases no financial support is available to part-time psychiatrists, whatever their grade, for training purposes. We recommend that full fees and subsistence allowances be paid to part-time psychiatrists for educational courses and study leave.

(4) Removal allowances, and associated subsistence allowances, are not available to part-time employees. Consultants appointed to less than a maximum part-time post are thus severely disadvantaged financially. We recommend that such payments should be allowed on a *pro rata* basis.

6. Career prospects

The proportion of women appointed for the first time to a Consultant post in general psychiatry between 1 October 1972 and 30 September 1975 was 22·5 per cent, three times that for the period 1969–72 (Brook). More women than men were appointed from non-training grades. Of the women appointed Consultants over the period, 44 per cent had been late entrants to psychiatry and many had trained part time. The remainder had followed a conventional career pattern through the training grades, but only a minority of women Consultants had spent their formative training years in teaching hospitals or the Maudsley, while more men had done so.

HM(69)6 Training Posts

Although the machinery exists for the creation of such posts in suitable cases, the scheme is implemented patchily throughout the country, and lengthy delays are frequently caused, both by problems with funding and by administrative difficulties. There is a need for coordination between the establishment of HM(69)6 posts and the long-term career opportunities in any Area. It is absurd to create a number of special training posts if there is no possibility of appropriate career appointments ultimately being available, and equally, these posts were not intended to provide employment for those not wishing to further their professional training.

The Working Party noted with concern that 77 women (21 per cent of respondents from our two surveys) had moved from HM(69)6 posts into service grades.

We recommend (1) that the DHSS should be responsible for funding training posts under HM(69)6, and that this money should be put outside ordinary AHA budgets; (2) that these posts should be subject to annual review at Area level, and not viewed in isolation from service needs, and (3) the establishment of central departmental machinery whereby training can be linked to ultimate employment in a suitable career grade.

7. Non-Consultant career posts

The Survey of Women in Service Grades in Psychiatry produced 160 returns suitable for data collection. Five per cent of the respondents intend eventually to work in a different field, but of the 57 per cent wishing to remain in a service grade in psychiatry only just over half (30 per cent of the total survey) expressed themselves satisfied with their present position. The remainder (27 per cent of the total survey) wanted a service-grade post with security of tenure and an incremental scale similar to the Hospital Practitioner grade for general practitioners. No less than 33 per cent of the respondents expressed their hope for a Consultant post eventually (9 per cent full-time or maximum part-time; 24 per cent preferring a 5–8 session consultancy). Eighty-three per cent of the doctors responding are tied to the area where they now live.

We recommend that the use of the Clinical Assistant and Medical Assistant posts in psychiatry should be urgently reviewed in the context of the total provision of psychiatric services. The present system offers little security to many, rewards no special skills, experience or qualifications, and underutilizes the available potential of a high proportion of experienced psychiatrists. The low level of satisfaction with their present contract and working prospects is a matter for concern.

Recommendations

(i) That access to educational facilities be available to all grades, whether training or non-training, and regardless of the number of sessions worked.

(ii) That full fees and subsistence allowances be paid to part-time psychiatrists for educational courses and study leave.

(iii) That such payments as removal allowances be extended to include part-time employees.

(iv) That the DHSS should be responsible for funding training posts under HM(69)6, and that this money be put outside AHA budgets.

(v) That these posts be subject to annual review at Area level and not viewed in isolation from service needs.

(vi) That central departmental machinery, whereby training can be linked to ultimate employment in a career grade, be established.

(vii) That greater use be made of the 'split post' for part-time Consultants.

(viii) That the use of Clinical Assistant and Medical Assistant posts be urgently reviewed.

Membership of the Working Party

Drs Pamela Ashurst (*Chairman*), Dorothy Black, Kerry Bluglass, Anne Bolton, Peter Brook, Elinor Kapp, and M. A. E. Smith.

Invited Representatives: Drs Mary Tate (DHSS) and Edna Walker.