

# *Further Comments on the Cambridge Conference on Recruitment*

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Faced with recruitment difficulties, financial stringency, changing public needs and important advances in clinical and academic psychiatry, the time is ripe for a re-evaluation of the education and training of psychiatrists and factors influencing recruitment to psychiatry. The Conference, held in Cambridge in March, providing a forum for the discussion of such issues involving the Royal College of Psychiatrists, the AUP and APIT, was an imaginative concept which deserved widespread support within the specialty. However, the breadth of the conception meant that for some organizers and participants it was a conference on training, and for others it was mainly concerned with recruitment.

This difference in emphasis and the enormous scope of the subjects led many of the trainees who attended to feel dissatisfied with the Conference believing that many important subjects had not been discussed fully and that the Conference had ended with no clear consensus of opinion. At the April meeting of the Collegiate Trainees Committee (CTC) it was decided that a working group of CTC members who had attended the Cambridge Conference should be formed to produce a response to the Conference. It is hoped by publishing the views of this group that further discussion will be promoted and that the impetus of the initiative taken in Cambridge will not be lost.

The following comments are divided into general points about the organization of the Conference and more detailed comments on individual subjects.

## **Organization**

It is to the credit of the organizers that an enormous amount of long-term planning tried to achieve a balance of representation across many interest groups within the conference members and the working groups. The same care was notable in the preparation of the pre-circulated working document. The aim of all this preparation was to distil views on vast areas of professional life into manageable morsels. We believe that ultimately it failed to do so.

Both in the working papers and in the document itself, quality was repeatedly sacrificed to quantity. The main casualty, already visible in the working document, was effectiveness.

## **Working documents**

Working parties were well constituted and given clear briefs. However, careful individual contributions often lost their punch when amalgamated with others, and poor editing resulted in considerable overlap between some papers.

Furthermore, there were later complaints that the published paper differed markedly from the documents submitted, without Chairmen having been consulted.

## **Conference structure**

Practical organizational details were excellent. The venue was delightful, the weather smiled and apart from some participants only receiving their working documents a few days before arriving, individual needs were well catered for. It was correct to insist that prospective participants attended full-time, although the lure of 'the backs' proved overpowering for some. The balance of participants was bound to be difficult to achieve. APIT did well to gather trainees from all around the country, and clearly the AUP would provide teachers of psychiatry. However, the College did not ensure a sufficient representation from provincial centres, with the result that teaching hospitals, but particularly London hospitals, were over-represented. Fortunately, overall there was quite a substantial number of trainees, including several who were vociferous, but there was a persisting feeling that the needs and views of trainees in peripheral hospitals were overshadowed.

## **Working groups**

These were too large. In principle they were a valuable addition to the conference, enabling topics to be examined in some detail. However, several were ineffective for various reasons. Their recommendations were often randomly given equal weight. Rapporteurs were subsequently criticized in several instances for not reporting accurately and the standard of chairing was often not high.

## **Plenary sessions**

If the aim of the conference was simply to allow individuals to air their views, this was undoubtedly achieved. If the aim was to achieve some limited consensus, the overall design and implementation certainly failed to achieve it. With hundreds of participants varying in eminence, control of plenary sessions needed masterly skills. The intimidating effect of certain professors, and the ignoring of trainees and individuals seated away from the front rows meant that many important issues were lost. Perhaps some of the disappointments could have been alleviated had the sequence of presentation of the working documents been different. The opening session set an unfortunate tone and the very important paper on manpower was left to the end, while the paper on educational objectives merited hardly one question in the plenary sessions. The clear message was that too much

material had been presented, and the group was too large and had too little time to digest it.

#### **Recommendations**

Although the pre-conference papers contained numerous, though sometimes conflicting, recommendations, participants left the conference quite unclear as to what would become of their deliberations. No formal recommendations were adopted, even of a most general nature, but people left feeling that some decisions would subsequently be represented as having emerged. Since there was no way that all the participants could be consulted about this as a body, doubts were expressed as to whether such decisions could be considered in any way representative. There was no indication as to the process by which conclusions and recommendations would be devised, and concern was highlighted when it was put about that the DHSS had delayed implementing certain decisions pending the outcome of the conference.

#### **Detailed points**

It is quite impossible to go through a document of over 200 pages full of opinions and recommendations, together with the summaries of the conference deliberations and to comment point by point. The working group nevertheless felt that it was important to record certain comments concerning the content of this material. The ranking of the items which follow should not be taken as indicating relative value or importance.

1. Aiming at a high quality of trainee will always be important in maintaining morale and ultimately influence the recruitment process itself.
2. Psychiatrists ought to be involved in the selection of medical students on a par with the other major branches of medicine.
3. Mature students as recruits to psychiatry ought to be encouraged.
4. An examination of the most successful schools of medicine in terms of psychiatric teaching and subsequent recruitment, and of the most successful psychiatric services would prove more productive of useful information than wide-ranging surveys.
5. Teachers often need instruction in how to teach. It was extraordinary to hear at the conference that many teachers do not wish to teach, and that those who have the desire to do so often have no training or access to opportunities for receiving it.
6. The functioning of the JCHPT needs review. New models of training are being suggested, for example, a division of higher training into general and then more specialized periods giving greater flexibility, a two-year qualifying period for the MRCPsych (which the CTC does not approve). The functions of the JCHPT were hardly mentioned at the conference.
7. A taxonomy of higher training centres, listing particular advantages and orientation would be useful for potential recruits to determine their own careers.
8. A proper career guidance service in most important, and often not available. This applies particularly to overseas trainees and those in peripheral hospitals.
9. Messages about overseas trainees were somewhat confused at the conference, but it was clear enough that they often felt discriminated against. The different needs of subgroups within them should be separately determined for effective planning of their careers.
10. Women feel discriminated against, particularly because part-time posts remain unavailable, although there are many part-time trainees who have sufficient experience to take consultant posts. This point was notably underplayed in the conference.
11. Registrars and senior registrars need to be trained in schemes where the training is good. This apparent truism is widely ignored.
12. The regional maldistribution of senior registrar posts needs particular attention if the recommendations of the Short Report are to be implemented. Senior registrars tend to get appointed near their own training centres thereby perpetuating maldistribution of resources, yet training them in poor centres perpetuates disadvantage.
13. The implications of the Short Report were not discussed at the conference. They were highly relevant to the theme and ought in some way to have been acknowledged other than merely to state that the Report was not available when the documents were prepared.
14. The end point of training—the consultant posts—are crucial to an understanding of recruitment difficulties. Posts which have been put together unsatisfactorily as a result of competing local pressures continue to be advertised, fail to attract applicants or have a rapid turnover. More effective central monitoring of such posts, and a monitoring of the quality of the consultants' professional life, e.g. needs for sabbatical leave, excessive administrative demands, running a skeleton service, could lead to a higher level of realistic awareness and impetus for change coming from the training centres.
15. Liaison psychiatry needs developing as an academic subspecialty to combat pressure for psychiatric teaching to be excluded from undergraduate timetables. Such teachers have an important part to play in the general training of doctors and also in recruitment to psychiatry.
16. Research by trainees needs to be encouraged more actively among those who show interest in it.