

The Inside View

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I take it as axiomatic that we want more and better research in psychiatry and in the cognate disciplines, but I have the strong impression that in Great Britain, and especially among younger colleagues, the desire and the ability to contribute to the realization of this aim are tenuous. Why so? Is it the people; the training they have received; the value-systems and ideologies they take on board; the milieu in which they work, or the intrinsic nature of psychiatry which militate against fruitful developments?

We are at present admitting to our medical schools students of high intellectual ability and to teach them can be a most challenging and stimulating experience. Yet medical undergraduate courses have been arraigned as instruments striving to extinguish any spark of originality, dedicated to force-feeding using large boluses of assorted facts; these are to be swallowed whole and uncritically, leaving little space for the kind of imaginative thinking which is the basis and essence of the research attitude.

This may be overstating the negative side somewhat, and certainly I have come across a fair number of students who have shown a keen interest in psychiatry during their 'clerkship', with a critical though sympathetic approach to the subject which was heart-warming. A few years later I have seen some of them opt for general practice as a branch of medicine offering rapid advancement and providing plenty of scope for exercising an interest in social and psychological aspects. I very much hope that the possibility now afforded by new GMC guidelines of including psychiatry in the pre-registration year will be vigorously pursued. I believe this period to be very influential in determining final career choice.

What, then, of the postgraduate students who step on to the first rung of the psychiatry career ladder? We have heard of the supposed deadly and deadening influence of the MRCPsych on the young enquiring mind which, if it was not so preoccupied with preparing for the examination, would be carrying out a study in depth or embarking upon a research venture. I would not dismiss this accusation out of hand but I really wonder whether there was significantly more research under way among the young in the years leading up to the inception of the College and its diploma.

Again I must retail impressions I have formed of the way in which young doctors struggle to adjust to the impact of psychiatry upon them. Some, bewildered by the rich complexity of the subject and the absence of unequivocal landmarks, will, in their eagerness for a sign, latch on to a fairly narrow dogmatically propounded approach to mental disorders and suspend judgement.

It is at this early stage that the influence and support of the good teacher is paramount. The student must be helped to come to terms with the extraordinary 'double-think' of medicine whereby daily practice and hourly decisions must

be executed with confidence and assurance often on the basis of scanty data, while retaining an objective, critical and sceptical view of the proceedings.

It is at this point that the trainer's own training may betray him. He may believe that research is essentially an esoteric pursuit involving computers, difficult statistics and complicated apparatus. He may therefore undervalue the potential research importance of questing attitudes and of simple but novel ideas which a trainee diffidently offers. Worse still, he may adopt a dismissive and contemptuous attitude to research, regarding it as a more or less harmless form of OT for leisured academics but scarcely as a suitable preparation for the harsh realities of clinical psychiatry as she is practised. This heresy has occasionally reared its ugly head at consultant appointment committees, and I have participated in spirited exchanges across the table, with the candidates mercifully out of earshot. Having sat on many such committees in all branches of medicine during recent years, I have been struck by the fact that in most of the major disciplines there are high expectations and positive attitudes towards research experience and towards the published products of research. I also could not help noticing, rather wryly, and for what it is worth, the relatively greater length of the publication lists in curricula vitae of candidates in fields other than our own.

Where then should we look for the stimulus, the guidance and the inspiration in research matters? Surely, the university departments should serve as luminaries here? A few, particularly the larger, older and well-established departments, do just this, including, of course, the famous Institute* where we are now. Many, however, of more recent vintage are relatively small and tend to find themselves subject to strong pressures to devote time and energy to matters concerning development of services throughout an Area or Region. The claims of research can easily be shelved until more urgent affairs are coped with. So although many senior registrars and a fair number of registrars rotate through academic departments and will, no doubt, be helped to realize any research ideas which they may generate, they may nevertheless lack exposure to a wide range of active research endeavour which seems to be part and parcel of most departments of medicine, surgery, etc. Clearly, the presence within departments of research units or teams perhaps funded by statutory or voluntary bodies has seminal value to young psychiatrists, spreading well beyond the departmental boundaries. The creation of additional senior academic posts with an 'earmarked' research bias, the presence of senior research fellows likewise may have far-reaching enlightening influences.

Let me turn just for a moment to the question of career posts in research in psychiatry not funded by the UGC.

* Institute of Psychiatry

Assume that a spark is kindled in the breast of a young doctor—what hope is there of fanning it into a steady flame? The right apprenticeship in reasonably sheltered surroundings is the answer and there are still ways of achieving this in certain university and Research Council settings. After a small number of years, however, the apprentice must decide whether to pursue the research life full-time, part-time or scarcely at all. Perhaps the alpha plus man need never worry about his bread and butter, but it seems to me that the life of the average career medical research worker has in recent years lost some of its quality through an increasing emphasis on accountability by the funding bodies. Perhaps this is inevitable and a sign of the times, but I sometimes wonder about the effect upon potential recruits to this rather small select band of watching their mentors devoting large chunks of time to soliciting continued support from the paymasters.

The scientific basis of psychiatry draws its sustenance from many disciplines and exciting leads have been opened up by workers trained not only in psychiatry but in epidemiology, genetics, pharmacology and the social sciences. There are, however, large and important areas of psychiatry such as disorders of personality and psychotherapy, where concepts are hard to pin down and where problems of measurement and of evaluation proliferate. Although it is tempting to seek the sixpence where the lamp burns brightest, these shadier areas must be explored using tools which are necessarily imprecise and subjective. I believe that workers who enter these boggy pastures should be given latitude by funding bodies to pursue novel approaches. At this point I would like to enter a plea for a more constructive dialogue between funding bodies and applicants for support. Receipt of a laconic rejection slip is traumatic, especially for the neophyte. I serve currently as chairman of

the committee in Wales which advises on the disbursement of local NHS funds for medical and social research. We try to make the processing of applications a useful educational experience with feedback of comments (anonymously) from referees and with offers of help and advice from members of the committee.

Last year a distinguished British Professor of Medicine, W. S. Peart, drew attention to the current paucity of research in psychiatry and discussed aetiology and possible treatment. He wondered whether psychiatrists were lacking in that brand of natural curiosity and that reluctance to accept the authoritative view which make prime ingredients of the research outlook. He spoke of a 'quantitative and qualitative deficiency' in graduates entering the field. He cast a critical eye over the state of academic psychiatry in the medical schools. He intimated that the prescribed training programmes under the auspices of the Royal College of Psychiatrists might put a damper on the budding researcher. He concluded with a robust exhortation to those concerned to 'move optimistically and expeditiously'.

I share Professor Peart's view that psychiatric research is something of a delicate plant and has latterly shown signs of wilting. I also agree with some of his remedial measures, including an infusion of new posts to strengthen small departments of psychiatry and to give more scope for research activity. Also I applaud the cross-fertilization between departments of psychiatry and a wide variety of basic science departments. Recruitment of good minds is of central importance, and the College, together with the Association of University Teachers of Psychiatry and the Association of Psychiatrists in Training, is planning a special conference in 1982 to examine all aspects of this thorny problem.

Training in Behavioural Psychotherapy

The Association of University Teachers of Psychiatry recognizes the recommendation of the Royal College of Psychiatrists (1971) that experience in behavioural psychotherapy should be an integral part of the training of psychiatrists. To help reduce the shortage of trainers in this field the AUTP, with the Institute of Psychiatry, is repeating a course to increase available training resources. This course is mainly intended for consultants and senior registrars and those of equivalent status, but a limited number of other places may be available.

The second course will begin with a two-day workshop on 23 and 24 September 1981. This will include the following components: Theoretical background, demonstration of treatments and participant practice in small groups. (Experi-

ence in this workshop will be reported to the Annual Conference of the AUTP the next day.) After the workshop participants will be asked to undertake behavioural treatment of patients in their own centres, and later also to supervise other trainees. Participants will be supervised in small groups at monthly intervals in half-day sessions over the following academic year. The course is organized on lines which qualify for local funding assistance to applicants under the CPME Advanced Postgraduate Training Scheme to help senior medical staff develop special expertise in new areas.

Applicants should write, including a brief curriculum vitae, to Professor Isaac Marks at the Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, where the course will be held.