

A ten-year survey of trainees' days

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This year sees the tenth anniversary of the Collegiate Trainees' Committee (CTC). One of the functions undertaken by the CTC representatives is to organise an annual trainees' day in their division. This gives the trainees an opportunity to meet each other, lobby their divisional representatives and raise awareness of College activities. Another important aspect of the day is the talks, usually of a practical nature and concerning topics like the MRCPsych examinations and administration. There have been a number of single trainees' days reported (Lovett, 1987; Rice & Medley, 1987; Jones *et al.*, 1989) but this is the first review of a larger sample.

The study

CTC representatives were requested to send to the College a copy of the programme of any trainees' day they had organised. Twenty-eight such programmes from Welsh, Scottish and all seven English divisions were examined. Additional material was obtained from reports of trainees' days in the *Bulletin* and from personal discussion with other CTC representatives.

There were 114 talks at 28 trainees' days; the average number of talks was four. Tables I and II summarise the various topics and invited speakers. There were 31 (27.1%) outside speakers. Fourteen trainees' days had afternoon 'workshops', usually followed by a plenary session. All trainees' days except one had full day programmes. Drug firm sponsorship was acknowledged for 12 trainees' days.

Comment

This is likely to be an incomplete series. However, not every division has held trainees' days annually; one division reported that its first trainees' day was not held until September 1982 (Gadhvi *et al.*, 1983). The frequency of trainees' days is probably related to the enthusiasm of the local CTC representatives.

The most popular topic is about the MRCPsych examination and advice to candidates on how to pass. This is not unexpected considering that the format of the examination has changed. Talks on administration, such as 'Achieving a Balance', College approval visits and the Griffiths and Short

TABLE I

Topics	
1. MRCPsych examinations	24 (21.0%)
2. administration	22 (19.2%)
3. training	14 (12.2%)
4. services	13 (11.4%)
5. clinical	12 (10.5%)
6. research	11 (9.6%)
7. obtaining a job	9 (7.8%)
8. other	9 (7.8%)

TABLE II

Speakers	
1. NHS consultant	42 (36.8%)
2. professor/senior lecturer	28 (24.5%)
3. senior administrative member of the College	15 (13.1%)
4. trainee	13 (11.4%)
5. manager	4 (3.5%)
6. non-psychiatric doctor	2 (1.2%)
7. politician	2 (1.7%)
8. not recorded	8 (7.0%)

Reports, figured prominently in programmes. This indicates that trainees recognise the importance of administration which will be an inescapable part of their future consultant careers. The White Paper *Working for Patients* is already a subject for at least one trainees' day (Wales). In the area of services, psychotherapy and forensic psychiatry received attention as well as 'consultant-based services'. Although research experience is being increasingly demanded by appointments committees for senior registrars, talks on research accounted for less than 10% of the total number of talks. This may be explained by the fact that some MRCPsych courses incorporate teaching on research methodology.

Just over a quarter of the invited speakers come from outside the organising division; they are

often a member of the College Council, such as the Chief Examiner or the Dean. Trainees themselves have addressed their colleagues on issues such as part-time training and training in peripheral hospitals.

Trainees' days serve a useful educational and social function. The published reports of trainees' days almost uniformly refer to them as "successful" despite variable attendance of trainees. The poor attendance of senior registrars and clinical tutors (which is more regrettable) has been noted more than once. However, the participation of senior representatives of the College is particularly welcome.

Annual talks on traditional topics, such as the MRCPsych examinations, are likely to be repetitive and the recent tendency to experiment with more varied programmes is of interest: non-psychiatrists are invited to speak and computer demonstrations have been introduced. Yet there is more opportunity for innovation: formal debates, for example, have not featured in any of the present series. In addition,

the time is overdue for a systematic ascertainment of the 'consumers' wishes for trainees' day.

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Higher training in old age psychiatry

JCHPT (Joint Committee in Higher Psychiatric Training) Position Statement:

The JCHPT has reviewed the training of senior registrars in old age psychiatry and wishes to draw the following points to the attention of scheme organisers, trainers, trainees, and others interested in the topic.

Many senior registrars training in general psychiatry will appropriately receive a one year training in old age psychiatry as part of their four year programme. The following points refer to senior registrars seeking to become specialists in old age psychiatry.

- (1) A full higher training for someone seeking to work whole-time or almost whole-time in old age psychiatry should include two years in old age psychiatry and two years in general psychiatry.
- (2) The two psychogeriatric years should include experience with two different psychogeriatric teams and trainers. As far as possible these should be complementary or contrasting experiences, and as main or 'core' placements should generally occupy six to eight sessions weekly.

- (3) The programme should also provide relevant experiences other than with specialist psychogeriatric services. These should include: attachment to a department of geriatric medicine; liaison with neuroradiology, neurophysiology, and neurology departments; psychological treatments including family methods relevant to the old age field; and liaison with primary care settings. Some of these may appropriately be taken in 'special interest' sessions during general psychiatry years of training.
- (4) Each scheme should have a trainer responsible, within the scheme organisation, for old age psychiatry in the scheme.
- (5) Whenever possible, an old age psychiatrist should participate in senior registrar appointment committees whose task is to appoint trainees who may have the opportunity to become a specialist old age psychiatrist.

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