

## Correspondence

### *What puts medical students off psychiatry*

DEAR SIRs

We read with interest the paper on what puts medical students off psychiatry (*Bulletin*, May 1986, 10, 98–100) and wish to report a small study on career choices recently concluded at King's College Hospital Medical School, London. The study aimed to look at factors that militated against a continuing intention to specialise in psychiatry in students who had earlier expressed such an interest.

A cohort of 94 medical students were given an attitude-to-psychiatry questionnaire<sup>1</sup> which included questions regarding future career intentions. All students who expressed an intention of specialising in psychiatry at the end of their clinical curriculum were contacted at the end of their pre-registration year, and a further brief questionnaire was administered by post. This concerned their past intentions regarding a career in psychiatry and their current career intentions. In addition, those who had decided against a career in psychiatry were asked to complete nine five-point Likert-type scales regarding the influence of different factors on their decision. Each scale was anchored from 'strongly influenced'—1; to 'mildly influenced'—5. The questionnaire is available on request.

Of the 94 students in the cohort (58 males and 36 females), 14 (7 males and 7 females) expressed the intention of specialising in psychiatry at the end of their clinical curriculum. All 14 responded to the brief postal questionnaire. All except one of these students developed the intention to specialise in psychiatry after entering medical school, and the majority did so during or after the psychiatry clerkship. Only three remained 'definitely' interested in a psychiatric career at the end of the pre-registration year. Two reported that no decision at all had been made about their future speciality.

The factors influencing the 11 who had decided against specialising in psychiatry were ranked according to the median values of their grouped responses to each of the nine Likert-type scales. Among the factors influencing our respondents against specialising in psychiatry, the attraction of other specialities, professional experience of psychiatrists, and personal awareness of unsuitability seemed to be most important. The influence of psychiatric treatment methods and outcome, types of psychiatric patients seen in general medicine, and poor working conditions in psychiatry achieved middle rankings. Lack of career prospects in psychiatry and attitudes of family and close friends to psychiatry were ranked low.

From the long-term point of view it should be recognised that the developing pattern of mental health services, with increasing community care and greater involvement of general practitioners, indicates that the emphasis during undergraduate psychiatric training should be more and

more on producing doctors in all specialities who are sensitive to their patients' psycho-social needs. Perhaps we should become less pre-occupied with the numbers specialising in psychiatry and concentrate instead on the quality of recruits.

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#### REFERENCE

- <sup>1</sup>SIVAKUMAR, K., WILKINSON, D. G., TOONE, B. K. & GREER, S. (1986) Attitudes to psychiatry in doctors at the end of their pre-registration year: follow-up of a one year cohort of medical students. *Psychological Medicine*, 16, 457–460.

DEAR SIRs

I read with interest Jan Scott's well presented article on 'What puts Medical Students off Psychiatry?'. I think there is one important point that is not stressed.

Dr Scott mentions the overlap in interests between general practice and psychiatry but perhaps misses the point that it is the considerable financial improvement in general practitioners' earnings which has taken place in the last 12 years that has worked against recruitment in psychiatry.

It is quite true that what the psychiatrist has to offer the junior doctor is much more attractive now than it was 12 years ago and this could expect to increase recruitment to psychiatry, but it is the attractions, predominantly financial and particularly for rapid increase in earnings early in one's career, that has taken many recruits to general practice who might otherwise have come to psychiatry.

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### *ECT in the Netherlands and Britain*

DEAR SIRs

In the June issue of the *Bulletin* (10, 155) there is a letter from two psychiatrists about the use of ECT in the Netherlands. In the period 1981–84, 35 non-geriatric patients had received a total of 38 courses of ECT.

In the Parliamentary News section, there is a report on the number of courses of ECT given in Britain. This may include geriatric patients, but the difference is considerable. In those same years, 1981–84, 81,185 courses of ECT were