Correspondence

EDITED BY KHALIDA ISMAIL

Recruitment and retention in psychiatry

We read with interest the literature review by Brockington & Mumford (2002) on recruitment into psychiatry. We agree it is possible that recruitment might be improved by influencing medical student intakes and having greater understanding of the pathways leading to a psychiatric career. However, we believe that the factors governing career choice at both undergraduate and postgraduate levels are uncomplicated. Students on clinical attachments in psychiatry are exposed to wards which are often dirty, unpleasant, frightening and understaffed. They see a service that is underfunded and, subsequently, staff with low morale and burnout. It is hardly surprising that many pursue alternative specialities.

Attempts to encourage potential and existing recruits by repackaging psychiatry at any nodal point in a medical career are likely to fail unless there is the financial investment to provide fully resourced working environments. Attractive conditions might also reduce stigma, contributing further to recruitment. The findings of a study being carried out by the Royal College of Psychiatrists looking at why psychiatrists leave the profession and retire early will be of interest to us all (Camm, 2002).

Brockington, I. & Mumford, D. (2002) Recruitment into psychiatry. *British Journal of Psychiatry*, **180**, 307–312.

Camm, J. (2002) Psychiatrists condemn inaction on recruitment. *Hospital Doctor*, 11 April, 6.

C. O'Gara Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK

J. Sauer Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, UK

We were encouraged to read both a review article and an editorial on recruitment in psychiatry (Brockington & Mumford, 2002; Storer, 2002). Recruitment and retention is surely one of the most important challenges for British psychiatry today. It may be of interest to point out that not only have similar recruitment problems been identified in Wales but also that research into this is ongoing.

An initial qualitative study using grounded interviews with medical students, pre-registration house officers and psychiatrists of all grades across Wales has been completed. On the basis of this, a questionnaire was developed which has been distributed to all psychiatric senior house officers, specialist registrars and staff grade doctors in Wales. These questionnaires explore various aspects of psychiatric training experience and motivations behind career intentions. From the responses, we hope to gain a greater understanding of the reasons behind the crisis.

From the initial work, one theme that is emerging is the importance of a positive training experience, initially at undergraduate level but also at later stages in a doctor's career. An enthusiastic teacher was particularly seen as a strong motivator to entering psychiatry. However, this was counterbalanced by the effect of the stigma of entering a speciality perceived as inferior. As well as problems with recruitment, there are increasing problems with retention of senior house officers, and subsequent lack of applicants for specialist registrar posts. Some disincentives to continue within training seem to be the perception of demoralised consultants not providing ideal role models for young aspiring psychiatrists. This is linked to the experience of a pressurised service that lacks resources. Both these factors appear to be an affliction affecting general psychiatry to a greater extent than the other specialities. Perceived stigma directed towards psychiatrists, mental health services and patients from our medical colleagues is a worryingly common observation, and is another potentially important finding in relation to the Royal College of Psychiatrists' 'Changing Minds' campaign.

We look forward to being able to share the results of our survey later this year and hope that it will provide some direction to develop solutions to this crisis.

Brockington, I. & Mumford, D. (2002) Recruitment into psychiatry. *British Journal of Psychiatry*, **180**, 307–312.

Storer, D. (2002) Recruiting and retaining psychiatrists. *British Journal of Psychiatry*, **180**, 296–297.

L. Clarke-Smith Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0GH, UK

R. Tranter Hergest Unit, Ysbyty Gwynedd, Bangor LL57 2PW, UK

Improving the CHI

Professor Burns (2002) makes some good points in his article on the Commission for Health Improvement (CHI). The CHI is a relatively new organisation and is constantly learning. Already, many of the suggestions for change to our clinical governance review process made in his article have been identified and implemented through our own processes of self-review and improvement. Such improvements include shortened clinical governance reviews and shorter, more accessible reports.

However, Professor Burns unfairly doubts the experience of CHI reviewers who undergo a rigorous assessment and training programme. He also questions the consistency of clinical governance review reports. We have developed assessment frameworks to help review managers, and reviewers make reliable and consistent assessments transparent to both the organisation and its stakeholders. This framework underpins the entire process, driving the collection of data and information and all reporting arrangements.

Professor Burns also makes unhelpful comparisons between homicide inquiries and CHI reviews. Our role is not to identify individuals to whom blame can be attributed, but to help encourage improvement where improvement can be made. Many have found CHI's reviews a positive experience enabling the organisation to recognise strengths as well as weaknesses. In the meantime, the CHI is committed to learning and improving our own systems through constant consultation. Feedback is always welcome; even better, why not become a CHI reviewer and make your own contribution?

https://doi.org/10.1192/bjp.181.2.163-a Published online by Cambridge University Press