

The College

The Role of Psychiatric Tutors

Report from the Third Collegiate Trainees Committee Working Party

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Aims

The working party was set up by the Third Collegiate Trainees Committee because dissatisfaction had often been expressed about psychiatric tutors at trainees' days around the country. It met regularly between September 1983 and April 1985. The aims were to survey trainees' satisfaction with their tutors, to invite tutors to comment on the difficulties of the job, to examine the structure of the system and to recommend changes if necessary.

The system

The College's system of psychiatric tutors was set up in 1977 and has been described in the 'Tutors Handbook' (1983) and the Trainees Handbook.¹ The principles, criteria and procedure for granting recognition to individual tutors has been described in the *Bulletin*.² The details of the scheme will not be described here.

Local training schemes vary greatly in their tutorial arrangements. Some schemes have a tutor at each hospital, others have one tutor at the central hospital of a rotation. To some extent this depends upon the size of the rotation and the geography of the hospitals. Schemes also vary in the facilities available for teaching and the work of the tutor varies accordingly. It is therefore difficult to write a job description for a psychiatric tutor. There are, however, several tasks which he or she is expected to carry out:² (a) to arrange, attend and foster enthusiasm for local academic events, e.g. case conferences and journal clubs; (b) to arrange the rotational scheme as far as possible in the interests of the trainees—ensuring an adequate variety of experience; (c) to meet trainees regularly to discuss their progress, difficulties and future training needs; (d) in some cases to act as sponsor for the MRCPsych Exam, to provide training in exam techniques for those who have special difficulties and to take part in the process of feedback to trainees who have failed; (e) to help trainees with career guidance; (f) to protect and enhance the infrastructure of training, e.g. ensuring libraries are full and up to date; (g) to represent trainees' interests at postgraduate and other local committees.

The rewards for being a tutor are few and far between. It is recommended that they devote two sessions per week to their duties and that this be recognised on their contract,

but if this is impossible recognition can still be granted. The College also 'considers it appropriate that psychiatric tutors should receive an honorarium (but) cannot impose financial obligations on other bodies'.

Once a consultant applies for recognition his or her application is considered by the 'working party on the recognition of psychiatric tutors' which comprises the Dean, members of the Psychiatric Tutors Sub-committee and the Collegiate Trainees Committee.

The Psychiatric Tutors Committee is a sub-committee of the Education Committee. It meets quarterly at the time of College meetings and considers those matters which relate especially to tutors and which are circulating within the College at the time. There is also a psychiatric tutors conference which occurs approximately every 18 months at which papers are presented on topics of psychiatric education.

Methods

1. A questionnaire was designed and distributed to trainees. Two Royal College Divisions were chosen and a full survey of each was attempted. Unfortunately, the returns from these divisions were low. In addition the trainees who attended several trainees days in other divisions were surveyed.

Results

The response rate from the postal survey was only 30 per cent. In addition we had available the results of surveys, using the same questionnaire, of the audience at trainees' days in Ireland, Scotland and the Southern Division. Thus, although a systematic attempt was made to survey trainees' opinions this was not satisfactorily achieved and the results should be interpreted with caution. It is, nevertheless, the only attempt to date to tap trainees' opinions on this subject.

The final number of completed questionnaires was 227. Half of respondents were attached to teaching hospitals and half had passed the preliminary test; 57 per cent were of registrar grade and 21 per cent were in provisionally approved schemes.

Thirteen per cent of trainees claimed not to know the identity of their tutor and a further 19 per cent had never

met their tutor. A small number had not met the tutor until they had been in post for six months. Most trainees (65 per cent) wished to meet with their tutor monthly and a minority did meet monthly or more frequently (36 per cent).

Nearly all trainees strongly expressed the wish to receive feedback on their performance so that when they reach the stage of MRCPsych they would be adequately prepared. Only 31 per cent of trainees received such feedback from their tutor. Some tutors have expressed the view to working party members that this is properly the task of the individual consultant. However, only a further 28 per cent of trainees are offered this help by consultants. The remaining 41 per cent have presumably never been advised about the adequacy of their clinical skills such as interviewing, record keeping or general ward work. Thirty-five per cent of trainees had no opportunity to express their opinion about the scheme to their tutor.

Many trainees require special help in preparing for the ordeal of MRCPsych, but the tutor offered no help in this direction for half of our respondents. Many require career guidance but 40 per cent did not recall having received any.

One-third of trainees stated that they were not able to attend lectures, either because of competing clinical work or the absence of an academic programme, and a similar proportion were unable to attend seminars or tutorials; 32 per cent attended research reviews; 23 per cent were always encouraged to attend College meetings; 38 per cent sometimes; 30 per cent never and 1 per cent met with active opposition to attendance.

Most trainees were satisfied with the quality of journals in their library but in 41 per cent the selection of books was rated only poor or adequate.

The ability of the tutor to gain the necessary resources to run a training scheme will depend upon their administrative potential. Many trainees in our constituencies felt that their tutor was the most junior consultant, forced into the post because no one else wanted it, and we therefore asked this question in the survey. In the event only 20 per cent of trainees in our sample had a tutor who was the most junior consultant in their scheme. Global ratings of satisfaction with the tutor showed 12 per cent of trainees thought their tutor was excellent, 34 per cent good, 33 per cent reasonable, 11 per cent poor and 6 per cent very poor.

We performed a number of correlations between items on the questionnaire. Results which stand out are as follows:

- (a) There was greater satisfaction with the facilities offered by training hospitals, particularly those which are fully approved. Library facilities at such hospitals were rated more highly (although many complained of an accent on journals rather than books), and there was greater opportunity to attend research reviews. Trainees in institutions where a research review took place rated their training highly.
- (b) The rating of the tutor's performance was significantly correlated with a number of factors such as frequency

with which the trainees met the tutor and the timing of the initial contact with the tutor after the trainee had commenced work in that institution. Frequent feedback, careers guidance and good library facilities were all valued highly.

- (c) Interestingly, contact with psychiatric tutors was greater in peripheral hospitals, and those trainees were likely to be encouraged to attend College meetings and trainees days. The greater participation of the tutor in journal clubs and exam preparation in these hospitals may indicate an attempt to compensate for the lack of more formal teaching.

2. Two other surveys were available, one from 1974, carried out by Dr E. B. O. Smith, of all tutors at the time. The other was a collation of items from 'application for recognition' forms of tutors in two divisions. The results will not be discussed here but are available in the full Working Party Report.

3. An open forum was organised at the Winter Quarterly meeting in 1984, which was attended by tutors and trainees. The report of this event was published in October 1984 in the *Bulletin*.

Discussion

The psychiatric tutor is the mainstay of the College's attempts to raise and maintain the standards of psychiatric education.

He is not only the link between the College and local training schemes, he is also actively involved in the day to day running of those schemes, in face to face teaching and in counselling.

The information which was collected by the working party can make no claim to scientific objectivity or rigour. Nevertheless the results agree with the views expressed by Tutors at the Open Forum and other events, and by trainees over several years at trainees' days, and at the trainees' committee.

From the trainees' viewpoint tutors do not appear to be sufficiently involved in feedback about clinical progress, career guidance or help with examination techniques. The figure of about one third of trainees who were unable to attend academic events is disturbing. A few were discouraged from attendance at College meetings or other outside events.

From the tutors' point of view several problems arose. In some cases one consultant is pressed to become a tutor to satisfy the College accreditation team. In others the tutor has a real interest in education but after a short time in post the realities of the job become too much and initiative becomes constrained by lack of time. About half of tutors receive no honorarium, sessional time or help from consultant colleagues. Most report that they spend several hours of their own time on the work.

The value of the tutor is not in doubt, nor is the goodwill of the vast majority of tutors. However, the situation around the country appears to be patchy, with some tutors, even in fully approved schemes, being unable or

unwilling to carry out the functions assigned to their role by the College, and for which they are recognised.

What can the College do about this?

The question has been asked before (CTC Working Party on Education 1983). The justification for inactivity has been the idea that the College's role is to recognise, not to appoint: therefore it can have no role in determining day to day practice of individual tutors. However, when the College recognises a tutor, it has a duty to the trainees to ensure, as far as possible, that the tutor is going to perform the function for which he is recognised. It also has a duty to the tutor to ensure that the tasks allotted are possible. A tutor with no sessional time, no honorarium and no help from the College will be unable to carry out the tasks mentioned in the preamble.

The working party therefore rejected the idea that the College should do nothing to ensure standards apart from 'recognising' tutors.

The following *recommendations* have been made and are presented to the College for discussion.

1. The system of recognition is one element of the College's programme to raise and maintain standards and as such must be applauded as generally successful. The recognition system should remain as it allows flexibility at local levels. However, in view of the deficiencies which have come to light, there should be an induction course for tutors shortly after recognition. This might be run every six months and would be analogous to the induction course which is run for examiners. The objectives would be to:

- (a) Introduce tutors to the College and its expectations of trainee and tutor so that they can better guide their local trainees and act as an effective link person.
- (b) Provide an introduction to teaching methods. It is widely assumed that these skills are picked up along the way, but this is seldom the case.
- (c) Provide an introduction to the administrative skills which are necessary to be an effective tutor. These include the ability for example, to claim sufficient funds to run a library. This is an area in which the tutors themselves, especially those who are newly appointed consultants, feel particularly deficient.³
- (d) Ensure that the tutor has a recognised status not only in the College but locally as well, by providing a training.
- (e) Many tutors do not feel a part of the College and are not particularly welcomed in any way differently from an ordinary member. Such a course would help this to change.

We do not envisage any problems in the organisation of the course and it would not necessarily involve the College in any extra cost as it could be approved for expenses.

2. The mechanism of recognising tutors is at present somewhat inefficient.

The working party has available to it only the application forms filled in by the candidates, which are well

designed as far as they go, but which leave out any information about the practical tasks and how they are performed. This information is gathered here and there and is largely hearsay evidence. In some cases the prospective tutor or the scheme is well known to a member of the working party, and then there is little problem. However, the working party often finds itself in the dark. Perhaps an acceptable way partially to remedy this state of affairs would be to:

- (a) Have consultant colleagues confirm their support of the candidate by signing the application forms.
- (b) All applications should pass through the regional training sub-committee or similar body. In addition it is strongly recommended that trainees are involved in the decision about which consultant is put forward for recognition as tutor.

To our knowledge no tutor has ever been de-recognised although there may have been 'gentleman's agreements' to 'retire' particular tutors from their posts. We agree that in general this is the best policy where it is available as an option. However, it was a great concern to the working party that once a tutor was recognised there was no mechanism of regular review of recognition by the College and 60 per cent were subject to no regular local review. The logical place and time for a review to occur would be during the approvals exercise, but the approval teams' comments on the tutors are not available to the working party on recognition of tutors except in so far as the Dean has access to that information if necessary. As no regular time or system for review of tutors is built in to the agenda for the working party however, the information is seldom called upon.

It should be made clear that recognition is for a fixed period but renewable. This would make it easier for local colleagues to raise the issues of a change in the scheme's tutor at regular intervals.

We also suggest that a separate report on the work of the tutor should go from the approval visitors to the working party, and that the working party should be empowered to take appropriate action which may in extreme circumstances, include de-recognition. The information from the approval teams would be gathered not only from consultants, but also from trainees. Thus it is important that convenors remember to allow time for the trainee member of the approval team to meet with local trainees alone as comments of this nature are usually inhibited during discussion in the presence of consultants.

3. The Psychiatric Tutors Sub-committee, while performing an extremely valuable role within the College, could be made much more accessible to individual tutors.

It is suggested that regular tutors' forums are held, perhaps yearly, at one of the quarterly meetings. This would be a more effective way than the tutors conference of keeping tutors involved in the College. *The Psychiatric Tutors Handbook* which is being developed is also intended for this purpose, but it is too soon to say how successful it will be.

It appeared to members of the trainees' committee that the tutors, in view of their importance to postgraduate education in psychiatry, should have a greater voice in College policy. The present arrangements whereby the tutors' committee is a sub-committee of the Education Committee may be a factor in preventing this and it is suggested that this structure be reviewed.

4. *Local groups:* While links with the College and its committee are important for tutors, so are links with other tutors in the same region or division. Some areas have very active tutors' groups acting as support and information resources, while other areas show very little activity. It is recommended that all tutors should be regular members of a local group. This is indeed one of the criteria for recognition but is little used by the working party.

Summary

Flexibility has been the watchword in the psychiatric tutors recognition scheme, but it appears that too great a flexibility has led to some doubts about the purpose of recognition and is hampering further advances in the quality of education. The proposals which are presented above are offered for discussion.

REFERENCES

- ¹BRONKS, I. (1980) Psychiatric tutors. In *Handbook for Inceptors and Trainees in Psychiatry*. Royal College of Psychiatrists.
- ²ROYAL COLLEGE OF PSYCHIATRISTS (1982) College recognition of psychiatric tutors. *Bulletin of the Royal College of Psychiatrists*, 6, 24-25.
- ³MCKEITH, IAN (1984) Psychiatric tutor—rumour or reality. *Bulletin*, 8, 202-203.

Survey into the Availability of Higher Specialist Training in the Psychiatry of Old Age (November 1985)

Report of a Survey carried out by Dr GARRY BLESSED for the General Psychiatry Specialist Advisory Sub-committee for the Joint Committee on Higher Psychiatric Training (JCHPT/GPSAC)

Psychogeriatrics began to develop as a specialty within general psychiatry in the 1950's, but few psychiatrists became involved in establishing clinical services until a decade later. An ad hoc enquiry carried out by the DHSS in 1972 of Regional Hospital Boards revealed that 18 consultants then had a substantial (defined as five or more sessions) commitment to psychogeriatrics. At the same time a survey of psychogeriatric service provision revealed 31 units containing a total of 1,123 beds. Presumably, a number of units were being managed by general psychiatrists with less than a substantial commitment to old age psychiatry.

The rapid expansion of hospital services for the elderly mentally ill in the 70's, and the growing number of general psychiatrists actively interested in psychogeriatrics, led to the formation of a Specialty Group, later to become a Section, within the College, and to the idea recently underwritten by the Health Advisory Service¹ that every health district should have a consultant psychiatrist who takes special responsibility for the elderly.

Such a proposal clearly had implications for training and the JCHPT has recommended that 'larger training, schemes should provide clinical assignments in these sub-specialities'² and that the period of training in psychogeriatrics should be 'a year to eighteen months' (Handbook 1985).

In 1979 there were only eight senior registrar training slots in psychogeriatrics. In that year the Department

agreed to fund seven additional 'single-holder' posts for a period of four years. In the same year, the Chairmen of the JCHPT/GPSAC wrote a joint letter to all scheme organisers urging them to provide training opportunities in psychogeriatrics within general psychiatry rotations, where necessary provided by redistribution of posts.³

In the past four years the numbers of advertised consultant posts in psychogeriatrics has increased steadily, save for a transient fall in 1982, and the lack of a corresponding increase in training opportunities has often been highlighted.

The present survey was carried out to determine the availability of psychogeriatric training to senior registrars and lecturers; to discover whether training opportunities matched present needs based upon consultant vacancies, and to see whether there had been a significant increase in the availability of training since 1979, over and above that produced by the seven single-holder posts.

Method

The method of obtaining information varied. The usual strategy employed was a letter to each scheme organiser requesting information. Where a scheme was well known to the author, information was based upon personal knowledge. Where a scheme provided psychogeriatric training via a member of the Executive Committee of the Section for the Psychiatry of Old Age, (e.g. Manchester,