Brit. J. Psychiat. (1975), **127**, 499–505

Academic Psychiatrists

By PETER BROOK

Summary. The training experiences of 35 academic psychiatrists first appointed in the years 1966–72, obtained by a postal questionnaire, are reported and compared with those of N.H.S. consultant psychiatrists appointed in the same period. The academic group reported less satisfactory training in a number of important areas, including psychogeriatrics and work in the community. Academics also differ from consultants in their fathers' socio-economic status and educational background.

Introduction

Previous studies of the background and training experience of recently appointed consultants in general psychiatry (R.M.P.A., 1969; Brook, 1972, 1973, 1974a, 1974b) have excluded psychiatrists who hold honorary N.H.S. consultant appointments by virtue of their having senior academic posts. To make good this deficiency a postal enquiry was directed to all doctors appointed between 1 October 1966 and 30 September 1972 to a University or M.R.C. post with an honorary contract, and working in the field of general psychiatry.

As with the previous surveys the aims were:

1. To obtain a nationwide view of the present state of psychiatric training and education;
2. To find out which particular areas of training and education are least satisfactory;
3. To gather information about the background of the psychiatrists, and to find out their views on alternative career possibilities.

In the present study it was hoped that, in addition to these aims, the survey would show whether academic psychiatrists differ in their background and in their educational experiences from psychiatrists working primarily in the N.H.S. (Hereafter for convenience the first group will be termed 'academics' and the second 'consultants').

Method

A questionnaire was circulated to all academic psychiatrists holding an honorary consultant contract in the U.K. first appointed between 1 October 1966 and 30 September 1972; lists of names were obtained from the D.H.S.S., Scottish Home and Health Department and Queen's University, Belfast. If those approached did not come within the ambit of the survey—that is, that they were first appointed outside these dates, did not hold an honorary contract, or were specializing in mental handicap, forensic psychiatry or child psychiatry—they were asked to return a slip indicating why they were not eligible. One other ineligible group were those holding six or more paid N.H.S. consultant sessions, as they would already have been surveyed. The same questionnaire, with very slight modification, was used as for the two previous surveys directed to consultants.

Results

Thirty-five questionnaires were returned completed by eligible academics, a 100 per cent response. Of the respondents, 5 were Professors, 3 Readers, 21 Senior Lecturers, 4 of other grades, and 2 did not specify their present status. All were men.

Twenty-one (60 per cent) had spent the majority of their time in the training grades at

https://doi.org/10.1192/bjp.127.5.499 Published online by Cambridge University Press

TABLE I

Fathers' socio-economic class (percentages)

	Group 1 Professional	Group 2 Intermediate	Group 3 Skilled	Group 4 Semi-skilled	Group 5 Unskilled	Armed forces	Cannot classify
Academic psychiatrists (n = 35)	34	34	31	—	—	—	—
Consultant psychiatrists 1966–72 (n = 227) ..	40	30	22	5	1	1	2
Maudsley, 1966–72 (n = 26)	65	23	4	—	—	4	4

TABLE II

Age when father left school (percentage)

	Age in years					
	13 or younger	14	15	16	17	18 or older
Academic psychiatrists (n = 35) ..	23	26	11	11	9	20
Consultants psychiatrists, 1969–72 (n = 105)	11	24	11	9	14	31
All academics (n = 1,118)	20	31	8	10	10	21

the Bethlem Royal and Maudsley Hospitals ('Maudsley' group), nine (26 per cent) had trained at undergraduate teaching hospitals ('Teaching' group) and five (14 per cent) were products of other types of hospital or had trained abroad or in the armed forces ('Other'). Of the 1966–72 consultants, 11 per cent were Maudsley graduates and 30 per cent were from teaching hospitals.

Country of birth and qualification

Five were born outside these isles, of whom three had qualified abroad, all in the 'Old Commonwealth'. A similar proportion of the 1969 consultant group had qualified abroad.

Parental background

Tables I and II show some aspects of father's origins and background comparing the academics, the consultants, and in additional academics of all disciplines medical and non-medical (Halsey and Trow, 1971). It will be seen that academic psychiatrists more nearly resemble other academics than the consultant group in respect of their socio-economic background and the age when their fathers left school. The difference is more marked when the fathers' higher education is looked at. Another facet of this discrepancy is the fact that 21 per cent of the consultants had at least one medical parent, compared with 6 per cent only of the academic psychiatrists.

TABLE III

Fathers' education (percentage)

	No higher education	University	Other higher education
Academic psychiatrists (n = 35) ..	60	34	6
Consultant psychiatrists (n = 105) ..	41	38	21

Stage when decision was made to enter psychiatry

Overall, there are no great differences between academics and consultants as to when a career choice was made.

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Career choice determinants

Academics were asked to indicate the relative degree of importance they attached to each of 14 statements of reasons for psychiatry as a career choice (Table IV). The academics' responses are compared with the consultants' 'very important' and 'quite important' reasons. Academics attached even less imporance to their undergraduate experiences than consultants in making their career choice, but did attach more importance to interest aroused by a psychiatrist with whom they had been in touch and, not surprisingly, an interest in research. One interesting difference is that a larger

TABLE IV

Career choice determinants (percentages)
(n = 35)

	Very important	Quite important	Of secondary importance	Irrelevant or unimportant	1969 consultants Very important	1969 consultants Quite important (n = 125)
1. Because you felt that psychiatry was an important and interesting branch of medicine	60	34	3	3	58	28
2. Because of a curiosity about or interest in other people, their emotions and reasons for their actions	46	40	3	11	39	39
3. Because of an interest aroused by psychiatrists with whom you came into contact after you qualified, but before you went into psychiatry ..	9	23	11	57	14	20
4. A member of your family or a friend was working in the psychiatric field	9	6	6	80	2	6
5. Because of an interest aroused by undergraduate teaching	6	31	23	40	22	24
6. By accident (e.g. only post available)	6	3	3	89	4	5
7. Because of opportunities for research	3	31	34	31	6	17
8. Because you wanted to learn some psychiatry to broaden your medical experience	3	14	9	74	11	29
9. Because you felt that a knowledge of psychiatry would enable you to become a better adjusted person ..	3	6	17	74	3	14
10. Because you felt that promotion prospects were better in psychiatry than in other specialties ..	0	14	34	51	6	13
11. Because of an antipathy to other branches of medicine	0	9	11	80	1	10
12. Because of an interest in the workings of communities and institutions, particularly their effect on people	0	9	20	71	7	23
13. A member of your family or a friend had suffered from mental illness ..	0	6	11	83	4	7
14. Because psychiatry was a specialty compatible with family life because of less likelihood of long and irregular hours and disturbed nights ..	0	0	9	91	3	14

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proportion of academics had been influenced by having a relative or friend working in the field of psychiatry.

Alternative career choice

Thirty-one only of the academics answered this question. As compared with the consultants, academics were more definite in rejecting the idea of remaining in a permanent non-consultant post, were more prepared to consider switching to another specialty, and seemed equally determined on emigration if they had failed to obtain a consultant post.

Qualifications and publications

All the academics had a higher qualification (for the purposes of the survey, Membership or Fellowship of the Royal College of Psychiatrists were not included as higher qualifications). This compares with 43 per cent of the consultants and 88 per cent of the Maudsley group. As would be anticipated, a doctorate, which was held by 20, is the most commonly obtained higher qualification, but 14 had Membership of one of the Colleges of Physicians where the special or Part III was non-psychiatric. Five academics hold the Gaskell Gold Medal, which is noteworthy as only one medal is awarded each year.

All academics had published papers, the mean figure for contributions of substance being 34, but the range was large, from 2 to 120.

Training and teaching

Each academic was asked for his opinion as to the quantity and quality of the training he received in thirty areas of training, using a three-point rating scale, thus:

1. Adequate in quantity, adequate consultant supervision.
2. Adequate in quantity, inadequate consultant supervision.
3. Inadequate or no experience.

The results for all thirty areas are not given, but only those where academics seemed to differ in their experience from the consultants or where fields of training seemed particularly important. The results are given in Tables VI to X. For comparison, figures are given for the whole groups of 1966–72 consultants. As 60 per cent of this group had been at psychiatric hospitals and units where training was, overall, inferior, a separate grouping was made of the consultants who had trained either at the Maudsley or at a teaching hospital, and who would therefore be more comparable to the academics.

It will be seen that the academics report less adequate training in psychogeriatrics and in the management of other long-stay patients (Table VI) and in rehabilitation (Table VII), ward consultations in a general hospital and the treatment and management of alcoholism and addiction (Table VIII), community work (Table

TABLE V

Expressed preferences for career alternatives to a consultant post in general psychiatry (percentages)
(n = 31 academics, 125 consultants)

	Probably		Possibly		Definitely no	
	Academics	Consultants	Academics	Consultants	Academics	Consultants
Remained in a permanent non-consultant post in general psychiatry	0	18	10	36	90	57
Switched to child psychiatry	3	6	29	41	68	53
Switched to subnormality	0	4	13	20	87	76
Switched to forensic psychiatry ..	10	5	23	29	68	66
Switched to psychogeriatrics	6	10	29	21	65	69
Switched to another specialty ..	32	6	13	19	55	75
Gone into general practice	6	14	36	42	58	45
Emigrated permanently	33*	30	37	35	30	35

* One academic had already emigrated so n for this row = 30.

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TABLE VI

Experience and training

1966–72 Consultants and 1966–72 Maudsley and Teaching totals for comparison (percentages)

	Psychogeriatrics			Other long-stay		
	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)
Adequate in quantity, adequate consultant supervision	26	43	45	14	46	47
Adequate in quantity, inadequate consultant supervision	26	39	28	26	40	28
Inadequate or no experience	49	18	27	60	14	25

TABLE VII

	Rehabilitation			Other methods of psychological treatment		
	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)
Adequate in quantity, adequate consultant supervision	23	36	39	46	27	33
Adequate in quantity, inadequate consultant supervision	29	41	32	26	32	33
Inadequate or no experience	49	23	29	29	41	33

TABLE VIII

	Ward consultations in a general hospital			Treatment and management of alcoholism and addiction		
	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)
Adequate in quantity, adequate consultant supervision	43	61	72	37	47	50
Adequate in quantity, inadequate consultant supervision	23	29	21	40	29	24
Inadequate or no experience	34	10	7	13	24	26

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TABLE IX

	Teaching—postgraduate			Community work		
	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)
Adequate in quantity, adequate consultant supervision	71	47	59	9	25	23
Adequate in quantity, inadequate consultant supervision	6	26	27	20	19	15
Inadequate or no experience	23	26	14	71	56	63

TABLE X

	Epidemiology			Administration		
	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)	Academic psychiatrists (n = 35)	1966–72 consultants (n = 233)	1966–72 Maudsley and teaching (n = 93)
Adequate in quantity, adequate consultant supervision	69	31	43	9	21	17
Adequate in quantity, inadequate consultant supervision	20	16	18	23	24	21
Inadequate or no experience	11	53	39	69	55	62

IX) and administration (Table X). Academics reported better training only with other methods of psychological treatment (Table VII), epidemiology (Table X) and the teaching of postgraduates (Table IX).

DISCUSSION

Academic psychiatrists differ from their counterparts who are employed in the N.H.S. in their social background, and this is even more marked when they are compared with their Maudsley contemporaries. The academics did not show marked differences in their reported career choice determinants and were equally likely to have considered emigration if they had failed to obtain a senior post in a reasonable time.

What must give rise to concern is that, compared with their N.H.S. contemporaries with broadly similar postgraduate backgrounds, the academics reported that they had received less satisfactory training in a number of important areas, including (surprisingly) administration and also, although to a less marked degree, less adequate experience in teaching medical students. This finding could be interpreted in two ways, either that their training was indeed less adequate or that the academics had higher standards as to what is satisfactory and what is not than the consultants. It seems not unreasonable to hope that postgraduate training will be improved in the light of knowing where the specific areas of poor training are and will be further stimulated by the Royal College of Psychiatrists approval exercise.

ACKNOWLEDGEMENTS

This research was carried out under the aegis of the Royal College of Psychiatrists and with the aid of a grant

https://doi.org/10.1192/bjp.127.5.499 Published online by Cambridge University Press

from the Department of Health and Social Security. I am most grateful to the academic psychiatrists, who without exception completed a lengthy questionnaire.

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(*Received 22 November 1974*)

https://doi.org/10.1192/bjp.127.5.499 Published online by Cambridge University Press