

Although consultants' replies showed a substantial willingness to give sympathetic support, general sympathy may not be enough. Nor was it clear how far in reality the proffered help might go. Some consultants may have reservations because of their greater concern that a trainee carries out clinical work properly, or may feel that conventional research at this level can be mechanical or opposed to a philosophical or dynamic approach to psychiatry. Some may feel that many of the difficulties for trainees doing research are inevitable and that too much aid might on the one hand create a climate pressing research onto trainees whose interests and abilities lie elsewhere, or on the other hand obscure a process of selection by which the fittest show that they can achieve despite the many obstacles. At the very least, senior colleagues may look for evidence that the trainee has intelligently sought out available sources of assistance, before he or she devotes personal time to helping the trainee. Regrettably therefore there was no reference to the helpful *Hints on Research* available from the College Research Committee (new edition March 1985)<sup>5</sup> but even with the aid of these, or the courses the committee now organises periodically on research methods, it is debatable how far trainees can contribute to the conventions of serious modern psychiatric research without specific and fairly detailed support from their own consultants.

A second finding from the survey was the clear and strongly-held belief among both trainees and consultants that the best time to start research before becoming consultants was between Part I and Part II of the membership exams. Such a viewpoint is no doubt the result of many factors such as people's perception of appropriate psychiatric training, the situation of supply and demand in the market for senior registrar posts, and the syllabus of the membership exams. It is possible with the new examination

structure that is being introduced, which requires the candidate to retain familiarity with a wide amount of detailed scientific knowledge right up to Part II, that trainees will face a riskier gamble in initiating a research project at this time, at the possible expense of jeopardising their Part II results. No doubt the most able will by definition achieve this with distinction and will prosper in an increasingly competitive job market by means of longer CVs with more publications on them. For the majority it is not clear whether fewer will attempt research or more will fail, or possibly the new syllabus will promote better and more scientific research. Whether these different outcomes are a good or a bad thing can only be debated in the light of the broader issues of the shape of British psychiatry. What is clear is that research among psychiatric trainees is an area subject to many pressures and many difficulties, which is unlikely to remain static over the coming years.

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#### REFERENCES

- <sup>1</sup>BEWLEY, T. & MAHAPATRA, S. (1980) (eds.) *Handbook for Inceptors and Trainees in Psychiatry*. Royal College of Psychiatrists.
- <sup>2</sup>WORKING PARTY FOR THE REVIEW OF THE MRCPsych (1985) *Report to the Court of Electors*. Royal College of Psychiatrists.
- <sup>3</sup>SHIWACH, R. H. & MURRAY, R. M. (1986) Does psychiatric research need training? Editorial, *British Journal of Hospital Medicine*, July, p. 11.
- <sup>4</sup>CRAMMER, J. L. & FREEMAN, C. P. (1985) *Hints on Research*. Royal College of Psychiatrists Research Committee.

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## Memorial Lecture

The Trustees of The Child Guidance Trust have announced that they propose to establish a Memorial Lecture to reflect the personal and professional commitment to child and family mental health, both at home and in the developing countries, of Robina Scott Addis, OBE.

The management of the Memorial Lecture will be the responsibility of The Guild Guidance Trust whose members include representatives of psychiatry, psychology, psychotherapy, education and psychiatric social work. Robina Addis was herself a founder member of The Trust

and qualified as a psychiatric social worker in 1933, just prior to her appointment at Canonbury Clinic (which later became The Child Guidance Training Centre).

The Trustees aim to raise £5,000 to endow this Memorial Lecture, which will become a regular part of the activities of The Child Guidance Trust. Contributions should be made payable to 'The Robina Addis Memorial Lecture' and sent to: Gordon Howe, Honorary Treasurer, The Child Guidance Trust, Rolls House, 7 Rolls Building, Fetter Lane, London EC4A 1NL.