by an open forum on CTC training issues and an address by the final speaker. Approximately 30 trainees attended, mostly SHOs and registrars. Professor A. Wakeling, chairman of the East-Anglian Division of the Royal College, was present and took the opportunity to meet trainees from the region.

The opening address was delivered by Dr Greg Wilkinson, assistant editor of the *British Journal of Psychiatry*. Entitled 'Get That Paper Published', his talk drew on his experiences not only as an editor but as an author of psychiatric papers. Dr Wilkinson covered everything from the germination of an idea, the organisation and writing of the actual paper to the behind the scenes manœuvring sometimes required to see your paper in print. His humorous and informative account made the task of publishing seem much less daunting.

Professor Andrew Sims, Dean of the Royal College of Psychiatrists, was second speaker of the morning and talked on the broad topic of 'Educating Today's Psychiatrists'. An historical perspective of the development of the Royal College and its curriculum set the background for discussion relating to current changes to the Membership. Professor Sims reaffirmed the College's commitment to maintaining high standards of training nationally through the accreditation process. Furthermore, he highlighted the importance of research and of management skills for tomorrow's consultant psychiatrist. Future developments in education concern not only trainees but clinical tutors and examiners, who will also be given the opportunity to enhance their teaching and assessment skills.

An informal open forum was chaired by the CTC representatives after lunch. Issues of importance to trainees such as the implications of *Achieving a Balance*, women in psychiatry, and the difficulties associated with part-time training were raised. This opportunity was also taken to explain the role of the CTC and its relevance to trainees.

The final speaker of the day was Mr Louis Blom-Cooper, Chairman of the Mental Health Act Commission, who addressed the meeting on the development, role and future functions of the Commission. Mr Blom-Cooper discussed the need for a good working relationship between the Commission and psychiatrists and confirmed that this was high on the Commission's agenda. His detailed address helped to illuminate the functions of this organisation.

Overall, the trainees' day was a success, providing an opportunity to meet colleagues from different parts of the region and to air views and concerns, which were remarkably homogeneous. However, the numbers attending were disappointingly low and this was attributed to Seasonal Attendance Disorder. A summertime meeting is proposed for next year.

Psychiatric Bulletin (1990), **14**, 410–412

All Birmingham rotational scheme for training in psychiatry (1984–1989)

Some implications for *Achieving a Balance** *(Personal view)*

Martin H. Davies Consultant Psychiatrist, The Midland Nerve Hospital, Edgbaston, Birmingham B15 2NJ

This very large training scheme was formed at the suggestion of the then newly appointed Professor of Psychiatry, Ian Brockington, who saw that in the existing rotations the balance between specialty and general posts was very uneven. He also argued convincingly that it would attract more trainees of high calibre and improve the morale and enthusiasm for training of the consultants, particularly in those

*Originally presented as a contribution to the Psychiatric Tutors Conference, University of York 28–30 September 1989: 'Training Psychiatrists for the 1990s'.

https://doi.org/10.1192/pb.14.7.410 Published online by Cambridge University Press

rotations which had difficulty recruiting junior doctors or had failed to achieve more than provisional approval by the Royal College on repeated accreditation visits. The new scheme was launched in 1984 following the establishment of a Steering Committee including representatives of the psychiatric divisions of the five Birmingham Health Authorities and the adjacent Sandwell and Solihull Health Authorities, of the University Department and of the various specialties such as child psychiatry. All the Authorities agreed to pay jointly for a clerical officer to service the scheme and Solihull undertook to provide accommodation and a Medical Personnel Officer with specific responsibility for the scheme. A senior universally respected Clinical Tutor, Eddy Sethna, was elected Organising Tutor and given full authority to manage the rotation, reporting twice yearly to the Steering Committee which would advise on any difficulties which he could not resolve directly with trainees, trainers or divisions and would agree additions or modifications to the scheme.

The scheme

We now include all 32 registrars and have added more recently 11 of the 27 Senior House Officers employed by the participating hospitals. Most of the excluded SHO posts are in approved GP vocational training rotations and Tim Betts, one of our Senior Lecturers, is devising training plans geared to their needs which are obviously not identical with those of our career psychiatrists. This leaves a handful of jobs which have appeared unsuitable either because of inappropriate clinical duties or insufficient supervision for training purposes. In every case we are supporting the local Clinical Tutor's efforts to bring them to an acceptable standard for inclusion. Before *Achieving a Balance* severed SHO training from registrar training we could perhaps have justified a distinction between trainees for whom we were committed to provide high quality experience and posts for "birds of passage" seeking a brief exposure to psychiatry. If this were ever true it is certainly not so now and our goal should be to offer an equally good training to all our juniors whether they have or have not determined to go on to a registrar post and make a career in psychiatry.

As regards the balance of general adult psychiatry and specialty posts, of the 32 registrar posts only nine are in general psychiatry, the remainder dividing as follows: child psychiatry 6; elderly 4; rehabilitation 3; psychotherapy 3; community 3; forensic 1; substance abuse 1; liaison 1; and mental handicap 1.

Anticipated problems

The main fears expressed when we set up the scheme were:

(a) Can such a big scheme be run efficiently?
(b) Can it be fair to all the trainers, trainees and hospitals concerned?
(c) To what extent will the autonomy of each unit and its tutor be affected?
(d) Will trainee posts be left vacant for long periods to facilitate operation of the scheme?

In fact we were able to demonstrate to the College Accreditation team who visited in 1987 that it was running effectively. But this was largely due to the enormous amount of time and energy that the Organising Tutor was devoting to it. By this stage I had been elected to assist him with specific responsibility for the SHOs and when I took over as Organising Tutor in 1988 we established a small Executive Committee consisting of myself, my deputy, David Rothery, the chair and secretary of the trainees' peer group, a representative of the Academic Department and two tutors elected from the Steering Committee now retitled the Strategy Committee. The Executive is meeting at least four times a year and is taking a significant burden of responsibility off my shoulders. David and I share the task of interviewing each trainee every six months to discuss progress, review their trainers' reports, consider options for the next attachment, and offer career guidance.

I have also been reorganising our local Membership courses. Ian Brockington, as well as chairing the steering committee, has enlisted his Senior Lecturers as organisers of the individual modules of these courses which are now being integrated with an MMedSci Course held on a separate afternoon. I do not think I could have coped without this support, despite the solid foundations laid by Eddy Sethna and the excellent work of our Clerical Officer, Beryl Smith and Personnel Officer, Gillian Penny.

I believe that within this structure trainers, trainees and tutors do feel fairly treated but I have repeated my predecessor's undertaking to see anyone at any time if there are problems. I am convinced that this open and immediate access has been a key factor in avoiding some of the misunderstandings and ill feelings to which a larger and more complex organism is inevitably prone. Tutors are, if anything, showing more enthusiasm. For example, two of them have taken the initiative of organising practice clinical and oral examinations for all trainees in the scheme. The trainees themselves have assessed the scheme regularly, submitting confidential reports on individual posts, designing their own log book, organising an annual meeting and contributing vigorously to our deliberations at Executive and Strategy Committee meetings.

We now advertise in March/April and September/October for replacement SHOs to join the rotation in August and February respectively. If a place becomes vacant shortly after one of these regular

https://doi.org/10.1192/pb.14.7.410 Published online by Cambridge University Press

appointment committees we do not delay advertising again, meanwhile encouraging the local tutor to obtain a locum if required. Thus delays in making appointments have generally not been greater than would have been the case had the individual authority advertised. Direct promotion from SHO to registrar has presented some problems when the trainee has been moved part way through a six month attachment. There has been no simple formula for dealing with this dilemma and compromises have tended to end up displeasing the trainee and both trainers involved! In the future this will cease to be a problem when all registrar posts become subject to open advertised competition.

The future

At present one of my concerns is for those trainees who have completed 3.5 years as registrars but have not obtained a place in higher training. Other local rotations are automatically understandably reluctant to give them a place if they can get new recruits. So we are being as generous as we can, almost automatically granting extension of contract to four years and in a few cases well beyond. As I mentioned earlier, I fear that while outstanding trainees can polish off the Membership examination, publish a couple of papers, get a Master's degree and sail into an SR post in the allotted time, there are others who will certainly become equally competent and possibly more effective clinical psychiatrists but who just cannot be expected to move at this pace. I have tried to persuade trainees that it might actually be in their interest to spend up to two years in the SHO grade in order to have a longer period post-Membership in which to do research, gain experience and embellish their curricula vitae. But I have to say that so far this advice has not been welcomed!

What of the future? I think we have confirmed Ian Brockington's conviction that a very large rotational scheme can be successfully administered, but one must insist on adequate professional support, the Organising Tutor must have real authority among his peers and there must be lots of *Glasnost*! It is all too easy for petty parochial interests, and indeed some genuine concerns that the interests of training may conflict with clinical service commitments, to bog things down. Often the only way through this is by spending time meeting individual colleagues, explaining, persuading and reassuring. I know that this is what happened with us. I expect that *Achieving a Balance* is likely to lead to the amalgamation of other groups of existing rotations. I hope that our experience may encourage those forced in this direction to feel hopeful of the outcome. In the All Birmingham rotation we are still a long way from the kind of training which we would ideally wish to offer, but looking back over the last five years I think we can see a lot of change and much of it very worthwhile.

Things continue to move forward. We will soon have a second Forensic Registrar, our psychotherapy training strength is being increased with more sessional teaching under consideration, the mental handicap posts may be increased and John Corbett, Professor in the speciality, intends to offer training even within the teaching hospital! We still have a long way to go in providing good interview training and our Membership course is on continuous monitoring. As the examiners feel their way into the new system and the examinees feed back to us the new map references after each encounter it sometimes feels like the *Hunting of the Snark*. However, much of this may be a reflection of that excessive but understandable anxiety provoked by the necessary *rite de passage* of professional maturation; in which case our aim should be to reassure, to concentrate on clinical training and not be seduced into this quest for the invisible syllabus. Our pass rates seem to be much the same as elsewhere so I guess we can't be doing that badly!

https://doi.org/10.1192/pb.14.7.410 Published online by Cambridge University Press