

Survey of trainees' education and training 1987

DEAR SIRS

From its inception our College has made a great effort to improve standards of training and teaching by means of its approval visits and by its membership of the Joint Committee for Higher Psychiatric Training. Shortly before the College was established its predecessor, the Royal Medico Psychological Association, commissioned me to conduct a survey into the state of postgraduate education in psychiatry, and as part of this I interviewed trainees in three regions. The results of this survey were published in an RMPA special publication:¹ I would like to think that the survey's findings and the recommendations arising from them helped form the standards of approval visits, at least in the earlier years of the College.

There is no doubt that there have been major improvements since the initial enquiry and I would like to update my findings by means of a new survey directed at trainees in the three areas that were visited in 1971, specifically the South-East Thames, Oxford and North-Western regions. I would hope that the survey would indicate what progress had been made, but in addition would indicate those areas of training where further improvements need to be implemented.

The enquiry, which has received the support of the College, is being directed at all trainees, senior and junior, working in the three regions, but excluding doctors in a GP vocational training scheme, locums appointed for less than three months and SHOs in the first three months of their first psychiatric appointment.

The enquiry is strictly confidential and anonymous but questionnaires will be identified by an index number so that we can send reminder letters as appropriate. The key will be held by Jane Boyce of the College's Education Department and myself in order to preserve clinical anonymity and confidentiality. In the final analysis hospitals will not be identified although the three regions will.

I hope to be sending out these questionnaires to trainees early in May. You will appreciate that I am hoping for as high a response rate as possible. I will also be asking consultants in hospitals in the three regions to fill in a very brief form about their training activities. Early this year I also propose to send out to consultants in general psychiatry appointed for the first time between 1 October 1984 and 30 September 1986, a questionnaire relating to the training that they have received before their consultant appointment. This is not a new venture, the last set of results being published in the *Bulletin* in January 1984.²

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REFERENCES

- ¹BROOK, P. (1973) Psychiatrists in training. *The Report of the Royal Medico Psychological Association's Manpower and Education Project: British Journal of Psychiatry*, Special Publication No. 7.
- ²BROOK, P. (1984) Consultant psychiatrists: their career choice and training. *Bulletin of the Royal College of Psychiatrists*, 8, 2-5.

Alternative reading list

DEAR SIRS

The late Professor Pond, lecturing at University College Hospital in the far-off fifties, used to say that one could learn as much psychiatry from good literature as from the textbooks (though I know he did not mean us to be ignorant of the latter). With that in mind, I later produced an extra-curricular reading list for trainees in Chicago and a modified version of it now is in the 'kit' of miscellaneous reading material we give to newly-arrived trainees on our Unit.

Sheffield psychiatry has been 'sectorised' since 1 April 1986 and in the discussions leading up to that Big Bang it was generally agreed that different sectors would develop their own 'styles' as time went on. Readers may be interested to compare our list with that of Dr Gill and Dr Spear (*Bulletin*, October 1986, 10, 284), who operate somewhat to the North and West of our sector; we are obviously rather lower-browed down our way, but to make up for that our list is furnished with an introductory Apologia:

This short reading list is intended to convey a point, not to cover a syllabus. The point is that there is more to understanding people than is embraced by the formal study of psychology or psychopathology. No-one who loves gardening will settle for plastic flowers in his house; and who would exchange the sight of a falcon in the wild for a stuffed owl in a glass case? If you are not convinced, read *The Collector*; then read on.

Anyone who works with people—and who does not?—needs a broad and appreciative comprehension of human nature and its endless variety. This kind of wisdom is not to be acquired by merely learning a series of academic facts or theories about disorders of the mind. If one is ever to bring help to another human being in distress, one must learn how to see the world through another person's eyes. This requires the imagination to conceive of a viewpoint different from one's own—a set of preconceptions and values so different, sometimes, as to seem bizarre or alarming.

People differ in the extent to which they show this kind of imagination. Sometimes it is the fear of perceiving oneself and one's own situation too clearly which inhibits one's empathy for others; but often simple lack of experience, lack of opportunity to appreciate the diversity of human experience, makes one too limited or too cautious in speculating as to what someone may mean by this or that ambiguous remark, what their undisclosed feelings, beliefs and intentions may be. Well written novels, well read, increase one's imaginative range. As Bacon said, 'reading maketh a full man'—as opposed to an empty one.

Our hope is that these books may show some readers (if they have not already discovered this for themselves) how to profit from the special gift which a writer offers to Society: his ability to participate imaginatively in the lives of others and to communicate the resulting insight in words. Most of the books are fiction; but I have included some autobiography because all fiction is partly autobiographical and autobiography is a special kind of fiction. The auto-