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Psychiatry and the media

Editorial registrars

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The most heavily thumbed publication in a typical hospital mess is the classified advertisement supplement of the *British Medical Journal*. Wishful thinking often takes readers straight to the back – for promises of sun and fun in foreign climes – or to the front for other forms of escape. It was there, at the front, that I spotted an intriguing invitation to try medical journalism for a while. Within a few weeks I had finished my psychiatry rotation and started at the *BMJ* as an editorial registrar, wondering what on earth I had done.

Why did the advertisement appear? The main reason is that medical journals need doctors as advisers and editors. A few, mainly the large weekly journals, offer full-time careers for doctors. Until 1989 the *BMJ* had done so only when vacancies arose but a combination of factors prompted a formal training scheme of one year posts. The success of the journal's Clegg Scholarship for medical students' electives had much to do with the decision.

The *BMJ* is not exactly the *Washington Post* but there are times when it offers a taste of "real" journalism. Since the journal's redesign in 1989 the news section has become bigger and more topical. Current issues in the medical world must be noticed, researched, and reported – to deadlines. Although most of the editorial staff write news items intermittently, the registrar does little else at first. This can mean, jostling with Fleet Street's old-timers at press conferences, phoning reluctant interviewees, and reading the national press from cover to cover to find leads. But it may also mean summarising a turgid official report so that readers will get beyond the title. Vast experience of writing is not necessary – it can be taught on the job. To date, training at the *BMJ* has been by trial and error (rather like hospital medicine) – the registrar has to get used to rewriting everything at least twice. There are plans, however, to provide more formal training with regular appraisals.

The romantic view of journalism focuses on researching and writing and it is all too easy to forget that the job also entails editing. According to Dr Stephen Lock, Editor of the *BMJ*, medical journalism is primarily about "taking in other people's washing" – selecting good research papers and editing them into publishable form. Every submission is read by at least two medical editors (i.e. doctors) and those papers that are not immediately unsuitable are sent for expert opinions. The experts, sportingly called referees, report back within three weeks on the originality, scientific reliability, and general suitability of each paper.

The editorial registrar learns this trade by apprenticeship and is supervised in reading new papers, choosing referees, and attending the editorial committee meetings where decisions to accept or reject are made. There are two such meetings each week. At the first the editors, in ward round style, present the papers that have survived initial screening and refereeing. About a dozen papers a week make it through this third stage to the final selection committee meeting, where they are pored over by associate editors (consultants who do sessions for the *BMJ*), statisticians, and editorial staff.

Handling 10–20 new papers a week, on anything from nephrology to obstetrics, may seem daunting at first. But many of the finer points are explained and put into context by the referees. The journal has the details of over 3000 practising (and consenting!) doctors on computer – all the editors have to do is pick the right one for each job.

This process soon shows a registrar how to read critically and, to some extent, how to plan research. It is also encouraging to see that suitability for publication does not depend on genius, a statistics degree, a research grant, or a professor as co-author. But it does depend on a clear aim and a useful message that might make readers examine their own practice. Those readers want reliable information. For example, they can confidently believe what they read of a psychiatric study if validated questionnaires and rating scales were used to examine a statistically sensible number of patients. It is fairly easy to spot which authors have planned ahead – by performing a literature search to see where their hypotheses fit in and by seeking statistical advice at the start.

Selection is the first part of the editorial task. Once papers are acceptable on grounds of content, most need revision to arrive at a suitable form. Rewriting is usually left to the authors but occasionally the *BMJ* offers to help – and may pass it on to the registrar. Rewriting someone else's work is immensely good practice for writing up your own.

Lastly, the registrar must learn the principles of technical editing. In a medical journal this art, also known as copyediting or subediting, involves considerable science. Manuscripts must be licked into a consistent shape that makes scientific sense and will be understood by readers worldwide. The man from Patagonia (the *BMJ* equivalent of the man on the Clapham omnibus) may not know what LSD stands for and, even if he is reading a Christmas article about cycling across the Himalayas, he will probably find kilometres much easier to appreciate than miles. And will he know what Part III accommodation means? (Please note that these examples do not come from the same article.)

So much for scientific editing, in its various guises. What else does a brief training in medical journalism offer registrars? It certainly offers variety. During the year's post the *BMJ*'s registrar learns about each aspect of editorial work including leading articles, correspondence, book and media reviews – and the wider world of publishing and printing. It may also offer a unique chance to produce original work – researching and writing a series of articles on a topical subject.

And, finally, what does this experience offer in the long term? I found that it broadened my mind and helped me to see medicine in its wider scientific, social, and – inevitably – political context. In the long run this post offers the chance to keep in touch with the journal – perhaps as a referee or a writer (for news, reviews, and leading articles as appropriate). More frivolous advantages include openings for freelance work and, of course, civilised hours.

There are two main disadvantages in taking a full time post for a year. Firstly, there is no contact with patients – the job needs medical skills and qualifications but it is still only medicine by proxy (cynics may suggest that this is an advantage). Secondly, a year's gap on a curriculum vitae can create problems – will the appointments committee for that senior registrar rotation take it as evidence of inadequate career commitment? Perhaps that is the committee's problem, not the registrar's.

There is one other disadvantage, of course. The chance to try a new career that demands medical expertise and provides intellectual stimulation may prove addictive.

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Reviews

Better Out Than In – report from the Fifth Annual Conference of the Team for the Assessment of Psychiatric Services – July 1990.
London: North East Thames Regional Health Authority. Pp. 125. £9 payable to TAPS. Available from Mrs R. Kendal, TAPS Research Unit, Friern Hospital, Friern Barnet Road, London N11 3BP

The team for the assessment of psychiatric services (TAPS) has been following up patients discharged from Friern and Claybury Hospitals since 1985. This report reveals the condition one year after discharge of the first three groups of leavers. It also assesses how patients fare two years after leaving hospital and monitors how local services keep in contact with discharged patients. The report measures costs, and outlines the use of rating scales.

The team is now scrutinising new long-stay patients and psychogeriatric patients. New studies on the transfer of psychogeriatric patients from hospital and the relocation of acute services are outlined.