

'luck factor' more research supervision, and a closer matching of trainees to possible projects, may be desirable.

No-one who has attempted to do original research doubts that the time required can be surprisingly lengthy. If a registrar is successful in appropriating, by whatever means, (say) one session a week to do his or her own research, what other parts of individual career development might be neglected? How is this session to be balanced against the other skills needed for a broad professional training? Can research comfortably co-exist with an active participation in audit projects? What about learning administrative and management skills? Participation in multidisciplinary team groups? Seeing an individual patient for weekly psychotherapy? And what about the study time for the membership exams?

Clinical commitments in registrar jobs are high. The ability to cite a significant contribution to psychiatric research may say more about you than a good reference can. The danger, however, is that the need to publish research may overwhelm the desire to participate fully in other areas of professional development. Ironically, it seems that, at the moment, we have little idea what power the other indices on a candidate's CV have in predicting their future performance beyond registrar.

In summary, it seems that the drift towards using completed research and publications as the sole selection criteria for short-listing SR applicants may be not only self-defeating in the long-run, but it may

also be mistaken in principle. We are certainly not against registrars doing research. The availability and supervision of appropriate research projects for registrars should be one provision of every training scheme; but research should be only one of many provisions of which trainees can, but not must, avail themselves. For this to work in practice, registrars will need to be convinced that selection committees will consider all the aspects of their CV, not only their publications.

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Education and training

Rumour, myth and reality at SR interviews

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With the current balance of manpower, being appointed to a senior registrar post is seen as more of a hurdle in the NHS career path of junior psychiatrists than the MCRPsych examination. Numerically, it is the most significant bottleneck in the system, with substantially more suitable applicants than available posts. One effect that this has had is to encourage a climate where rumours and myths circulate about what is necessary to become an SR. As well as being stressful and demoralising,

this can give candidates the wrong ideas of what is realistically required.

In the last few years, the *Bulletin* has published articles which offer advice and support to prospective SR candidates (Tufnell, 1984; Margerison, 1987), and more recently Katona & Robertson (1993) surveyed the CV predictors of success for applicants to training grades in a London teaching hospital. The 'vexed question' of how much research should be expected of registrars has been discussed at the

TABLE I
Results of postal survey

	Fellows' score (s.d.)	New Members' score (s.d.)	Significance	
1	Whether articulate at interview	88 (16)	91 (15)	
2	Rapport at interview	88 (16)	90 (15)	
3	Breadth of psychiatric experience	83 (17)	71 (19)	
4	Higher degree related to psychiatry	75 (20)	64 (19)	
5	Personal presentation and dress at interview	72 (20)	74 (15)	
6	At least one academic publication	69 (21)	79 (24)	*
7	Strength of references	69 (27)	81 (20)	*
8	Presentation of CV (not content)	68 (25)	73 (15)	
9	Interest in pursuing research	64 (21)	82 (17)	**
10	Teaching experience	61 (20)	53 (21)	
11	More than five academic publications	59 (26)	45 (28)	
12	Teaching hospital training	57 (17)	59 (16)	
13	Other medical college membership (e.g. MRCP)	55 (22)	49 (18)	
14	Post-membership period as registrar not excessive	51 (20)	42 (18)	
15	Clinical experience of non-psychiatric specialities	50 (18)	38 (17)	*
16	Prizes	50 (21)	44 (23)	
17	Names of candidate's referees	48 (26)	56 (17)	*
18	Age, relative to other candidates	45 (22)	38 (17)	*
19	Other postgraduate medical qualification (eg diploma)	45 (19)	48 (21)	
20	Administrative/committee experience	42 (21)	53 (16)	
21	Breadth of experience outside medicine	41 (22)	36 (16)	
22	Medical school or university attended	38 (22)	33 (20)	
23	Higher degree unrelated to psychiatry	37 (20)	34 (19)	
24	Computer literacy	31 (21)	31 (19)	
25	Overseas professional experience	25 (23)	18 (18)	
26	O Levels and A Levels	20 (20)	14 (16)	
27	School(s) attended	14 (18)	10 (15)	

Items worded as on questionnaire; ranked by Fellows' score; scores for Fellows and new Members given with standard deviations in brackets. Significance of difference between Fellows' and new Members' responses shown: **represents $P < 0.01$, *represents $P < 0.05$.

Collegiate Trainees Committee (1991) and audited by Junaid & Daly (1990).

As the College does not issue many absolute guidelines about what is necessary to proceed to higher professional training, it is largely decided by the appointment committee system. This postal survey attempts to examine which factors senior psychiatrists think most important, and to compare this with new Members' assumptions.

The study

Fifty-one Fellows and 51 new Members were selected at random; the new Members were chosen from the pass list of the November 1991 MRCPsych part II examination, and the Fellows from the MRCPsych membership list. As far as possible, three of each were chosen from each NHS health region. Only Fellows with British NHS hospital addresses in the College list were included.

A list of 27 factors of possible relevance to SR appointment committees was generated and this was typed out with a four-point choice of graded importance: (1) "crucial", (2) "important", (3) "not very important" and (4) "irrelevant". Each subject was sent a letter with the questionnaire and a stamped return envelope. The 27 factors which were examined are all given in the Table I. For College Fellows and for new Members, measures of each item's importance were calculated by two methods. The first was by calculating mean scores for the responses to each item, scaled so that the maximum possible score was 100 and the minimum possible was zero: this is shown in the table. The second method was to enable non-parametric statistical analyses to be used: χ^2 tests with Yate's correction for continuity were applied to each item in a two by two format using the numbers of ("crucial" + "important") responses against numbers of ("not very important" + "irrelevant") for Fellows and for new Members: the significances

derived from these calculations are also shown in the table.

Findings

Forty-one Fellows and 41 trainees replied (80.4% response rate); not all respondents completed every item and the proportion of maximum possible items answered was 77.0%. Table I gives the results as described above.

An indication of the consistency of responses was obtained by calculating standard deviations of the scores for each item: for the Fellows the most consistently agreed items were whether articulate at interview, rapport at interview, breadth of psychiatric experience, and teaching hospital training; the most disagreement was about more than five academic publications, names of candidate's referees, and strength of references. For the new Members, the best agreed items were whether articulate at interview, presentation of CV (not content), rapport at interview, school(s) attended, and personal presentation and dress at interview; the least agreement was about prizes, at least one academic publication, and more than five academic publications. These are shown in Table I in brackets.

Comments

The most consistent finding to emerge from the survey is that respondents in both groups felt that an accomplished performance at interview is of paramount importance in securing a senior registrar appointment. However, although one could see a candidate with an excellent CV failing to gain appointment after a disappointing interview performance, the converse is unlikely to follow as the candidate without a sufficiently impressive CV will probably not be given the opportunity to make amends at the interview.

Of the items relevant before the interview itself (those most discriminating in securing candidates a place on the shortlist) breadth of psychiatric experience was considered to be the most important, with a higher degree related to psychiatry close behind. Although research and publication items all score highly, interest in research and the publication of one paper score significantly higher in trainees' than in Fellows' estimation. Perhaps the supreme importance given by new Members to publications is one of the rumours that are currently circulating about what is necessary to become a senior registrar. It is also interesting that more Fellows than trainees consider five publications relevant, although neither group considers five publications more relevant than one. This, together with the finding about a related higher degree, seems to indicate that Fellows believe that the "proof of the pudding is in the eating", in

that they are more likely to be impressed by research interest backed by firm evidence – papers or degrees.

The other items which more than half the Fellows consider crucial or important are presentation of CV, strength of a candidate's references, teaching experience, teaching hospital training, membership of another Royal College, and a period as a registrar since passing MRCPsych which is not excessive.

Although both groups see strength of references as more important than the names of referees, there were significant differences between the two groups for both items – new Members over-rating the names and under-rating the strength of references. This seems to indicate a myth about the importance of having a widely respected mentor, and an insouciance about what the referees actually write.

Significant disagreement between Fellows and new Members was also found for clinical experience of non-psychiatric specialities, and candidates' age. In both cases, Fellows consider them significantly more important than new Members; the former may represent the interviewers looking for a broader outlook than candidates would think relevant. The latter may be an artifact of asking those who have only just joined the job market, or may represent an element of ageism among the Fellows. The reality would seem to be that the ideal candidate for an SR post is articulate and engaging at interview, has a good breadth of psychiatric experience and dresses well. A related higher degree is particularly worth having and a well printed CV, research and teaching experience are important. It is not so relevant whether a candidate has worked abroad, is computer literate or has a higher degree not related to psychiatry. It matters little what school or medical school they went to, nor what their O and A level results were. Perhaps this represents a healthy equality of opportunity for those entering psychiatry, as success in SR appointment appears to depend mainly on how fruitfully candidates have spent their SHO and registrar years.

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