Psychiatric Tutor—Rumour or Reality?

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Reviving the title of Dr Derek Chiswick's article in an APIT Newsletter some five years ago, the second Trainee's Forum to be organized by the Collegiate Trainees Committee met to re-examine the question during the College's Winter Quarterly Meeting at Charing Cross Hospital Medical School in February 1984. The 40 tutors and trainees attending heard presentations by Dr Peter Kennedy (Psychiatric Tutor from York), Dr Jane Price (formerly Senior Registrar in Psychotherapy in Nottingham), and Dr Desmond Dunleavy (Course Organizer and College Convener from Newcastle).

In his introduction, the Chairman, Dr Chris Thompson, reminded the meeting that the College recognizes (but does not appoint) three types of tutor: the hospital-based psychiatric tutor, to be found in every hospital with trainees; the specialist tutor, overseeing specialist training for a region; and the academic course organizer. Recognition occurs at a working party of the Psychiatric Tutors' Sub-Committee (PTSC)—a sub-committee of the College Education Committee. Appointments, however, are made locally and the criteria and objectives provided for tutors are ill-defined and seldom discussed.

Whilst various themes were offered for debate, it soon became clear that most viewed the psychiatric tutor as a reality rather than a rumour—although the reality was a pained one, the discomfort being felt by all parties. The origin of much of this pain seems to be linked to the ever-rising expectations of standards of training which have not been paralleled by an increase in resources. The appropriate resources were thought to include the possession of relevant teaching skills by an interested person or persons, sufficient administrative authority to bring any necessary changes into force, and adequate support and remuneration for the individual tutor. Paramount, perhaps, is the existence of a genuine wish to be a psychiatric tutor—a person identifiable by, and accessible to, trainees in whose educational progress he is interested. The tutor who is simply pursuing power, or hoping to direct the best trainees to work in his own team, is of no use to his trainees. Only in this favourable setting can a structure be devised with useful teaching, feedback and career guidance. A remote and detatched tutor and trainee must act in a vacuum with no feel for one another.

Given these essentials, the tutor must then expect to encounter demands for sophisticated teaching methods, for example the video-taping of interviews, role play exercises, etc., generally felt by trainees as superior to passive observation of seniors in acquiring basic clinical skills. Often these methods will be unfamiliar and therefore daunting to the tutor, mirroring his more general difficulties in being expected to train an ever-flowing stream of juniors on a rotational basis, often quite unlike his own training experience (probably of apprenticeship). These pressures may lead to the nomination of the newly-appointed consultant as tutor since the new recruit is likely to possess at least some of these attributes. This can be successful if he is given support for innovations by his more powerful senior colleagues, but it is perhaps preferable that opportunities are made for all prospective tutors to learn the necessary skills. Clear guidelines for tutors about training objectives and appropriate methods might help in this and the PTSC has in fact just published a handbook for psychiatric tutors which may offer guidance. It was suggested that special induction courses should be organized, similar to those now being run for College examiners, in addition to teaching workshops and regular meetings of psychiatric tutors, both locally and perhaps nationally, coinciding with College Quarterly Meetings. The latter might achieve a corporate identity for tutors at the same time as providing them with information. The PTSC received some criticism for not taking a more active lead and the Annual Psychiatric Tutors' Conference was felt to be a rather lifeless affair. The Committee would seem well placed to initiate meetings for tutors and also to collect information about successful ideas or schemes for others to follow.

The second resource felt necessary is less easy to define, but is expressed as an ability to implement necessary changes with adequate administrative authority and power. Often such power lies with older established consultants who sit on the DMT or have the ear of the local administrator. Such individuals may vigorously resist change—either because new proposals are unfamiliar to them, or probably more commonly through simple inertia. If they themselves hold the tutorship, the problem is compounded. They may be highly motivated and interested teachers, yet out of date with modern needs and unwilling to change. How can these powerful forces be harnessed, or if necessary opposed? The persuasive and vigorous junior tutor may be able to muster the support of his colleagues, backed up by the carefully considered recommendations of the College Approval Visitors. If not, he either takes on the critical figure alone, or looks elsewhere for support, probably with little success. The proposed disaccreditation of unsuitable trainers by College Visitors would solve only the worst of these situations and perhaps more generally useful would be Panel recommendations being seen to carry more weight by DMTs and RHAs (more like HAS reports).

The final resources in short supply are those of time and remuneration. Psychiatric tutors do not receive an honorarium and sessional time is allocated at the discretion of local health authorities. Time spent in teaching and administration has to be found from somewhere and if not made specifically available means that personal time is used,

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at the expense perhaps of earnings from domiciliary visits or private work. In some areas universities appear willing to fund tutors in part.

Even given time and reward, however, is too much being asked of any one individual? How realistic is it to expect to find an interested and skilled teacher with the necessary administrative abilities in each hospital throughout the country? If unrealistic, at what level should the compromise be? Two tutors with complementary skills might share duties between them, or alternatively duties could be delegated, some perhaps to competent senior trainees. In a training scheme of any size the tutor may be more appropriately seen simply as a co-ordinator, being unable to cope alone with even a major part of the educational responsibilities. Other consultants would be expected to take their share of responsibility for specific areas—e.g. running the journal club, the library, the case conference, psychotherapy supervision, etc. Peripheral hospital tutors, often (but not always) isolated, might find local tutor group meetings helpful if they included members from the University Teaching Centre with the encouragement of the Postgraduate Dean. Here information and anxieties about individual trainees could be exchanged by different tutors who had taught him. This would be particularly helpful when faced with giving critical feedback to that person, a task often avoided because of uncertainty about one's individual judgement and fears about accusation of personal bias.

Trainees themselves must take an active responsibility—they need to stimulate their tutors by showing an enthusiasm for progress. A well-organized peer group which meets regularly can become a major force for change. It is perhaps at this level that there is the most scope for creativity and it was on this optimistic note that Dr Thompson* drew the discussion to a close and thanked the speakers warmly for providing the basis for a highly successful Forum.

* The Collegiate Trainees' Committee has set up a working party to examine the problems of Psychiatric Tutors. If you have any comments about this report, or about any other aspects, whether you are tutor or trainee, please write to Dr C. Thompson, the Convener of the Working Party, at the Maudsley Hospital, Denmark Hill, London SE5.

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