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Research in psychiatric higher specialist training: a survey of specialist registrars

AIMS AND METHOD

Specialist registrars (SpRs) in psychiatry spend only 3 years in this grade, with 1 day a week allocated to research. In view of this sizeable proportion of time designated for research, we undertook a postal survey of the experiences of and attitudes towards research of SpRs in developmental psychiatry.

RESULTS

A high proportion of respondents were involved in research at the time of the study, although half described difficulty starting and a third described difficulty taking the day. The majority of respondents believed research to be important and about three-quarters found it enjoyable.

CLINICAL IMPLICATIONS

While research remains a mandatory part of training it is important that trainers ensure that research time is protected.

The practice of research is a mandatory part of higher specialist training in psychiatry, full-time trainees usually have 1 day a week in which to conduct research. Its inclusion as a core higher training experience is based upon the premise that trainees are better placed to evaluate the clinical research literature if they have conducted their own research, a hypothesis about learning that does not appear to have been systematically investigated. In addition, research time is an important starting point for those wishing to pursue academic careers. It is also likely that publication of research improves a trainee's competitiveness at consultant selection (Guthrie & Black, 1991).

Since the Calman reforms of higher specialist training (Calman *et al*, 1999), specialist registrars (SpRs) in psychiatry spend only 3 years in the grade. This has been felt to be particularly problematic in both child and adolescent psychiatry and learning disability psychiatry where opportunities at senior house officer level are limited and a wide range of experience is needed in order to gain accreditation. One day a week spent on research is thus a sizeable proportion of precious training time and it might be expected to be overtaken by clinical demands in such a tight training schedule. On the other hand, the limited research time is likely to place constraints on what can actually be achieved.

In view of these issues, we felt it would be useful to survey the attitudes of SpRs in child and adolescent psychiatry and learning disability psychiatry towards research and their research experiences.

Method

This project was conducted by a group of SpRs under the supervision of a university lecturer.

Participants

An attempt was made to identify all SpRs who were training in child and adolescent psychiatry and learning disability psychiatry in the UK and Ireland. A list of trainers in child and adolescent psychiatry was obtained from the Royal College of Psychiatrists, and details of trainees were gathered from the relevant departments. In the case of learning disability psychiatry, a list of trainees and contact addresses was obtained from the trainee representative.

Questionnaires, with an accompanying explanatory letter, were then sent out to all identified trainees. They were invited to complete and return it in the enclosed stamped addressed envelope. The questionnaires were numbered, with each number corresponding to a named trainee. This enabled us to identify non-respondents, who were then sent a further copy of the questionnaire and a reminder letter.

Questionnaire

The questionnaire was designed to record demographic details, career plans, past and present involvement in research and attitudes towards research (a copy is available from the authors on request).



Questions included details about past research experience (including publications), current research experience (including problems encountered starting research) and reasons for not presently being involved in a research project. Trainees were asked whether they had a designated research day, for what purposes they used it and whether they had difficulties taking the day.

The final part of the questionnaire recorded views on the importance of research as part of higher specialist training, enjoyment of research and its perceived impact on future careers.

Results

Respondents

Questionnaires were sent to 186 trainees in child and adolescent psychiatry. The overall response rate was 74%. They were also sent to 65 trainees in learning disability psychiatry where the response rate was 59%. Non-responders were evenly distributed between different training centres and were of a similar gender distribution to responders. Table 1 shows the characteristics of the respondents by speciality.

Research experience

Table 1 contains selected questions regarding past and present research experiences.

Approximately equal proportions of learning disability psychiatry and child and adolescent psychiatry

trainees had a higher research degree (18% and 14%, respectively). Similarly, almost equal proportions had published research (50% for learning disability psychiatry, 44% for child and adolescent psychiatry) and of them, 60% and 65%, respectively, had been the first author.

Nearly all trainees were engaged in research at the time of the questionnaire (92% for both categories), although appreciable numbers had experienced difficulty getting started (54% for learning disability psychiatry, 45% for child and adolescent psychiatry). The reasons for such difficulties varied, although more than 50% cited time constraints and lack of supervision as contributing factors. Most trainees had a designated research day (97% for learning disability psychiatry, 89% for child and adolescent psychiatry). However, when the data were analysed according to whether the trainees were part-time or full-time trainees in the case of child and adolescent psychiatry trainees, significantly more part-time trainees did not have a designated research day ($\chi^2=4.47$, $P=0.03$), although there was no such difference between part-time and full-time trainees in learning disability psychiatry ($\chi^2=1.3$, $P=0.25$). A third of trainees described difficulties taking the day (29% for learning disability psychiatry, 39% for child and adolescent psychiatry). When the data were again analysed according to whether the trainees were part-time or full-time in the case of child and adolescent psychiatry trainees, significantly more part-time trainees described difficulties taking the time compared with full-time trainees ($\chi^2=17.1$, $P<0.01$), although there were no group differences for learning disability psychiatry trainees ($\chi^2=0$, $P=1.0$). Clinical

Table 1. Profile of respondents and summary of responses to questionnaire items

Questionnaire item	Learning disabilities psychiatry	Child and adolescent psychiatry
Age, years: mean (s.d.)	34.4 (2.8)	34.9 (4.2)
Gender: <i>n</i> male (%)	18/38 (47.4)	37/132 (28.0)
Employment: <i>n</i> full-time (%)	29/38 (76.3)	95/132 (72.0)
Career plans: <i>n</i> (%)		
Community	5/36 (13.9)	72/120 (60.0)
In-patient unit	13/36 (36.1)	4/120 (3.3)
Academic post	16/36 (44.4)	39/120 (32.5)
Combined post	2/36 (5.6)	5/120 (4.2)
SpR has a higher research degree: <i>n</i> (%)	7/38 (18.4)	18/132 (13.6)
<i>n</i> with research published (%)	19/38 (50.0)	58/132 (43.9)
Current research		
Designated day: <i>n</i> (%)	35/38 (92.1)	122/132 (92.4)
Having difficulty getting started: <i>n</i> (%)	19/35 (54.3)	55/122 (45.1)
Current research time		
Designated day: <i>n</i> (%)	36/37 (97.3)	118/132 (89.4)
Having difficulty taking designated day: <i>n</i> (%)	10/36 (27.8)	46/118 (39.0)
Do you feel that research is an important part of your SpR training? Yes (%)	34/37 (91.9)	111/132 (84.1)
Do you enjoy doing research? Yes (%)	30/35 (85.7)	88/126 (69.8)
Do you feel research should be a mandatory part of SpR training? Yes (%)	20/37 (54.1)	57/126 (45.2)
If research was optional, would you engage in it? Yes (%)	27/36 (75.0)	86/124 (69.4)
Do you feel you are unlikely to get a consultant post without some published research? Yes (%)	19/35 (54.3)	53/127 (41.7)
Does the possible impact on your future career influence your decision to engage in research? Yes (%)	25/37 (67.6)	102/130 (78.5)

SpR, specialist registrar.



commitments were described by 80% and 74% of child and adolescent psychiatry and learning disability psychiatry trainees, respectively, as being the reason for difficulties in taking the research day.

Research attitudes

Table 1 also summarises the responses, by speciality, for the questions concerning attitudes towards research.

Large proportions of responders felt that research was important (91% for learning disability psychiatry, 84% for child and adolescent psychiatry). Although a similarly large proportion of learning disability psychiatry trainees enjoyed research (86%), this was not the case for child and adolescent psychiatry trainees (70%). However, about three-quarters of trainees in both specialities stated that they would still engage in research if it was optional (75% for learning disability psychiatry, 69% for child and adolescent psychiatry).

The data relating to attitudes were then analysed according to proposed career. No significant differences in any of the above attitudinal measures emerged for the learning disability psychiatry trainees between those intending an academic career compared with those intending a non-academic one. However, for the child and adolescent psychiatry trainees, differences in attitude were shown; significantly more respondents intending to pursue an academic career felt that research was important ($\chi^2=6.3$, $P=0.01$); described enjoying it ($\chi^2=17.6$, $P<0.01$); felt that it should be mandatory ($\chi^2=17.24$, $P<0.01$); and stated that they would still undertake it if it was optional ($\chi^2=6.46$, $P=0.01$).

Approximately half of the respondents from both specialities felt they were unlikely to obtain a consultant post without having published research (54% for learning disability psychiatry, 42% for child and adolescent psychiatry), and the majority described their future career as influencing their decision to engage in research (68% for learning disability psychiatry, 79% for child and adolescent psychiatry). There was no significant difference in the opinion expressed by those planning academic or non-academic careers.

Discussion

A high proportion of trainees in both specialities reported having both a higher degree and having previous research published. The majority reported being currently involved in research, although about half of the trainees from each speciality described difficulty getting started. Furthermore, although most participants had an allocated research day, about one-third of all trainees described difficulties taking the day, despite the fact that 1 day a week is specified as a mandatory part of higher specialist training. When the data were analysed according to whether the trainees were part-time or full-time, significant differences emerged only for research experiences of child and adolescent psychiatry trainees. Part-time trainees were significantly less likely to have a designated research day, and those who did have designated research time described significantly more difficulty taking it. For both specialities, the major reason was clinical commitments.

The majority of respondents believed research to be an important part of training and about three-quarters of all respondents found it enjoyable. About half of all respondents felt that research should be mandatory, but it was clear that having participated in research was deemed to be favourable in terms of future career prospects. Not surprisingly, those who intended to pursue an academic career placed greater emphasis on the importance and enjoyment of research, this difference being significant in the case of child and adolescent psychiatry trainees. We also found a variable response from the trainees as to what usefully constitutes research, suggesting a clearer definition would be useful.

A limitation of this study is that there may be a significant response bias towards those interested or engaged in research. It is also possible that a response set in answering certain questions may have been inadvertently encouraged, for instance when enquiring how trainees actually spent their designated research time. Some trainees also chose to leave some of the individual questions unanswered. However, a 66% response rate to a questionnaire is reasonable and a concerted effort was made to identify all trainees across the UK in order that the opinions expressed might be representative of varied schemes and locations.

In general, it appears that a high proportion of trainees are utilising their research time constructively and believe research to be an important and enjoyable part of their training experience, despite the difficulties for some that have been highlighted in this survey. It should be the responsibility of trainers, course organisers, the Royal College of Psychiatrists and the trainees themselves to ensure that these issues are addressed while research remains a mandatory part of training.

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Declaration of interest

None.

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