

THE ROLE OF THE PROFESSOR AT THE ROYAL ARMY MEDICAL COLLEGE*

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Introduction

As the only professor with the rank of Lieutenant Colonel at the time I was somewhat abashed by the invitation to present this topic. This was only partly alleviated by the realization that numerous recent professorial appointments had meant that, with the exception of the Professor of Military Medicine who is away, I was the only one, not excluding the Commandant, who had been in the College longer than two months. I say only partly alleviated because I am conscious that in describing the role of the professor I am also to some extent defining the role of the College itself.

My object will be to represent the activities and aspirations of all the professors. It will be most convenient to deal with what the Professor of Military Psychiatry has in fact been doing, and then examine to what extent this represents a proper fulfilment of his role, and what else needs to be done. I will consider the activities under three headings: Tutorial, Professorial and Neither.

Tutorial

The Professor of Military Psychiatry is the first to have been formally recognised by the Royal College of Psychiatrists as the Clinical Tutor in Psychiatry for the Army. The Latin word "tueri" means "to watch over", "to look after", which perhaps gives us a clue to what a "tutor" should be doing.

Advising trainees

The process begins when a cadet comes to the College enquiring about specialization, or a doctor with specialist experience asks about a short service commission. The interview which he has with the Professor advising him in detail about the specialist training available, what experience to seek before applying, at what stage in his training to apply, and so on, is only one of a series which should continue at about half-yearly intervals until the trainee officer's triumphant appearance before the Armed Services Consultant Approval Board. Interviews are supplemented by personal correspondence advising on courses of action, reading lists, suitable academic courses and attachments.

External training

The Tutor soon finds himself involved in arranging training attachments at civilian hospitals, part and full time, seeking funds for these, and for courses of lectures, clinical tuition, seminars and so forth. The Royal College of Psychiatrists is progressing rapidly in defining its requirements for General Professional Training (with an eye to the EEC). The Joint Committee for Higher

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Psychiatric Training is escalating its demands in terms of required sub-specialist experience. The Tutor has to work harder and harder to ensure that we can continue to attract, train and retain military psychiatrists. Lack of training funds just makes that task more difficult.

Accreditation and career management

Clearly the Tutor bears some responsibility for ensuring that we have a viable training scheme, that our training hospitals and posts retain recognition as suitable for General and Higher Professional Training. We are fortunate to have obtained in the last year, unqualified approval at both levels, with only a modest requirement (one and a half out of seven years) for full-time secondment to civilian hospitals and institutions. However, the next accreditation exercise will judge us by our performance meanwhile, and not by our promises. Naturally the Director too is involved, in that, for instance, he must ensure adequate consultant cover for a senior registrar post, or arrange postings for an officer to ensure that he gets the appropriate experience and training opportunities. Here I am fortunate in having a Director who is both dedicated to the training needs of his specialists and maintains a good liaison with the Tutor. But must one rely on good fortune? Is there a need perhaps to spell out the role of the Tutor and his duty to be involved in training matters even though executive authority still rests with the Commandant and AMD3/AG3? As a footnote to this section I should add that the Tutor "watches over" an officer's advancement in the specialist hierarchy within the army as well as the course of his clinical training. Usually an officer does not need much urging to apply for specialist status or a senior specialist board and the work involved is not great. The College Council plays a key role in deciding on the merits of these applications. Interestingly the speciality is represented on the College Council not by the Professor, who is represented by the Commandant, but by the Director.

Internal training

The role of the Tutor which you are perhaps most familiar with is that which involves organizing a programme of lectures and Journal Club meetings within the hospital. The Professor of Military Psychiatry does that too, for the Queen Elizabeth Military Hospital: the Command Consultant in BAOR organises the programme in BMH Munster. But the Professor does also himself teach directly, imparting clinical knowledge to clinicians, in a clinical or tutorial setting. This would not be easy and barely possible without a substantial clinical involvement. This consists of a small psychiatric out-patient clinic and a large EEG interpreting commitment. Other professors have beds, operate, etc, and are firmly of the opinion that teaching which is not rooted in clinical practice is lifeless, does not accord with prevailing custom in the Universities where a professor would be expected to run a clinical unit with beds, junior staff, nurses and equipment allocated to him, and hence undermines our position in the eyes

of our civilian colleagues, particularly those Royal Colleges which sponsor professorial chairs jointly with our own College.

Research

The role of the Tutor/Professor in clinical research deserves special mention. Research is carried out for two main reasons: because we want to know the answer and because we want to know how to find out the answer. It is with the latter that the Tutor is mainly concerned: teaching the discipline of research, by which a clinician learns to think about what he is doing, to design his study, observe carefully, discuss the results critically. Soon the student learns to evaluate the work of others, even to understand it better. Whether or not the trainee manages to reach the international journals (though that would be following a splendid RAMC tradition) is not so important as that he should have done the work, written it up and at least presented it to the critical examination of his peers. He can thus furnish evidence to ASCAB and future civilian employers that his training has contained that essential leaven of research which justifies appointment as consultant. This fostering of "educational" research is achieved primarily by direct tutorial contact with the trainee. It is achieved secondarily through the Army Medical Services Research Executive, consisting principally of the College professors, which scrutinizes research proposals, examines ethical implications, allocates funds, and so forth. Stultifying control, you may think but the Executive has a more creative arm in the QEMH Research Department, of which this Professor is also a member, which exists to encourage and give practical support to the initiation and completion of research projects locally. That department incidentally is a prototype to be replicated in other hospitals, to be a nucleus of research activity, behind which the tutor would, in many cases, be the natural driving force.

Committees

The Research Executive and QEMH Research Department are but two of a number of committees of tutorial relevance. Probably the most fruitful one is the Tutors Sub-committee (of the Services Psychiatric Advisory Committee)—a body consisting of the three Service Clinical Tutors in Psychiatry. From one's confreres one learns useful items, like for instance that one Service has a policy of a single year's general duties before specialist training and as a result has no short service officers in the speciality, only regulars. The current Professor is the Tri-Service representative on the Psychiatric Tutors Sub-committee (of the Education Committee of the Royal College of Psychiatrists). Next year he will be the Tri-Service representative on the Education Committee itself. It is felt that to abandon these links with the Educational and Tutorial activities of the College would be prejudicial to the interests of the Services. Regional Tutors' Committees, both specialist and interdisciplinary, must also have their value but attendance at all of them would be an intolerable burden which must surely be delegated.

Non-tutorial and non-professorial

By way of a contrast to the tedious toll of tutorial committees just referred to I would like to mention a clutch of duties which are not strictly tutorial or professorial. For some reason it has become customary for the Professor of Military Psychiatry to be the one who examines all recruits to the Intelligence Corps in order to advise on their employment. He provides a similar service for SAS officers. He is responsible for co-ordinating the specialist medical cover for Resistance to Interrogation exercises and supervising some of them. He used to give counsel on personal relations to all new entrant WRAC officers as well as WRAC NCO and WOs courses. He "covers" for the Director during the latter's leave. Since the Director held the Professor's post not too long ago and felt this duty to be unnecessarily burdensome he has generously minimized its extent. He has also taken on the ladies just referred to. No one would attempt to claim that these exhausting but fascinating diversions are logically linked to the College, but the jobs have to be done and one can think of several reasons, including length of service (29 years, including 20 in psychiatry) why the choice of the Professor is appropriate. I do not know exactly what the parallel "non professorial" duties of the other professors are but I am sure there must be some.

Another pre-occupation of the Professor is that of nursing the infant Clinical Measurement Service, which he helped to found, to a robust maturity. It may seem an odd function of a professor to be concerned with technician recruitment, training, posting etc but no less than three college professors are Heads of Career Employment Groups and there is no better way of meeting the requirement at present.

Professorial

Definition

To return now to the true role of the Professor, which according to the dictionary is a "public teacher of the highest rank in a specific faculty or branch of learning". Our titles, which in each case have a military connotation, imply that we aspire not to be masters of the great streams of medical learning but only of those tributaries which spring from our military milieu.

Congeries

The chief concern of any professor consists essentially in the acquisition and dissemination of knowledge pertaining to his subject. The obvious principal source of information is the writings of others. The Professor becomes an assiduous collector of books, articles, films, videotapes, slides, any physical record of what others have learned. Some are his own, others are in the Library or Photographic Department, available to be read, shown, copied within limits. Ancillary to this is, of course, the preparation of a bibliography, a task yet to be carried out, I regret to say, at least in the case of psychiatry.

An information agency

Our American allies, who always seem to do things in a big way, maintain a staff of fifty or more personnel dedicated solely to the acquisition, collation, storage and retrieval of military medical information. As far as I know there is not one person in the medical services devoted to this work. Perhaps this is a proper collective function of the College. It necessitates a systematic acquisition of relevant information from unpublished, as well as published, sources, both from home and abroad. Clearly the security both of the sources and of some of the material may need to be preserved, but surely this is merely a matter of mechanisms not principles. The basic fact is that it is not only military planners but specialists who need to have access to unpublished sources: in some cases only the specialist is in a position to evaluate the material. At this point I should say that I find it easier to acquire classified information from allies overseas than I do to acquire unclassified information from an army establishment not 25 miles from my home. If the College is to be a storehouse of military medical information perhaps such establishments could be asked to brief us collectively, let us say annually, at Millbank. This becomes increasingly important as our military medical representation in these institutions diminishes year by year.

Visitors

Another, underrated, source of information, is personal contact with visitors. Millbank enjoys a stream of visitors from all parts of the world. Many will be able to tell one in a friendly talk in the mess far more than they could ever put in print. Personal contact with a number of informed officers who participated on *both* sides of the 1973 Middle East War has provided a far fuller and more graphic picture than one could have obtained second or third hand through the literature or through intermediaries. It was interesting to learn from the Indonesians that one of their four principal Medical Directorates was devoted to Neuropsychiatry and Morale. I believe such contact should be encouraged. Of course the flow of information by personal contact must be in the other direction at times. If a professor is au fait with his subject he will receive a number of phone calls or visits from officers, be they UKLF staff or Staff College students, requiring briefings. This is expensive in time but is occasionally justified.

Symposia, courses and lectures

Acquisition and dissemination of specialist knowledge on a broader scale is achieved in seminars and symposia. These involve a mixture of personal contact, group interaction and formal presentation. They provide the most fruitful media for the interchange of information and stimulation of ideas that I know of and yet they are subject to the most suffocating financial restraint. The Royal United Service Institution is a power-house of ideas and has made the Professor of Military Psychiatry welcome more than once, but that is a 15 minute walk across Parliament Square. Attending the military section of the World Psychiatric Association in Nigeria or Toulon is another matter. I should make it clear that this limitation is not imposed by the Medical Directorate but by their

budget allocation for all such attendances, accreditation visits and so forth, which amounts to the cost of a single Stalwart vehicle. Such a vehicle can be written off in a moment by a soldier who has a fit, or weakness for drink, which could have been avoided by a higher degree of medical awareness. For the want of a nail . . .

It goes without saying that the Professor disseminates knowledge by his own lectures and presentations. The Professor of Military Psychiatry is not untypical of his colleagues in lecturing not only to practically every course of any description which comes to Millbank — and there are a good many — but also outside, at Mytchett, UKLF, to TA General Hospitals, the Staff College at Camberley, our own hospitals in BAOR, and so forth. The departments in the College also run their own symposia and courses which, collectively, amount to quite a few each year.

Research

What better way to acquire information than by finding out for oneself? Several of my colleagues see involvement in research of military relevance as a crucial function of a military professor. The Professor of Military Psychiatry has been privileged to participate in research into the effects on brain function of extreme lack of sleep, such as might be encountered in a battle in Europe, and of high altitude activity such as might be encountered in other theatres, and in confirming that prophylaxis against nerve agents is not accompanied by any demonstrable impairment of brain electrophysiology. Some of my colleagues take the view that participation is not enough. According to this view the College should be sponsoring medical research. This implies the need not only for initiative but for authority and, inevitably, funds. A minuscule annual MOD subvention for equipment is already supplemented by commercial contributions enabling other facilities such as data processing or technical assistance to be purchased as well. Logically, though, if a project has defence implications it should have defence funds available to support it. Paradoxically the Chief Scientist (Army) funds studies conducted by civilian academic institutions but cannot fund a study carried out by the Royal Army Medical College whatever its merits. If this obstacle were removed our College could, with adequate justification and the support of the Chief Scientist (Army), fund its own projects completely. As with teaching, military research cannot be divorced from its purely clinical counterpart. Studies of electrophysiological changes in mental illness still go on. I make no apology for preoccupation with the soldiers brain. In a short intense war it is likely to be much more important than his stomach.

Publication

Logically, one comes to publication as the means of disseminating the fruits of one's research and study. The professors do publish books, articles, letters, in our own and other medical and scientific journals.

Their role in the production of our Journal may be less well known. Refereeing articles submitted for publication is a thankless task. No author warms to

modification of his painfully worked masterpiece. If it is rejected, he is bitter; when it is published the credit is his. The professors' only reward is the maintenance of the Journal itself. The Journal is or ought to be the jewel in the College crown. No amount of polishing, however, can make up for lack of material. This is where the professors need all the help they can get from the tutors to harvest the investigative and literary talent of the Corps.

Conclusion

I have described what, as tutors and professors, we do, and some of the things we ought to be doing. I have talked about advising trainees, accreditation and career management, clinical training within and outside the Army, and committee work. I have talked about the acquisition and dissemination of our particular military expertise, through material, visitors, formal lectures, symposia and conferences, military medical information agencies, research and publication.

You may disagree with some of the things I have said, in which case I hope the Senior Tutor will give you an opportunity to voice your opinion, but please do not imagine that we want to do all these things on our own. There is not one of us who is not happy to share the work with whoever is willing and able to do it.

Senior Appointment

Brig H S Moore, MBE, MB, BS, FRCP(Ed & Lond), has been appointed Director of Army Medicine and Consulting Physician to the Army, in the rank of Maj Gen, with effect from 18 October 1981.

Honorary Physician to The Queen

The following have been appointed Honorary Physicians to The Queen, with effect from the dates stated.

Maj Gen J P Crowdy, MB, ChB, FFCM, DIH, DTM&H, with effect from 5 June 1981.

Brig H S Moore, MBE, MB, BS, FRCP(Ed & Lond), with effect from 7 June 1981.

Brig D S Paton, MBE, MB, ChB, MFCM, with effect from 21 June 1981.