



Forensic Psychiatry Research Society

Academic medicine is in crisis (Clark, 2005; Clark and Tugwell, 2004; ICRAM, 2004). Many academic posts remained unfilled yet many trainees interested in academic medicine experience great difficulty in entering an appropriate career structure. In psychiatry a 15% reduction in the number of lecturer posts in the United Kingdom was found over a 5 year period (Ebmeier et al. 2004 – personal communication). There is anecdotal evidence that the reduction in number of posts over a longer period is considerably greater but a shorter period of study was chosen to ensure accuracy of data. The primary reason for this reduction was thought to be the Research Assessment Exercise (R.A.E.). In the R.A.E. universities and departments are graded on publications and funded accordingly. Each member of staff must contribute to this, but lecturers, who are at an early stage of their career, seldom have the publication record required, and there is a risk that an unproven appointee may not produce the required number of papers. The response of some universities has therefore been to remove these posts.

Unlike many other medical disciplines, nearly all academic posts in forensic psychiatry are sponsored by the National Health Service. There is no investment from university funds, and none from the Higher Education Funding Councils or research funding bodies, such as the Medical Research Council or the Wellcome Trust. Two such training posts are currently sponsored by the NHS National Programme on Forensic Mental health Research and Development Programme. Much of the research in forensic psychiatry is clinically based and its impact lies in changes in practice. The dissemination of such practice is often better effected through specialist forensic journals with a lower impact

factor, based on citation rates, and therefore with a lower grading in terms of the R.A.E. Research into this relatively new field is seldom theoretically driven and the gold standard, of a randomised controlled trial is often difficult to achieve because of the population involved and concerns about future violence, and the involvement of other interested parties such as the courts and the Home Office or Scottish Executive.

Forensic psychiatry is a subspeciality that continues to expand, with an associated clear need and demand for training, evaluation and research. Such tasks are the basis of academic medicine but there is evidence of a reduction in the number of academic trainees. A survey carried out in 2004 identified approximately 6 lecturer posts in forensic psychiatry of which 3 were currently filled (Mezey and Darjee, 2005 – personal communication). The survey also examined specialist registrar interest and activity in research and teaching. Twenty two (37%) specialist registrars in forensic psychiatry responded to the questionnaire (a one-third response rate). Sixteen (73%) stated that they regularly used their research sessions, 19 (83%) had an academic supervisor and 5 (23%) had publications. Seven (32%) expressed an interest in an academic career. Fifteen (68%) believed that they were competent in literature searching and 13 (59%) in critical appraisal. Nine (41%) felt confident in teaching undergraduates, 4 (18%) in teaching postgraduates and 7 (32%) in teaching other professional groups. Nine (41%) believed they were competent in presenting at a local level and 2 (9%) at a national level. The 33% response rate, although typical for such surveys, means that the sample may have been biased towards those with an interest in academic forensic psychiatry (evidence to support this being found in the one-third of respondents actively who said they were actively considering a career in academic forensic psychiatry), but in this group there was a clear identification of deficits in their research, teaching and presentational skills.

Partly in response to the problems of academic forensic psychiatry, The Forensic Psychiatry Research Society (FPRS) was set up and held its inaugural meeting in Cardiff in May 2001. The aims of FPRS are:

1. To increase co-operation and collaboration between those with an interest in forensic psychiatry research.
2. To provide a foundation on which to influence national priority setting for research into forensic psychiatry.
3. To support those in the early stages of their careers in academic forensic psychiatry.
4. To facilitate the translation of research findings in forensic psychiatry into practice.

To date these aims have been fulfilled by the creation of an academic programme and by active promotion of academic forensic psychiatry.

It may seem strange in a field that needs and enjoys such effective multidisciplinary work in clinical practice that we are apparently promoting a unidisciplinary research society. In fact, we see little or no future for unidisciplinary research in working with mentally disordered offenders and their victims. The value of multidisciplinary work, however, lies in each discipline being able to make a substantial and unique contribution to the field. As forensic psychiatrists, we have seen the likelihood that we could fall short in our contribution as numbers of forensic psychiatrists with research training seem to be eroding. We want to ensure that we have appropriate and sufficient competencies between us for the task, and, that the small and scattered group of already trained

academics can communicate effectively with each other and be more accessible to trainees. This is the basis of fostering a core multidisciplinary group, although as people who have attended the academic meetings will know, clinicians of all disciplines who have an interest in research are welcome at those, and, indeed, commonly make important contributions.

Academic Programme

In the last year FPRS has held meetings in London, Belfast and Edinburgh. In November 2004 we were joined by forensic psychiatrists from Denmark for a wide ranging programme, organised by Professor Pamela Taylor, on current and potential research into mentally disordered offenders in Wales. In Belfast, Dr Harry Kennedy and colleagues presented work on the geographic origins and social deprivation for those with and without mental illness in prison; and a proposal was put forward on developing a common set of measures to be used in medium secure units. In June of this year a one day conference was held in Edinburgh entitled "Putting Research Into Practice and Scrutinising Practice with Research". Amongst the issues discussed were the outcomes other than recidivism of a high security population with schizophrenia; the predictive validity of actuarial risk assessment scales and symptom severity for offending and violence; a sex offender programme for mentally disordered offenders and use of the Behavioural Status Index (BEST index) in clinical practice. Professor Paul Mullen gave a presentation on Mass Killers, a phenomenon that was seen surprisingly frequently in Australia prior to a change in gun laws at a national level.

FPRS covers the whole of the United Kingdom and Ireland and is now actively fostering links throughout Europe. One of the major issues for forensic psychiatry is the different

systems and services designed to care for mentally disordered offenders and how we learn from these. This was neatly demonstrated by two presentations at the Edinburgh meeting. The first was on the Risk Management Authority which is being established in Scotland to assess and manage serious violent and sexual offenders, where there are powers for a risk assessment order and an order for lifelong restriction for this group. The emphasis is on the offence committed and future risk, rather than as in England on a diagnosis such as psychopathy or severe personality disorder. Secondly, a presentation of the Scottish Forensic Network working group report on services for people with personality disorder in Scotland demonstrated proposals for markedly different practice from elsewhere in the United Kingdom (see related paper).

Promotion of Academic Forensic Psychiatry

It is the FPRS view that we must develop clear pathways for the training of academic forensic psychiatrists. We recognise however, that the activities that contribute to the role of an academic forensic psychiatrist (research, teaching, clinical practice, development and evaluation) are central to all forensic psychiatrists. It is through these that we can improve patient care, develop our services and strengthen our profession. We must therefore ensure that trainee forensic psychiatrists have an active involvement in research and teaching. It has been our intention to take an active role in the promotion of academic activities amongst trainees, and to this end these issues have been addressed within the last year at both the National Forensic Faculty Conference of the Royal College of Psychiatrists and the Forensic Psychiatry Specialist Registrars' Conference.

FPRS has been involved in the preparation of a paper "Improving the Future of Academic Forensic Psychiatry in Britain and Ireland" for the Forensic Faculty of the Royal College

of Psychiatrists. Amongst a number of specific recommendations, this paper calls for the training of sufficient number of academic forensic psychiatrists to ensure future maintenance and increase in the numbers of senior academics across the United Kingdom and the Republic of Ireland. Up to four new trainees per year for the next 3-5 years will be required to meet the key goals of provision of more leadership for treatment and outcome research strategies and for such research itself, for more input into wider research strategies relevant to offenders and for more specialist input to research led by people from other disciplines, including those in other psychiatric specialties, other clinical disciplines, criminologists, lawyers and workers from independent and user agencies, including agencies for victims of crime. It recommends the use of communications technology and promotion of multi-centre trials to improve results and to ensure that academics are not isolated from each other. It suggests that the Forensic Psychiatry research Society should be a vehicle for highlighting and facilitating provision of support appropriate to the needs of forensic psychiatry trainees who might otherwise have difficulty in accessing it in their own locality.

Contact Details

Further information and membership forms can be obtained from the FPRS website (www.fprs.org/).

Office Bearers

President: Dr Lindsay D.G. Thomson

Secretary: Professor Pamela Taylor

Treasurer: Professor Don Grubin

Forthcoming Events

21st April 2006 Cambridge

“Judgment and decision making in forensic psychiatry”

Convenor: Dr Adrian Grounds, Senior Lecturer in Forensic Psychiatry, The Institute of Criminology, Cambridge.

3 November 2006

Camelot Lodge, Middlesex

Further details to follow.

Hosted by Dr David James

References

Clark J (2005) Five futures for academic medicine: the ICRAM scenarios. *BMJ* 331: 101-4.

Clark J and Tugwell P (2004) Who cares about academic medicine? *BMJ* 329: 751-2.

International Working Party to Promote and Revitalise Academic Medicine (2004)

ICRAM (the International Campaign to Revitalise Academic Medicine): agenda setting. *BMJ* 329: 787-789.