

kindly man would be able to share his wisdom and experience with his new College.

Professor G. F. M. Russell introduced PROFESSOR ROBERT JONES. He was already well known to many members of the College through his many visits to the United Kingdom which had been of great benefit to British psychiatry. He was always prepared to help his colleagues and was particularly knowledgeable in the field of psychiatric training in many countries and forensic psychiatry. Professor Jones had played a major role in establishing the high standards of Canadian psychiatry and was the founder President of the Canadian Psychiatric Association and a former President of the Canadian Medical Association.

Dr J. L. T. Birley said he was particularly pleased to be paying tribute to DR D. L. DAVIES at the Institute of Psychiatry where he had spent most of his professional life and where he had been the longest serving Dean. He had pioneered many developments and practices at the Institute which were now widespread, including rotational training schemes. He had been an outstanding teacher and administrator and had inspired students, both home and overseas, with enthusiasm and curiosity. He was well known as a great and internationally acknowledged authority in the field of alcoholism and his influence had been world-wide. The College had suffered a sad loss in the death of its new Honorary Fellow.

Reports from Trainees' Meetings

North East Division Trainees' Day

On 29 September 1982, 40 trainees assembled at Durham University for the second North East Division Trainees' Day.

The theme for the morning session was the organization and function of the College and the relationship between the College and the individual trainee. Our opening speaker was Dr Kurt Schapira (Sub Dean), who gave an "Introduction to the College"—a tour through the maze of committees and sub-committees which at first bewilder the new recruit. He was followed by Dr Frank Margison (then Chairman of the Collegiate Trainees Committee), who spoke about the way in which trainee representation occurs within the College and the nature of the links with other bodies such as the BMA, the HJSC and the GMC. The morning was brought to a close by Dr Surya Bhate (Chairman of the Overseas Trainees Sub-committee), who presented some of the difficulties encountered by groups of overseas trainees.

The afternoon began with Dr Simon Baugh (St James' Hospital) introducing a video presentation of 'Formulation Technique'. The discussion which followed centred around a concept of formulation not as a rigid scheme requiring close adherence, but as an adaptable framework for the critical presentation of clinical material. With regard to the Membership Examination, there was general agreement that some formal teaching with supervised case practice is desirable, but often difficult to obtain for trainees working away from teaching centres.

For the final part of the day the meeting split into three groups. The areas for discussion were manpower considerations, training and education and the Membership Examination. In the final plenary session the group leaders summarized the views expressed and more general comment was invited. It was apparent that the majority of trainees

wanted to discuss the examination and the current reform proposals. There was a split in opinion as to whether the MRCPsych should signify the accumulation of a certain amount of knowledge or whether it should be an indicator of an individual having achieved a level of experience and competence sufficient to qualify him for admission to higher training. Those holding the former view supported the suggestion that the examination could be taken after only two years in psychiatry, however, the danger of creating a two-tier system of 'early' and 'late' exam takers was felt to be a real one. Those in favour of tying the membership to general professional training, with a minimum requirement of three years' clinical experience before sitting, also voiced interest in a continuous assessment procedure.

With regard to the content of the examination, there was general approval of the emphasis of the Preliminary Test being shifted away from the basic sciences to include a clinical component. The possibility of video-taping or viewing candidates in the Membership met with anxious looks, chiefly on the grounds that the clinical part of the examination may often resemble an interrogation rather than a clinical interview, and would hardly present a true picture of clinical ability. The notion of standardization of examiners met with grunts of approval.

There was general satisfaction expressed with the level of teaching and training. Some trainees felt that they would welcome more direct, even unfavourable, comments from their Psychiatric Tutors. The working of the College Approval Panel appeared to be well understood, and most trainees had been involved in visits at some time.

A particular difficulty experienced by most trainees on entry to psychiatry is a lack of access to information about the organization and representation of juniors, this being again most acute in peripheral hospitals. One suggestion was that an information pack containing the necessary details

should be given to doctors entering psychiatry, and the Collegiate Trainees Committee may look at this proposal further. Junior doctors attempting to set up local representation in peripheral hospitals may be helped by invitation to the Junior staff meetings at nearby teaching centres who already have a functioning system, and this should be encouraged.

IAN MCKEITH
KEITH ROBERTS
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CTC Representatives of N.E. Division

Trainers and Trainees in Psychiatry

A conference of trainers and trainees in psychotherapy was held on 4 November 1982 at the Royal College of Psychiatrists. The conference was organized by the JCHPT Psychotherapy Specialist Advisory Committee, and was therefore aimed primarily at bringing together those involved on both sides of the training of senior registrars in psychotherapy. The theme of the conference, 'Comparisons in Standards of Training: Recommended versus Received', provided an opportunity to discuss the difficulties faced by both trainers and trainees in following the recommendations laid down by the JCHPT.

The morning session was chaired by Dr Jonathan Pedder (Maudsley Hospital). The first speaker, Dr Jim Templeton (Chairman, JCHPT Psychotherapy Specialist Advisory Committee), outlined the recommendations of the Joint Committee. He stressed that these were not rigid requirements, since the Committee, in assessing training programmes, took into consideration the different settings in which the training took place and the individual interests of the trainers. There was, he said, no one theoretical model of training and only one firm contract between the trainer and trainee—the construction of a setting for optimal development and learning.

The conference next heard from a trainer and trainee working in London. These presentations reflected what seems to be an increasing readiness among psychotherapists in the NHS to acknowledge and discuss openly their differing theoretical and clinical orientations. Among the many positive effects of this change might be a reduction in the level of confusion among the trainees faced with the task of developing a professional identity for themselves in such a diverse specialty.

Dr John Steiner (Tavistock Clinic) gave an outline of the training required to equip one as a psychoanalytic psychotherapist. He felt that ideally this should comprise training in psychoanalysis which could then be applied to work in an NHS setting. He also mentioned the Association for Psychoanalytic Psychotherapy in the NHS, a recently formed organization among whose aims it is to advise trainees on how a training of this sort might be obtained.

Dr Felicity de Zulueta (Maudsley Hospital) entertained the audience with a highly personal account of her professional background, development and current interests (*Bulletin*, June 1983, 7, 106–7).

The afternoon session, chaired by Dr Michael Crowe (Institute of Psychiatry), was devoted to difficulties faced in the regions and to problems of research for the trainee. Dr Charles Lund (Newcastle) described the training programme in Newcastle as having more of the characteristics of a Range Rover than a Rolls Royce. The trainee spends two full days a week in Edinburgh at the Scottish Institute of Human Relations, and the remainder of his time is filled with an extremely impressive use of the relatively scant training resources, such that the fairly exacting recommendations of the JCHPT are met. A regional trainee, Dr Jim Atkinson (Cambridge), told of his personal experience of the sort of problem which can be encountered in the regions.

Moving on to problems of research, Dr Sidney Bloch (Oxford) said that trainees in psychotherapy tend to assign a relatively low priority to this, the main reason being the traditional gulf between the clinicians and researchers in psychotherapy and the confusion over different theoretical approaches. There is a possibility that psychotherapy attracts trainees of an 'arty' rather than a 'scientific' temperament. The solution to this problem lay in nurturing in the trainee a respect for a scientific approach to his work. Dr Averil Stedeford (Oxford) talked of her own research which had grown out of 'an attitude of enquiry' in her clinical work. She considered this attitude to be essential in an aspiring researcher.

In the final plenary session there was general agreement that the conference had been enjoyable and valuable.

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Forum on Formulation

The first Trainees' Forum organized by the Collegiate Trainees Committee (CTC) was held at the College's Spring Quarterly Meeting in London in February 1983. The Committee was delighted by the high attendance.

The forum was chaired by Dr P. F. Thomas (Vice-Chairperson, CTC) whose opening remarks introduced the topic for discussion—formulation. The first speaker, Dr J. A. Hollyman (Chairperson, CTC), presented the results of two surveys on the concept of formulation undertaken in conjunction with Dr L. Hemi (*Bulletin*, August 1983, 7, 140–43). Dr Maurice Greenberg discussed the 'Guidelines to Formulation' published in the *Bulletin* last year (September 1982, 6, 160–2) with Drs Szmukler and Tantam. It was not intended that the framework they had suggested should be slavishly adhered to, but they enabled the trainee to select and organize material more efficiently. This ability, which should result in a coherent account of a patient, was one of the clinical skills examined. Dr Greenberg called upon the