ment posts in, say, the poorly manned States such as the Northern Territory). Finally, the RANZCP has all but closed the door on MRCPsych holders with regard to any dispensation for entrance to Membership: from 1 January this year, a psychiatrist with MRCPsych will have to submit a number (5 or 10) of consultant-standard case histories (including a child psychiatry case, and a psychotherapy case seen continuously for a year at least), and take the final clinical examinations and final viva (which may not be a formality). Exemption from the final written papers is still offered, but I do not know for how much longer.

So all psychiatrists contemplating emigration to take up 'attractive' senior clinical positions in Australia: beware! It is very difficult to become a psychiatric registrar again when holding a position of considerable responsibility. Yet, the subtle 'alienation' alluded to in the preceding paragraphs tends towards a growing necessity to become a Member of the local College.

Is it not possible for two Colleges of Psychiatrists to get together and agree upon a reciprocity arrangement? It is my humble opinion that the psychiatrists produced by the training centres in both countries and successfully obtaining Membership of their respective Colleges, are very much peas from the same pod, and no real qualitative distinction can be made.

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Trainees' needs

DEAR SIR,

I attended a study day for trainees in psychiatry on 31 March, organized by junior staff representatives on the CTC of the RCPsych and held at King's College Hospital. Amongst other topics, problems in training were discussed. A special interest group formed to discuss such problems and made criticisms and suggestions which were later discussed at a plenary session of all trainees. I am writing to report the gist of this meeting.

It was felt by many trainees that their interests were not well served by the current system of training. Many expressed their concern at the apparent lack of interest shown in training by consultant staff. It was suggested that this might be due to lack of formal instruction in teaching methods and possibly lack of financial incentive to develop better teaching skills.

Suggestions made by trainees to these particular criticisms include:

1. An RCPsych investigation of RCGP training methods including—
   (i) Trainer's courses,
   (ii) Recognition of and suitable rewards for teaching trainees, and
   (iii) Seeking statutory requirements of training to help obtain necessary resources from Government.
2. Appointment of Regional Advisers in Psychiatry responsible to the College and to trainees for the implementation of Accreditation Team recommendations.
3. Investigation of the novel suggestion that a Board of Counsellors to psychiatric trainees be set up. Individual Counsellors providing advice to a number of trainees on such questions as personal analysis and other potentially major adjuncts to psychiatric training, outside the potential bias of the trainees' own hospital.

I understand that similar criticisms on training were made at the recent conference in Cambridge. Should not the College therefore make a priority of investigating the above suggestions in order to capitalize on the mood of reform and make the best possible use of the recent upsurge of interest from juniors in careers in psychiatry?

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DEAR SIR,

As a trainee, I would like to record some of the impressions with which I was left after the Cambridge Conference on Education and Training in Psychiatry. The setting was perfect, the organization was impeccable but the proceedings were, at their best, dreary; at their worst, irrelevant.

The main problem seemed to be one of size. Big was not beautiful. Fourteen working party reports, previously prepared, were discussed in working groups of fifty people, followed by a full plenary session with over two hundred delegates, including thirty-five professors and four knights of the realm. The eminence of this gathering did not, of course, encourage the development of a dialogue. Each speaker in turn gave his opinion in isolation, rarely referring to points or questions which had gone before. The effect was like a badly tuned radio which keeps switching randomly between stations, all of which are broadcasting chat-shows. Because of this style, which was partly due to the constraints of the chamber, partly to the size of the gathering, there was no consensus to be had on any of the major issues. It would seem that the final report must inevitably, therefore, be rather arbitrary.

Essentially I was disappointed, but not really surprised, that the conference was unable to come to grips with what I, and many other trainees, see as the immediate and practical problems of psychiatric training. It could not have been that the eminent delegates were out of touch with these problems, since many are actively engaged in tackling some of them. They were more concerned with general principles and with grand schemes. Much of it was crystal ball gazing of a high order and, I suppose, some of it will turn out to be correct. However, much of what was already written in the reports was invalidated by the recent appearance of the Short report. So much for prediction. Some of the topics chosen for the