Workshop on Liaison Psychiatry

The College Liaison Psychiatry Group held its first one-day workshop at the Society of the Chemical Industry on 29 November 1985. The workshop was attended by approximately 70 members and was organised on behalf of the Group by Bryan Lask, Hospital for Sick Children, London. The aims were to provide a forum to discuss the practical issues involved in liaison psychiatry so that clinicians might learn how to evolve the most suitable form of practice according to local demands and resources.

Three papers were presented during the morning session. The first, by Peter Maguire of University Hospital of South Manchester, was concerned with the establishment of a liaison service for a particular group of patients. He took as his model the service which has been developed in Manchester for women who have undergone mastectomy and there was particular emphasis on the role of the nurse in detecting psychiatric morbidity and providing subsequent counselling. Sandy Cooper of Leverndale and Victoria Hospitals, Glasgow, presented a paper in which he reviewed the obstacles which have to be faced when establishing a liaison service and he presented figures from his own service showing how the referral rate rises once a systematic service is established under responsibility of one consultant. Finally, Robert Tattersall, a consultant physician at Queen's Medical Centre, Nottingham, outlined his views of what was required of psychiatry from a physician's standpoint. His remarks were both witty and provocative but he made a clear plea for closer collaboration between psychiatry and general medicine, particularly at a consultant level and he listed several important areas of medical practice in which he felt psychiatry could make a greater contribution than it does at present.

During the afternoon session members divided into four groups for informal discussions and there was finally a panel discussion, chaired by Joseph Connolly, Maudsley Hospital, London, in which there was ample opportunity to discuss the scope of liaison psychiatry and different models of practice. There were clear differences in emphasis between various participants and there was what politicians would call a frank exchange of views between those who viewed liaison psychiatry as being concerned essentially with the treatment of psychiatric illness in a general hospital setting and others who saw liaison psychiatry as having additional responsibilities of managing medical patients who were not strictly psychiatrically ill.

The Workshop, which was attended by members from all over the United Kingdom, was considered a successful first venture for the Group and it is hoped it will be the first of several such occasions.

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Overseas candidates and psychiatric examinations

DEAR SIRS

As teachers of psychiatry concerned with the education of indigenous and overseas doctors, we would like to add our comments to the debate (*Bulletin*, March 1986, **10**, 59–63) concerning the relative failure rates of these groups in the MRCPsych examination.

As well as helping candidates, including many from overseas, prepare for the Membership examination, we are involved in teaching examination technique to candidates taking the Diploma of Psychiatry awarded by the Institute of Psychiatry. The diploma is of equivalent standard to the Membership but is specifically designed to meet the needs of doctors returning to practise in their native countries. Thus, in addition to the clinical and basic science necessary for psychiatry, there is an emphasis on neurology and Third World psychiatry, whilst less relevant areas, such as British Mental Health legislation, are not included. Like the MRCPsych there are two parts to the Diploma, Part A consisting of a short answer question paper in the sciences basic to psychiatry and neorology, and Part B including clinical examinations in neurology and psychiatry as well as vivas, and MCQs and SAQs (but not essays). There is also a minimum requirement of study and practice of psychiatry in the UK before entry to the examination though GMC registration is not required. Unlike the Membership the issue of possible examiner bias favouring indigenous candidates does not arise, since all candidates are from abroad.

Since the Diploma was introduced in 1983, 74 candidates have sat Part A, and 65 candidates Part B. The majority come from the Indian subcontinent (36%) and the Middle East (30%), although doctors from Sudan, other parts of Africa, Far East, South America and Europe have also passed the Diploma examinations; 70% of candidates were successful at the first attempt at Part A and 12% at their second, while 54% were successful at their first attempt at Part B; 72% of those sitting Part B of the Diploma successfully passed the examination after two attempts. As the Diploma was only recently introduced as a post-graduate qualification in psychiatry, the numbers who have sat the examination are still relatively small. However, there is little