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
STEPHEN FROST
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.

DENIS V. CARPY
Tavistock Clinic

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. Hemsi (*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

Board of Examiners to agree upon guidelines for circulation to candidates. He suggested that the formulation should always be linked to the clinical situation in which it was to be used, and an examiner should specify this when requesting a formulation. Dr Peter Kennedy (at present a College examiner) was the third speaker. He presented a different viewpoint in that he felt that the formulation should begin with a differential diagnosis and include an account of aetiological factors and psychodynamics.

The ensuing discussion was lively and enthusiastic. One contributor found it hard to believe that candidates were interrupted in the examination if their formulation differed from that used by the examiner and also that they were given no clear expectation as to what was required of them, and it was pointed out that in such a situation the examination became more of a test of the candidate's ability in dealing with an unhelpful examiner.

Another suggestion was that the word formulation should be removed from the examination entirely as the term was ambiguous and a clinical problem could not be adequately 'formulated' after a single conversation with a patient in the absence of any other information. It was commented that a written formulation could be used, such as a letter to the patient's GP in reply to his referral.

Professor Cawley (Chief Examiner) also spoke, warning of the dangers inherent in the reification of formulation. He saw it as a means of bringing a patient alive, and preferred to use the word as a verb—to formulate. The College is beginning to train examiners with the aim of achieving a more uniform approach. He suggested that candidates challenged for not giving an examiner the required reply should discuss the misunderstanding with the examiner and ask him how he defined the term or offer his own 'assessment'. He invited candidates to write to him if they experienced great difficulty.

It was clear that the discussions could have continued for much longer, but there was no shortage of material to feed back to the Examinations Working Party.

JULIE A. HOLLYMAN
PHILIP THOMAS
Collegiate Trainees Committee

Scottish Trainees' Day

The second Scottish Trainees' Day was held at the Murray Royal Hospital, Perth on 7 April 1983.

Dr Phil Thomas (Royal Edinburgh Hospital) started the day off by introducing us to the proposed changes in the MRCPsych. As far as the Preliminary Test is concerned, the main proposed change is for the introduction of a clinical examination, aimed at testing one's ability to relate to patients. Another suggestion is that after three failures at the MCQ paper, a candidate may be given a 'free shot' at the clinical, but it was felt that it was not unreasonable for a future consultant psychiatrist to pass some multiple choice questions on sciences basic to psychiatry. The proposed changes in format for Part II were thought to be good. It was agreed that the viva should be dropped and replaced by a second 'clinical'. One major point was that we felt that sponsorship had been greatly devalued over the years. Effective sponsorship would be a far better way of assessing one's suitability to become a consultant psychiatrist rather than introducing a clinical examination to the Preliminary Test.

Dr J. D. Templeton (Southern General Hospital) introduced the concept of psychotherapy and the College recommendations for training in psychotherapy at both registrar and senior registrar levels. He emphasized the importance of adequate supervision for any patient taken on for dynamic psychotherapy. It was felt that training in dynamic psychotherapy (with adequate provision) was absolutely essential to anyone intending to become a consultant psychiatrist. Following a proposal from the Collegiate Trainees Committee that it should be a medium term aim that any training post which did not provide psychotherapy supervision were it requested should not be given full approval, a questionnaire on psychotherapy supervision available to trainees was completed by all attending the meeting.

In the morning, Dr D. Brodie (West of Scotland Hospital) talked on the present state of medical unemployment, how it had arisen, and how we might change the situation. Dr Angus McKay (Argyll and Bute Hospitals) discussed training outwith the major centres. As these two topics were strongly linked, they were discussed as one subject. It became clear that very few trainees present could have any certainty of future employment. It was felt that an immediate cut in intake to medical school must be pressed for, and also that there should be expansion of the consultant grade with a relative decrease in the number of junior doctors. This inevitably lead us on to talking about patterns of training, including training in the periphery. There was great concern expressed that if there were to be fewer trainees in psychiatry, that these would be concentrated in the major teaching centres, leaving the periphery with no trainees at all, resulting in decline in stimulation and research with a consequent drop in standards of patient care. It was agreed that the College should cease to recognize individual hospitals for training purposes, and instead should recognize only training schemes which involve rotation to the periphery for a significant period.

The role of the associate specialist was also discussed and it was felt that no new associate specialist posts should be created, and that when their positions became vacant, they should be reviewed and replaced by a training post or a consultant appointment.

The organizers found the day a most rewarding and stimulating experience and would like to thank all those who attended.

DALLAS BRODIE (*Southern General Hospital, Glasgow*)
LESLIE BURTON (*Crichton Royal Hospital, Dumfries*)