

discussed by the College if our multi-cultural profession is to be equipped to provide mental health services for our increasingly cosmopolitan society.

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References

- BRINK, P. J. and SAUNDERS, J. M. (1976) 'Culture shock: theoretical and applied.' In *Transcultural Nursing*. (ed. Brink, P. J.) Prentice-Hall, New Jersey.
- BROOK, P. (1973) *Psychiatrists in Training*. British Journal of Psychiatry. Special Publication No 7. Headley Brothers Ltd.
- BROOK, P. (1975) 'Training opportunities for overseas psychiatrists'. *British Journal of Psychiatry*, 127, 179-84.
- HASSALL, C. and TRETOWAN, W. H. (1976) 'A further analysis of the Membership examination'. *News and Notes*, July 1976.
- RUSSELL, G. F. M. and WALTON, H. J. (eds.) (1970) *The Training of Psychiatrists*. British Journal of Psychiatry. Special Publication No 5. Headley Brothers Ltd.

PSYCHIATRIC TRAINING IN CANADA

DEAR SIR,

As an Irish graduate completing residency training in Canada, I feel compelled to respond to Dr Berger's article on 'A Comparison of Psychiatric Examinations in the United States and Canada' (*Bulletin*, October 1978 p 175). The article is inaccurate in several respects, and gives quite a distorted view of residency training in Canada to United Kingdom graduates.

As the vast majority of graduates who pursue careers in psychiatry in the United Kingdom or Ireland now sit the MRC Psych examination, the comparison with the MRCP is somewhat misleading—the MRC Psych is, of course, taken after a similar period of training to the United States or Canada. Since 1976, the written portion of the Canadian examination consists solely of multiple-choice papers. Having sat both the MRC Psych and the Canadian examination within the last year, I was struck by the similarity between the two rather than by any differences. Although a small number of questions will always appear ambiguous (particularly to the more obsessional among us), I felt the questions in the Canadian examination were reasonably fair. In comparing the Canadian and American examinations, Dr Berger draws some sweeping conclusions. As Chief Resident, I had the responsibility of organizing the clinical portion of the Canadian examination, and had an opportunity to observe the examiners closely. In spite of the usual student bias against exams and

examiners, I was impressed by the understanding of the examiners and struck by the care that was taken to be as fair as possible.

Dr Berger, is, however, on most uncertain ground when he draws inferences about residency training from his observations about the respective examinations. In the four years of training in Canada, two years must be spent in fulfilling the set requirements of the Royal College of Physicians and Surgeons of Canada. The remaining two years may be spent in those branches of psychiatry in which the Resident is particularly interested. In the University of Toronto programme, the Resident receives regular supervision not only from his immediate supervisor but also from a supervisor in long-term psychotherapy. Those who are interested in analytically oriented psychotherapy can, and often do, undergo a personal analysis, and the majority of graduates can and do 'survive' in office practice after graduation.

In my experience, the Canadian Resident is allowed considerable responsibility for his patients and can gain experience in a variety of treatment modalities. To suggest that 'other than to prescribe drugs, or press a button, most might be regarded as inadequate to treat the patient themselves' is, I feel, a distortion of the true situation.

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DEAR SIR,

I am writing to you regarding the article 'A Comparison of Psychiatric Examinations in the United States and Canada' by Dr Joseph Berger.

That article is misleading, inaccurate and unfair.

Dr Berger is wrong when he says that 'the legal requirement in some Provinces' to practice Psychiatry is the FRCP (C) exam. What he should have said is that in our National Health System only the specialists can charge specialist fees. There are, however, many general practitioners, with or without proper psychiatric training, who limit their practice to psychiatry or, more narrowly, psychotherapy, and as long as they are licensed practitioners, they are entitled to the general practitioner's fee for the particular psychiatric procedure. It is similarly true that many general practitioners perform surgical procedures and, they too have to settle for a general practitioner's fee for that procedure which is lower than that of a certified surgeon.

Dr Berger is also very inaccurate in describing the Canadian examination where he says 'a written part