the columns

correspondence

Reform of forensic psychiatry in the former Soviet Union

Robert van Voren's contribution to reform of forensic psychiatry within the former Soviet Union is widely acknowledged. His recent article (*Psychiatric Bulletin*, April 2006, **30**, 124–126) states that until recently forensic psychiatry in the former Soviet Union was ignored or deliberately avoided. This is simply not the case: links in forensic psychiatry with Britain go back even prior to the dissolution of the USSR (Gordon & Meux, 2003). It is true that political and religious dissidents were assessed at the Serbsky Institute and some thereafter detained in secure psychiatric hospitals, but that stopped over 15 years ago. van Voren is concerned that the Serbsky Institute still plays a prominent role, yet why should it not do so, having been established in 1921 and being a leading academic and clinical centre which has moved on in recent years. Russia now uses ICD–10 in line with most of the rest of the world.

I do not challenge the fact that there are some breaches of human rights and poor conditions relating to forensic psychiatry, but van Voren makes no mention of the economic context nor changes in legislation and ethical codes within Russia which have led towards a more internationally acceptable situation (Polubinskaya & Bonnie, 1996). Moreover, he does not reflect upon the fact that Russia has abolished the death penalty in line with opinion throughout Europe.

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Adherence to the psychotherapy training requirements in the new training environment

The Postgraduate Medical Education and Training Board (PMETB) has now taken over from the College the responsibility of approving psychiatric training. One of the major concerns for College approval teams was the delivery of psychotherapy training according to College training requirements (Royal College of Psychiatrists, 2001). It is uncertain whether the PMETB will be able or willing to investigate the quality of psychotherapy training to the same standard as the College approval teams.

We audited the experience of trainees in South Durham and Teesside in early 2004 and again in late 2005, before and after a College approval visit. Changes were made to the provision of psychotherapy training in the light of the approval visit report. Protected time for psychotherapy training was provided and the results showed improvements in participation in the case discussion group and in access to supervised cases, supporting the findings of Janmohamed *et al* (2004).

The new competency-based core curriculum for specialist training in psychiatry (Royal College of Psychiatrists, 2006) does not permit the incorporation of the psychotherapy training requirements, as it focuses on the achievement of competencies, such as 'fully manages the treatment of patients via . . . basic psychotherapeutic techniques', rather than the experiences required to acquire the competencies. There is a risk that trainees will place less importance on the development of psychotherapeutic skills and that the system of training approval will not highlight where College standards are not being met. One way of reducing this risk will be for training schemes to regularly audit their psychotherapy training through surveys of trainees' experience.

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International medical graduates – a disposable commodity?

We are concerned for the professional future of many thousands of international medical graduates who are still in training. The government has shattered their dreams by effectively denying them equal opportunities at critical points in their career: when applying for higher specialist training or a consultant post (Department of Health, 2006; O'Dowd, 2006).

For the Royal College of Psychiatrists, which maintains strong links with the international community and has a large proportion of international medical graduates as members, this ruling is especially pertinent. Trainees who have worked towards highly competitive sub-specialty or academic posts will suddenly find themselves having to relocate and rethink their career, possibly moving into career grade posts. This is a repetition of what happened in the '60s and '80s when many doctors from the erstwhile 'Empire' were sent to work in unpopular specialties in remote areas. The current system, which has created many hundreds of unemployed doctors, has to change, but not at the expense of those who have in good faith contributed to the National Health Service (NHS). A better solution would be to effectively manage the entry of more doctors into the country, maybe through scholarships, but also to ensure that doctors who are already in the NHS are not unfairly discriminated against.

Email addresses in this section have been amended in deviation from print and in accordance with a printed corrigendum to appear in the September issue.

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Declaration of interest
Both authors are international medical graduates who may be affected by the above ruling.

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The professional status of psychiatrists: good but not great

There are concerns in Britain about the recruitment and retention of medical doctors, especially psychiatrists (Commission for Health Improvement, 2003). One potential explanation is that the profession of psychiatry is stigmatised (Mears *et al*, 2004) and neglected – mental health is still the 'poor relation' (Hoadley *et al*, 2005).

We recently conducted a postal survey of a representative panel of 412 adults who had been involved in a previous study (mean age 47.5 years (s.d.=17.3), 55% female, 42% in paid employment; Luty *et al*, 2006). Participants were asked, 'We want to find out if you admire and respect the people who do these jobs. Give each profession a mark out of 10 from those you most admire (10) to those you least admire (0).' This was followed by a list of 26 professions. The results indicate that psychiatry is one of the least stigmatised professions, ranking 8th from top of the group of 26 professions. However, psychiatry was ranked lower than other medical professions such as general practitioner (GP), pathologist and nurse.

We feel that recruitment to psychiatry is likely to remain difficult compared with recruitment to other medical specialties. However, we were pleased that psychiatrists still enjoy a rather privileged position in the eyes of the general public. The ranking order of the 26 professions was: fireman, nurse, GP, schoolteacher, soldier, policeman, pathologist, psychiatrist, social worker, farmer, judge, postman, solicitor, computer programmer, dustbin man, bus driver, car mechanic, accountant, secretary, bank manager, butcher, shop member, member of parliament, estate agent, traffic warden and car salesman.

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Management training for all specialist registrars

I agree with Hewson *et al* (*Psychiatric Bulletin*, February 2006, **30**, 71–74) that management training should be an integral part of training for all higher trainees. However, I disagree with their conclusion that generic management training courses only focus on general aspects of management common to all specialties.

The West Midlands Deanery has recently started to run an innovative management training course, which is open to specialist registrars of all specialties and general practitioner registrars. The New Leaders Scholarship Course runs over 4 half-days, each a month apart. Between the learning sets each trainee develops a management or leadership project relevant to their own specialty. The trainees decide the content of the learning sets that are relevant to their projects. At the end of the course trainees present their completed projects or project proposals to an expert panel.

This format allows generic management training to be made relevant to specific specialties. The feedback from the first group of trainees to undertake the course has been extremely positive: they felt the course increased their understanding of management and leadership issues, as well as meeting their individual learning objectives.

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