

Correspondence

Psychological treatment by psychiatrists

DEAR SIRs

The President of the College and I read Dr Richard Stern's letter (*Psychiatric Bulletin*, 15, 296–303) on this subject with great interest as it is a matter of much concern to the College.

We support Dr Stern's view that psychiatrists should give psychological treatments, and that by and large, they are not fully equipped to do so.

Earlier this year, the President wrote a short paper on the need for us to review the education which psychiatrists receive in both the theoretical and clinical aspects of relevant human psychology.

As Dr Stern states, in spite of the rapid development of psychotropic drugs and the more limited development of psychotherapeutic services within the National Health Service, our capacity to answer psychiatric ills remains limited. There is a public clamour for more psychological treatment and this has been endorsed by our Royal Patron (Annual Meeting, July 1991).

We have failed to ensure that a full range of psychological treatments is available in all district psychiatric services, and there is no doubt that the training issues outlined by Dr Stern must be pursued through our educational activities with trainees. The shortage of suitable trainers determines that this will be high on the list of priorities for our newly established Special Committee on Continuing Medical Education.

Undoubtedly, we will continue to produce psychiatrists with widely differing interests and commitments. The most glaring deficit in our current treatment provision as medical specialists is an ability to provide a range of psychological treatments for those patients that can be helped with them.

Both nurses and clinical psychologists are only too keen to become autonomous practitioners in fields where we are relatively inactive. While many of our colleagues in these disciplines are well trained, even expert, practitioners, there are great dangers in there not being enough psychiatrists with similar therapeutic tools. Not only do many patients dislike being passed from one professional to another, but many of our colleagues in other medical specialties prefer to make doctor to doctor referrals. There are also occasions when simultaneous psychological and pharmacological treatments are appropriate.

With regard to a Section on behavioural and cognitive psychotherapy, we are currently addressing

the tension between psychotherapists of different persuasions to find a way in which all can feel valued within the Psychotherapy Section of the College. That section includes many general psychiatrists and, for the present it appears preferable to try and develop cohesion within that large group of psychiatrists where the interfaces between different kinds of psychiatric and psychological treatment can be addressed. A Working Group has been set up to address these issues, consisting of the Chairman and Secretary of the Psychotherapy Section, two cognitive/behavioural psychotherapists, a general psychiatrist and myself as Chairman.

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Dean

Royal College examination and award of qualification

DEAR SIRs

The College's present regulations for the Membership examination require the candidate to have completed three years of training in an approved supervised training scheme. For the Part II examination candidates are allowed five attempts, and they are required to be in an approved post at the time of examination (Royal College of Psychiatrists, 1985).

With the present situation for overseas doctors, of four years limitation of stay in the UK, it may become impossible to continue in training so that one can take the benefit of five attempts, which may span over a period of a further two years and six months. (Examinations taking place in May and October/November each year, after primary training of three years.) In a study by Bhate (1990) overseas graduates took between five and eight years to pass the Membership examination after they entered psychiatric training. This could result in unfortunate candidates being forced to leave without having any qualification to confirm the psychiatric training they received in the UK.

The Government's recent policy of creating staff psychiatrists' posts to achieve a balance (DHSS, 1988) is a good move. However, in the present situation there is little chance for those doctors holding staff psychiatrists' posts to appear for the Membership examination, mainly as most are not approved as training posts by the Royal College of Psychiatrists.

Doctors are also forced to opt out of psychiatry when they exhaust all their examination attempts. At present there is no alternative qualification they can