

Finally, there is a disproportionate preoccupation in the discussion of the possibility of setting up 'Behaviour Modification Review Committees' at Regional Health Authority level. Despite a powerful note of dissent by one of the working party, and despite the fact that two of the parent bodies opposed the suggestion and the third saw it merely as 'an area for further discussion', the report spends 5 of its 35 pages describing and elaborating the proposal. The tone of this part of the report indicates that it was only with great reluctance that the prospect of a statutory controlling body was dropped from the final recommendations. To suggest a proliferation of committees and control bodies may have reflected the prevailing atmosphere in 1975 when a cynic might observe that the main function of working parties was to give birth to more unnecessary, even harmful, administrative bodies. In this case, unnecessary because all those responsible for behaviour modification programmes, doctors, nurses and psychologists, are adequately controlled by the ethical codes of their respective professional bodies. Possibly harmful because if such Review Bodies took as long to approve projects, as did this working party to publish its report, the development of an important new therapeutic area would be stifled by bureaucracy.

Faced with these major objections, it would be easy to overlook the valuable side of this document. The questionnaire provides useful data. For example, it reveals that over half the 115 hospitals which responded used behaviour therapy with patients, though only *one in fourteen* had clearly defined training schemes. Dr Seager, in his note of dissent, makes the point that an internal code of ethics, that is one that has been thoroughly absorbed through proper training, is much more likely to be effective than an external set of rules or system of policing. The report recognizes that attendance at a couple of seminars or a one-off weekend workshop can in no way be considered proper training,

though the results of the questionnaire indicated that many senior hospital staff are under the misapprehension that this is all that is required. It goes on to support strongly the need for an ongoing training course, which would involve both theoretical instruction and practical work supervision. Trainees need to be skilled not only in methods of treatment but also in the clear formulation of treatment aims and in the ways of measuring and evaluating results.

The report supports the JCHPT recommendation for more specialist training in behavioural methods for both general psychiatrists and specialist psychotherapists. It recognizes that a sound knowledge of behavioural methods is an integral part of the skills which should be acquired during a balanced training of any psychiatrist.

It supports the proposal that more behaviourally oriented psychiatrists be appointed to the staff of university departments of psychiatry. Since only two such posts exist in England and Wales at present, there are strong grounds for pursuing this proposal energetically.

Finally, the report comments on the high standard of excellence achieved by nurse therapist training schemes, such as that now well established at the Maudsley Hospital. The output may be 'extremely small' as stated in the report (three schools have produced about 50 over the last 10 years), but the quality of these trainees has meant that their impact has been much greater than would be expected from a mere head count.

In conclusion, the thought and hard work that has gone into this report is obvious. Read cursorily, there is a real danger that it will confuse and mislead. Read carefully, it is to be hoped that it will provide a stimulus to improving training, though not to unnecessary control.

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Forthcoming Events

'Disorders of Eating' is the theme of a seminar to be held at The Priory Hospital on 4 June 1981. Dr Hubert Lacey (St George's Hospital) will talk on compulsive eating and setting up an anorexia nervosa programme, and Dr Desmond Kelly will speak on the treatment of anorexia nervosa. Information: Dr Desmond Kelly, The Priory Hospital, Priory Lane, London SW15 5JJ.

The Summer term of lectures and seminars at the **Post-graduate Centre in Psychiatry, Morgannwg Hospital** will run from 8 May to 3 July 1981. Information: Dr Marshall W. Annear, Morgannwg Hospital, Bridgend, Mid Glamorgan, CF31 4LN.

The **Association for the Psychiatric Study of the Adolescent (APSA)** will be holding a study conference at Madeley Polytechnic, near Crewe, from 10 to 12 July 1981. The theme will be 'The Adolescent: Dimensions of Understanding'. Information: John Lampen, Shotton Hall School, Harmer Hill, nr Shrewsbury SY4 3DW.

The **5th European Symposium on Group Analysis** will be held in Rome from 30 August to 5 September 1981. The theme will be 'Aspects of Resistance in Group Analysis'. Information: Dr Fabrizio Napolitani, Viale Parioli 90, 00197 Rome or the Honorary Secretary, Group Analytic Society, 1 Bickenhall Mansions, Bickenhall Street, London W1H 3LF.

The **Association of Professions for the Mentally Handicapped** is holding its Eighth Annual Congress from 29 July to 1 August 1981 at Christ Church College, Canterbury. Information: James Ross (APMH Congress), 19 Page Heath Lane, Bickley, Kent BR1 2ED.

The **Institute of Family Therapy** is holding a workshop on 16 and 17 July 1981 on the topic of 'Developing Circularity and Neutrality in Family Therapy'. Information: Course Secretary, Institute of Family Therapy, 5 Tavistock Place, London WC1 (enclosing an s.a.e.).

A two-day workshop on **basic committee and management skills for senior trainees in psychiatry** will be held at the Institute of Psychiatry on 25 and 26 June 1981. The programme covers skills related to effective communication, interdisciplinary teamwork, basics of committee practice and the structure of Health Service administration. The workshop is sponsored by the British Postgraduate Medical Federation and is approved for study leave and expenses. Course fee £25. Information: Dr Helena Waters, Institute of Psychiatry, De Crespigny Park, London SE5 8AF and Dr Peter Hill, St George's Hospital, London SW17.

The **Institute of Group Analysis** will be holding a series of courses during 1981 and 1982. A general course in group work will run from October 1981 to June 1982; supervision seminars in clinical work and seminars on counselling and psychotherapy with offenders will run from October 1981; and a workshop on Analytic Psychodrama will take place on 4 and 5 July 1981. Information: Course Secretary, Institute of Group Analysis, 1 Bickenhall Mansions, Bickenhall Street, London W1H 3LF.

The **Epilepsy International Congress** will be held in Kyoto, Japan from 17 to 21 September 1981 at the Kyoto International Conference Hall. Information: Secretariat, c/o International Conference Organizers, Inc., 103 Crescent Plaza, 4-6 Minami-Aoyama 2-chome, Minato-ku, Tokyo, 107 Japan.

An experimental conference (residential) on inter-group dynamics and a therapeutic community process will be run by the **Association of Therapeutic Communities in conjunction with the North East London Polytechnic** from 28 June to 3 July 1981 at the Anglian Regional Management Centre, Chelmsford. Information: Thelma Wilson, NELP, Livingston House, Livingston Road, Stratford, London E15.

Correspondence

MRCPsych. Examination—A consumer survey

DEAR SIR

I was surprised to note the strong disapproval of the presence of examiners during the interview of patients by trainees in psychiatry (*Bulletin*, February, 1981). I wish to bring to the notice of the trainees that this system works very well in Canadian Fellowship Examinations in Psychiatry, (FRCP). I had the opportunity to talk to a few candidates who passed the examination and others who failed the examination, but they did not have any criticism of the system.

I think if one is to look at the advantages and disadvantages of the presence of the examiners during the interview, one can summarize them in the following way.

The advantages are: (i) If a patient happens to be very uncooperative or uncommunicative, the examiners will have first hand knowledge of the difficulties of the candidate, which will certainly help the candidate; (ii) Candidates will tend to interview the case more systematically and will not miss any important points in history or mental state examinations; (iii) Candidates will get more guidance from their clinical tutor and consultants on techniques of interviewing during their preparation for examinations. This part of the training will help the candidates in passing the examinations as well as in practice of psychiatry in future.

There are no disadvantages as such, but some people say that one should develop one's own technique of interviewing

a case, and this should not have much relevance as far as examination results are concerned. I personally think that this argument is not a very strong one against the presence of examiners during interviews. If the technique is good, why can it not be used in the presence of examiners?

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The Presidential election

DEAR SIR

As two junior psychiatrists invited to take part in the Presidential election we would have been helped by a statement of intent from the candidates as to their plans for the College. The careers described seemed equally distinguished to the inexperienced eye and so provided us with little ground for discrimination.

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[Publication of candidates' statements of intent is a feature of the election of senior office-bearers in the American Psychiatric Association. Views of College members on the letter from Drs Meller and Carnwath would be welcomed—Eds]