



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.

GORDON, H. & MEUX, C. (2003) Forensic psychiatry in Russia – the links with Britain evolve further. *Psychiatric Bulletin*, **27**, 271–273.

POLUBINSKAYA, S. V. & BONNIE, R. J. (1996) The code of professional ethics of the Russian Society of Psychiatrists: text and commentary. *International Journal of Law and Psychiatry*, **19**, 143–172.

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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.

JANMOHAMED, A., WARD, A., SMITH, C. *et al* (2004) Does protected time improve psychotherapy training? *Psychiatric Bulletin*, **28**, 100–103.

ROYAL COLLEGE OF PSYCHIATRISTS (2001) *Requirements for Psychotherapy Training as Part of Basic Specialist Psychiatric Training*. London: Royal College of Psychiatrists. <http://www.rcpsych.ac.uk/PDF/ptBasic.pdf>

ROYAL COLLEGE OF PSYCHIATRISTS (2006) *A Competency Based Curriculum for Specialist Training in Psychiatry*. London: Royal College of Psychiatrists. http://www.rcpsych.ac.uk/pdf/prov_jan06.pdf

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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.