

found considerable agreement between consultants and trainees on items concerning the structure and content of supervision, although a significant number of consultants and trainees were not fully satisfied with the level of individual supervision.

Although we agree with Azuonye's call for supervision to be given the high priority it deserves, we would like to suggest an alternative solution to his request for a Royal College of Psychiatrists' Special Task Force on Educational Supervision. It has previously been suggested that training schemes establish their own guidelines as to what constitutes good training and that trainees take a lead in auditing practice against these guidelines (Davies, 1993). Our project provided the basis for such a practice on the UMDS training scheme. Consultants and trainees are able to make significant improvements at a local level in the absence or anticipation of more explicit guidelines from the College. Such an approach allows the trainee and consultant to agree upon the content of supervision, and allows for the fact that some consultants may have special expertise in some areas and less knowledge in others. A centrally led dictate on supervision could be hard to implement effectively and maybe unsuited to the diversity of services, trainees and consultants.

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### Core psychiatry for tomorrow's doctors

Sir: The College Working Party's report on core learning in undergraduate psychiatry (*Psychiatric Bulletin*, August 1997, **21**, 522–524) mirrors changes already taking place in medical schools throughout the UK. In Nottingham a set of learning objectives, very similar to that proposed by the working party, was devised (Cantwell & Brewin, 1995). The list differs mainly in the realm of attitudes, an area which caused us the greatest difficulty. Unending suggestions for inclusion could be made in a discipline which students are likely to approach with a mix of attitudes based on lay misconceptions and fears. Like the working party we addressed issues about stigma, the multi-disciplinary team and the interplay between psychological and physical factors. Two other areas stood out in relation to controversies over psychiatric practice and the

particular importance of the doctor–patient relationship in psychiatry. Our list is given below. (A complete list of all learning objectives given to Nottingham psychiatry undergraduates is available from the authors.)

Learning objectives, attitudes:

- (a) appreciate the inter-relationship between physical and psychological symptoms and the need to be aware of psychological factors in all medical conditions;
- (b) recognise the stigmatisation associated with mental illness and learning difficulties and how this can affect patients and their families;
- (c) be aware of the ethical dilemmas and controversies involved in the diagnosis and management of mental disorder;
- (d) appreciate the function of the multi-disciplinary team and the role of each of its members;
- (e) as you progress through your attachment, acknowledge the importance of the therapeutic relationship between doctor and patient and how the time scale for change is lengthened in psychiatry.

The need to challenge perceptions of psychiatry is undeniable, and the devising of objectives relatively straightforward. We have no easy answers, however, on how such attitudinal change can be brought about in new curricula.

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### Community psychiatry in the RAF: an evaluative review

Sir: Julian Hughes is to be congratulated on using an audit of his first six months' experience of providing community services in the Royal Air Force (RAF) to produce a provocative and thoughtful paper (*Psychiatric Bulletin*, July 1997, **21**, 418–421). However, there are two omissions of pertinent fact. Most significantly, at the time of his audit the RAF was in the middle of major changes, almost halving its manpower. Many were facing redundancy. Given this very high level of social change, the finding of an unusually high referral rate for adjustment disorder is not too surprising and caution should