suffered by patients who have been hospitalized and registered as psychiatric patients. They refuse to be given a psychiatric diagnosis and are anxious at the thought of undergoing drug treatment.

The fact that Danish society is now informed about the political abuse of psychiatry in the USSR has severely damaged the image of our profession. The knowledge that a diagnostic classification can be distorted for political reasons undermines the confidence there is in the conventional use of diagnostic methods; forced hospitalization on political grounds leads to a reduced understanding of the need for legitimate, compulsory admission. Psychiatric registration used as a means of control in the USSR undermines the appreciation of the importance of a psychiatric register for research purposes.

The picture in Denmark today is that of psychiatry making scientific progress but undergoing considerable problems in its clinical application. The public is poorly informed about what psychiatry has to offer. Instead, there is fear and mistrust of the profession. There are economic and organizational limits to how psychiatric care is being allowed to develop. Psychiatry is little respected as a science today. What can we psychiatrists do? Public education is obviously not enough. Some psychiatrists have concluded that Denmark has the psychiatry it deserves. However, it is my opinion that psychiatrists ought to act vigorously and specify the kind of profession they want to be part of. We must also take a stand against the Soviet misuse of psychiatry (as does the resolution passed by the Danish Psychiatric Society in 1982). We must strongly oppose improper psychiatry, wherever it occurs. Finally, we should describe our discipline positively—the types of patients we *can* help and our methods of treatment.

Correspondence

Confidential references

Dear Sirs

Although it has many imperfections, the system of collecting confidential references from independent nominated referees has served our appointment system well. Unfortunately no matter how we regulate our postgraduate training schemes, the quality of future consultants in the NHS is determined by the advisory appointment committees.

The interview in which every member appears to be driven to ask questions which often elucidate no information relevant to the decision before them, is an unreliable instrument. It is all too easy to be impressed by a plausible but shallow person, and to overlook the merits of one whose gauche or shy performance fails to impress. The independent references add another dimension to the interview and should sharpen the discrimination of the committee.

In recent years I have been appalled to read references from senior and respected members of the profession extolling the virtues of some psychiatric paragon who seems as far removed from the confident, but ignorant, applicant who faces us that we assume it to be a case of mistaken identity. However, the consistency of the discrepancies between testimonial and applicant make it clear that many colleagues have abandoned honesty in the interest of the candidate getting the job or of themselves getting rid of the candidate.

Quite rarely, now when a reference is received in which some minor blemish of character or experience is admitted I sigh with relief at this vestige of honesty and take the reference seriously. Unfortunately I find that some members respond to anything less than an adulatory reference with a firm decision to reject the candidate.

It is sad that one should have to say that a reference should reflect the integrity of the writer as well as the qualities of the applicant. A balanced reference can be of inestimable value to the decision-making process and the success or failure of any consultant should reflect upon those who supported his appointment.

How can we secure the attainment of reliable references? Should College assessors be invited to comment on gross discrepancies? Should we take up references on referees or should we give up referees?

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Dynamic psychotherapy in the NHS

Dear Sirs

In his attempt to show that dynamic psychotherapy is cost-effective under the NHS, Dr Whyte (*Bulletin*, February 1983, **7**, 29) starts by excluding the severely, the acutely and the chronically ill, who are the bread and butter of the Service. He would treat cheaply by devoting one or more hourly sessions every week, for months or even years, to those who do not need a nurse, social worker, psychologist, occupational therapist, radiologist, pathologist, pharmacist or even ambulance, portering or laundry service. Dr Whyte would not himself train the ordinary nurse, social worker or psychologist, but would give priority to the training of other psychotherapists who would somehow reach the ordinary NHS staff. I am frankly unable to understand this kind of

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dynamic logic.

One cannot be both insular, exclusive *and* cost-effective. The implication that the ordinary day-to-day patient-care does not deserve the direct and exclusive interest of the psychotherapist is unacceptable. Only to the extent that psychotherapists are an integral part of down-to-earth patient-care will they be able to prove their services are economical.

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Restructuring the MRCPsych

DEAR SIRS

Having read Dr G. E. Berrios' account of Professor Cawley's working party report on the MRCPsych Examination, I would like to argue against the suggestion that the Basic Sciences be examined as a minor part of the Final Examination. Indeed, after the first paragraph on the Preliminary Test, they were not mentioned again in the entire article.

Whilst the Examination, as it exists at the moment, is far from ideal and can be subject to valid criticism, it would be a pity if its merits, and the beneficial influences it has had on psychiatric training, were not appreciated. The Preliminary Test has been criticized because of an undue emphasis on basic science, at a time when candidates most need to be assessed on their clinical skills and are keenest to start developing them especially in the field of communicating with patients. In part, the Preliminary Test was set up to select candidates who had a reasonable chance of completing the subsequent clinical test in which this communicating skill is important. The published figures show that it has been as successful in meeting this objective as any comparable examination. Equally, and probably correctly, the test was put in to make sure that at some stage in their careers, the candidates should study those Basic Sciences which are relevant to the practice of psychiatry.

In a multidisciplinary clinical team, one of the psychiatrist's functions is to integrate his knowledge of brain function, psychopharmacology, endocrinology and mental mechanisms in health and disease with his own and other members' observations on the patient's behaviour and communications; it is indeed his unique contribution to be able to do this. Other fully trained members of the team should all be skilled at communicating, and should equally not be occupying senior positions in their own professions if they are not. It is only in comparison to other medical disciplines that this communicating ability distinguishes the psychiatrist from others.

A view of the Preliminary Test is that one of its most important aims should be the early identification of individuals who, for any reason, are unlikely to develop the necessary clinical skills. If this is so, then the Preliminary Test could consist solely of a basic examination of clinical competence, emphasizing this feature. This would obviously make the best filter for those unsuited for further psychiatric studies, but there are good reasons for rejecting this extreme option. If the Preliminary Test Basic Science Examination was moved in with the Final Clinical Examination, it is highly probable that the latter would overshadow it. In my view, more consultants have difficulty in understanding and evaluating the current advances in the appropriate basic sciences and their application to the new physical treatments than in maintaining their basic clinical skills. The Preliminary Test, as at present constituted, is making a valuable contribution by starting to produce a generation of psychiatrists who, with their other training, will be adequately prepared in both these aspects of the psychiatric discipline, and who will be in a good position to cope with and adjust to advances in both types of knowledge.

It is in the testing of knowledge of the biological, pharmacological, psychological statistical, and other aspects of psychiatry that the multiple choice question paper comes into its own. Again, to cope with the advances in current knowledge, there remains the need for a separate and distinct basic science examination, following a course of study spread over approximately a year. Material which is inadequately examined is unfortunately studied in any depth only by those able and energetic candidates for whom examinations are superfluous. Professor Cawley suggested that 'special emphasis' would be put on assessment of clinical skills and case formulation, and that the second examination would be a 'second clinical examination'. However, an examination so heavily biased towards clinical skills would gradually reduce candidates' commitment to a period of study of the basic sciences during their training.

I agree it is time for the College to look at its examination and probably to revise it. I am suggesting that the retention of a significant place for the basic sciences is of special importance at this stage in the development of psychiatry and that this should be an important part of the debate on the improved means of selection, teaching and assessing our future colleagues. The tradition of the psychiatrist spanning the area between the applied sciences and psychotherapy should especially be continued at this time, whilst the whole area of relevant information is developing so rapidly.

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DEAR SIRS

I do not want, at this stage, to take issue with Dr Kellam's views: I hope they will provoke correspondence on these important matters. But I should be grateful for the opportunity to correct what appears to be a misunderstanding in his reading of Dr Berrios' account of my statement to the Education Committee. I should like to make two points.

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