collect and retain inaccurate information and that, no matter how apparently secure, they are open to misuse in a variety of ways. They doubt that computerization actually improves management efficiency. In this they are strongly supported by the BMA and by statements from the former Secretary of State, confirmed by the present one as follows:

(i) 'Identifiable information is to be regarded as held for the specific purpose of the continuing care of the patient and should not be used without appropriate authorization or the consent of the patient (parent or guardian in the case of a child) for any other purpose.

(ii) Access to identifiable information held in medical records is to be confined to the author and to the person clinically responsible for the patient during the episode for which the data have been collected (or their successors) unless specifically authorized by the clinician in the clinical interests of the patient.

(iii) An individual is not to be identifiable from data supplied for statistical purposes except when follow-up of the individual patient is a necessary part of the research (and either the patient has given informed prior consent or consent has been obtained from the Chairman of an appropriate ethical committee).'

We who work in hospitals in close co-operation with social workers have always seen them as professionals like ourselves, upholding the same standards and personally responsible for the decisions they make within their sphere of competence. Not so our Social Services Department Managers, for whom social workers, whatever their seniority, are employees of the Department, not personally responsible but accountable for all they do to someone more senior in the hierarchy.

I doubt whether many in the hospital service are any more aware than I was that since 1974 hospital social workers' notes have been the property of the Social Service Department and could be removed or computerized, or what you will, without the hospital staff having any grounds for objection.

No wonder there is cause for concern.

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Psychiatrists in Australasia

DEAR SIR,

I note that advertisements for psychiatrist positions in Australia and New Zealand regularly appear in the College and other journals. Typically these comment 'Membership of the Royal Australian and New Zealand College of Psychiatrists *or its equivalent*' is an essential qualification.

Members of the Royal College of Psychiatrists should be aware that they will be at a considerable disadvantage if they do not hold the MRANZCP. The MRCPsych is *not* seen as its equivalent by Australian and New Zealand psychiatrists. From 1981 psychiatrists who are not Members or Fellows of RANZCP will not be eligible to supervise psychiatrists in training. The accreditation of child psychiatrists is strictly monitored, and it cannot be assumed that training experience in Britain will be considered acceptable.

The belief of many psychiatrists in Australia and New Zealand seems to be that the MRCPsych is a token examination designed to approve organically-orientated psychiatrists. I have also been told several times that the reason for the recent reductions in exemptions for holders of the MRCPsych applying to sit the MRANZCP are a retaliation against the College's refusal to grant reciprocal exemptions.

Whatever the rights and truths of it all, difficulties certainly exist. Members contemplating clinical and climatic attractions in the Antipodes should ensure that they receive written confirmation of their professional status before ordering their aeroplane tickets.

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Research in Decline

DEAR SIR,

I think the problem which you set out is a very real one, and I believe a major cause is the nature of the training given to trainees in psychiatry. This struck me particularly when I migrated to Canada four years ago. An enormous effort is made to teach trainees large numbers of supposed facts about psychiatry, and very little effort goes into training designed to help people learn how to evaluate new information and approach assessment and treatment problems in a suitably critical and questioning fashion. I was particularly struck by this when I recently sat the papers for the FRCP(C) examination in psychiatry. The two multiple choice examinations were concerned almost entirely with 'factual' matters, and hardly at all with the other issues I have mentioned. I wonder if this applies also to the MRCPsych exam?

It seems to me that one useful thing that could be done to help reverse the decline in research would be to alter the training emphasis. This would, no doubt, mean altering examinations accordingly. Perhaps trainees should be taught that about fifty per cent of current psychiatric 'wisdom' will be out of date and no longer considered of value in five years time, so that they would do better to learn how to keep up to date with the best current practice and to evaluate supposed advances as they are reported. Perhaps the College Research Committee, and indeed those committees responsible for training and examinations, would like to consider this point.

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