are none other than the authors themselves! By the same token, should it transpire that they prefer to talk about patients for less than five minutes, it does not follow that such brief conversations are generally felt to be adequate by colleagues.

What my wife and I actually drew attention to, was the danger that "these hurried conversations may be substituted for the often more thoughtful formulations which are encouraged by the process of writing a traditional referral letter". Darling & Tyrer make a similar point when they acknowledge that sporadic contacts may be in danger of promoting a spurious sense of understanding. I would count it a sad day for psychiatry if general practice liaison resulted in large numbers of us "going native".

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DEAR SIRS

Dr Wilson is strictly correct in pointing out that his article in 1985 did not state directly that short contacts with general practitioners in liaison psychiatry were less attractive to psychiatrists. However, the implication was given that such contacts were undesirable and readers can judge whether this view is reinforced in his letter. We did indeed record some subjective aspects of liaison, whether the contacts were felt to be useful to both the initiators and receivers of each contact, but were restrained by space in our paper.

Although most of the contacts (94%) were judged to be of value to psychiatrists, general practitioners and other primary care team members, significantly more of the contacts initiated by GPs were not felt to be of value to the psychiatrist (20%; $\chi^2 = 23.6$, df 2, $P < 0.001$). In interpreting this finding it is important to realise that all contacts initiated by psychiatrists were of patients referred to, or already in, psychiatric care, whereas many GP contacts were of patients treated entirely by the primary care team.

We are not advocating short contacts as an ideal form of liaison. It is not a satisfactory form of communication on its own, but when taken in the context of other forms of service can reinforce continuity of care and save considerable time. Above all, it allows the opportunity for liaison, clinical assessment and treatment to be part of a comprehensive primary care service that buttresses the resources available to the general practitioner and helps to reduce the need for hospital treatment (Tyrer *et al*, 1990). It is premature for Dr Wilson to conclude that 'going native', a phrase that is patronising to both psychiatrists and general practitioners, would be sad for psychiatry. In any case, we would rather be part of a primitive service that is valuable to patients than a sophisticated one that is ineffective.

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Rotational training schemes

DEAR SIRS

While sympathising with Drs Madden & Lewis's concern about changes to current rotational training schemes with the implementation of *Achieving a Balance*, I would like to point out that there are some aspects of these new arrangements which will clearly benefit trainees (*Psychiatric Bulletin*, November 1990, **14**, 681).

Firstly, as they suggest, SHO appointments can easily be made for longer than one year to provide a job security for trainees while settling into a new career and undertaking the formal training required for MRCPsych Part I. The old SHO/registrar rotations within districts can remain but without the promotion to registrar.

Requiring Part I MRCPsych for promotion to career registrar brings psychiatry into line with other medical specialities, which in my view improves standards. It may also provide a point of entry for potential consultant psychiatrists and enables imaginative new rotations to be created at registrar level. While SHO rotations can remain within health districts, registrar rotations can be wider and inter-district similar to those available in many regions for senior registrar training. A three or four year registrar rotation provides the continuing job security that is required for Part II MRCPsych training but also allows a wider clinical experience which may include access to sub-secialities not available in all districts.

While the creation of a further three year registrar rotation may appear to lengthen the time in training,