

William Brough in Newcastle in 1974/5.

To keep expenses to the minimum, a series of single days on different topics was devised. For psychiatric trainees the Course in part superseded the regular teaching, thus ensuring a good attendance. On each day an outside speaker was paired with a local expert. Both made a formal presentation, led small group discussions and when appropriate, demonstrated special techniques. Intentionally the speakers, though predominantly medical, were drawn from various professions.

The first two days were devoted to Individual Therapy. Dr Robert Gosling considered basic concepts in psychotherapy and Dr Isobel Brown analysed in detail a first session which she had conducted, Dr Jonathon Pedder advised on how to choose the appropriate depth of therapy and Dr Mark Aveline presented some suggestions on how and when to end therapy. Family Therapy was the focus on the third day. Dr Arno Bentovim's topic was 'The Family as Patient' and Mrs Rhoda Oppenheimer's 'Children, Parents and Family'. Day four had Group Psychotherapy as its theme with Dr Colin James setting out some basic concepts and Dr George Spaul speaking on the balance between group process and individual dynamics in leading a group. The final day was on Marital and Sexual Therapy. Mrs Gill Gorrell Barnes and Miss Christine Cordle illustrated through their

discussion and case examples a wide and overlapping approach to these problems. Dr Bob Palmer and Dr George Spaul were Course tutors and Dr Surya Bhate looked after the administrative details.

The Course was advertised in Leicester and nearby centres. Preference was given to psychiatric trainees with a few places being reserved for other disciplines. Twenty-nine people attended, each paying a fee of £20 which included refreshments. To begin with some trainees expected more didactic teaching but soon adjusted to the seminar/discussion format. Overall the Course was a success and was visibly appreciated by those with a pre-existing interest in the subject. For Areas without specialist psychotherapists, such courses answer the need for information but cannot provide ongoing supervision which is essential.

There have been three consequences of the Course. Attendance at a weekly psychotherapy seminar in Leicester was reinforced, a brief experiential group for trainees was set up, and the need for a Consultant Psychotherapist in Leicester emphasized and carried through to the point where the post has now been established.

MARK AVELINE

* Although this conference was held a year ago, it was felt that members, particularly those in the provinces, would be interested in reading about the organization of such a course.

IMPROVING MENTAL HANDICAP SERVICES

The Institute of Mental Subnormality changed its name to the *British Institute of Mental Handicap* from 1 June.

The Institute will continue to aim to raise the standards of treatment, care and management of mentally handicapped people wherever they may be, but plans

to expand its activities. Details about its educational programme, information services for professionals, and publications are available from the British Institute of Mental Handicap, Information and Resource Centre, Wolverhampton Road, Kidderminster, Worcs. DY10 3PP. Telephone: 0562 850251.

CORRESPONDENCE

SENIOR REGISTRAR TRAINING IN THE PSYCHIATRY OF OLD AGE

DEAR SIR,

It is common knowledge that the numbers of elderly people, and especially the very old, in our population are steadily rising. In consequence the management of the psychiatric disorders of later life will take an increasingly prominent place in the practice of general adult psychiatry. In the last decade the Health Departments have created many new consultant posts devoted exclusively or partly to the psychiatry of old age and it seems likely that in future, even where consultant posts do not carry any

designated responsibility for the elderly, most general psychiatrists will need to be thoroughly familiar with the disorders of old age and the facilities available for dealing with them.

Training programmes in general psychiatry have not yet adjusted to this change. The College's Section for the Psychiatry of Old Age is very concerned by the fact that few of the applicants for psychogeriatric consultant posts have had adequate experience of the psychiatry of old age, particularly of the organization of an area service, and the General Psychiatry Subcommittee of the Joint Committee on Higher Psychiatric Training has been struck by how few of the

training schemes it has inspected enable senior registrars to gain adequate experience in this area. Many general psychiatric senior registrars complete their training without obtaining any substantial experience of the disorders of the elderly, and several of the consultants best placed to provide them with this training have no senior registrar post attached to their units.

The purpose of this letter is to draw the attention of those responsible for the organization of senior registrars training schemes to this unsatisfactory situation and ask them, as a matter of some urgency, to review the disposition of senior registrar posts in their own areas. The psychiatry of old age is an integral part of general psychiatry, and the profession as a whole, and the General Psychiatry Sub-Committee of the Joint Committee in particular, has a responsibility to ensure that an adequate proportion of its training posts are devoted to this important branch of the subject. Efforts are currently being made to persuade the Health Departments to create new senior registrar posts earmarked for the psychiatry of old age, but, even if these efforts are successful, the problem will have to be met mainly by a redistribution of existing posts. The General Psychiatry Sub-Committee of the Joint Committee has now almost completed its first round of inspection visits. At the second round, however, one of its main concerns will be to see that this redistribution has taken place, and in particular that proper use is being made of the training facilities provided by well-organized psychogeriatric units.

K. RAWNSLEY
Chairman: JCHPT
R. E. KENDELL

Chairman: General Psychiatry Sub-Committee of the JCHPT

THE USE AND MISUSE OF CONFIDENTIAL INFORMATION

DEAR SIR,

I should be grateful for the opportunity of answering some of the points in Professor Wing's letter, commenting on my paper on Confidentiality, both of which were published in the March issue (pp 47-50).

He is unsure whether my objection to identifiable information being included in the HMRI's which are sent to the DHSS computer for storage is mainly on the grounds of breach of patient-doctor confidentiality or of the possibility of misuse. I had hoped I had made it clear that I regard this breach of confidentiality as unethical *because* no single doctor could ever assure his patient that the information will not be misused once it leaves the hospital. The argument that the large majority of psychiatrists see no risk to their patients does not alter the fundamental moral issue.

He and his colleagues did not think any governmental misuse could ever be regarded as well-intentioned. But doublethink is commonly practised by governments and is the subtle way they persuade themselves to do things 'for the good of the people'. If this should lead to the misuse of confidential information it is then too late to take corrective measures: the right time for this is now, *before* there is any loss of freedom or any corruption.

Professor Wing has himself made enormous contributions to the psychiatric care of patients by his research, and he rightly values the potential of research. I agree with this, but believe that where the needs of research are not totally compatible with confidentiality, the maintenance of the trust of the doctor-patient relationship must be given priority.

It is disappointing that there has been no discussion of the controversy by correspondence in your columns. I submitted my paper in October 1978, hoping to provoke such a discussion, but publication was delayed until March 1979 to enable the letter from Professor Wing, a member of a Special Committee of the College, to be included in the same issue. It is possible that this may have stifled discussion because the points raised by my paper appear to have been refuted by a senior and distinguished member of the College.

There has been correspondence about delays in publication in the *Bulletin* in the *APIT Newsletter*, and you, Sir, wrote in their January 1979 issue: 'We judge it better to print both sides of an argument at the same time instead of in dribbles.' Yet you stated you were 'anxious to make the *Bulletin* more topical, up-to-date, and responsive to readers' needs'. The *Bulletin* at present seems to reflect too much the views of the College as an establishment instead of being a forum for free discussion by its members on controversial issues.

May I suggest that it would be preferable for letters and papers to be published with less delay and for an 'establishment reply' not to be printed until the pros and cons have been well ventilated? College official opinion might, indeed, be influenced by such a correspondence.

ZAIDA M. HALL

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THE M.R.C. PSYCH. EXAMINATION

DEAR SIR,

I refer to the open letter from APIT on the M.R.C. Psych. examination (*Bulletin* April 1979 p 67) in which the writers have criticized practically everybody under the sun. One reads that APIT has always opposed the M.R.C. Psych. examination and is proved right that the examination has lowered the standards