

rotation. If any tutors would like a copy would they please contact my secretary, Mrs Sue Knott.

I. O. AZUONYE

*The Royal London Hospital*  
(*St Clement's*)  
2a Bow Road  
London E3 4LL

### *Careers in rehabilitation psychiatry*

DEAR SIRs

The paper on Careers in Rehabilitation Psychiatry (*Psychiatric Bulletin*, November 1990, 14, 665–667) covered the training requirements, job structure and potential frustration. Scrutiny of the forms filled in by College Representatives on Advisory Appointment Committees on Rehabilitation Consultant posts in England and Wales shows that there were 17 completely new national advertisements for consultant rehabilitation jobs in 1988, 21 in 1989 and 18 to 30 September 1990 (56 posts in all). Thirty-five appointment committees were held during this time, 26 rehabilitation jobs were filled, nine posts were not filled at the appointment committee stage.

Many health districts in England and Wales have advertised for a rehabilitation consultant but have been unsuccessful in appointing. Some health authorities persisted; for example, three posts were filled one year after the first advertisement. Unsuccessful health authorities may often alter the job or change local consultant responsibilities to assume rehabilitation commitments.

The Social, Community and Rehabilitation Section guidelines indicate special responsibility for rehabilitation should take five sessions and district services should be run on the basis of one rehabilitation session per 30,000 population. The recent audit of appointments shows that the sessional commitment for new consultants varied between two and ten.

There has been a considerable increase in the establishment of senior registrar posts in both general adult psychiatry and old age psychiatry (*Psychiatric Bulletin*, November 1990, 14, 696). Rehabilitation psychiatry senior registrar posts are not specifically designated.

There are 18 rehabilitation consultants recognised as trainers of senior registrars in England and Wales (compared with six in 1984). These one year slots are not filled regularly, however, because senior registrar rotational schemes have more training places than higher professional trainees. In addition those taking the option may have no intention of becoming rehabilitation consultants.

A survey of consultant psychiatrists assessing career choice and appropriateness of training (*Psychiatric Bulletin*, January 1984, 8, 2–5)

revealed that the majority rated their training in rehabilitation as unsatisfactory.

Our audit of appointments shows that only 15 out of the 27 successful applicants fulfilled the criteria for rehabilitation experience promoted by the College. Seven senior registrars were appointed without appropriate training and a further five were appointed proleptically. Only a quarter of those interviewed had adequate recognised rehabilitation training.

The Department of Health has agreed that each region in England and Wales should have at least one rehabilitation consultant and that person should be recognised as a senior registrar trainer. With at least 20 consultant rehabilitation posts being advertised per year supply is not keeping up with demand. We suggest that each region should have at least two senior registrar training posts, until the present short fall is corrected and rehabilitation services for people with long term mental illness are more uniformly established.

BRYAN ANSTEE

*Coney Hill Hospital*  
Gloucester GL4 7QJ

DOUGLAS FOWLIE

*Chairman of Social, Community and*  
*Rehabilitation Section*

### *Patients participation in examinations in psychiatry*

DEAR SIRs

In response to the correspondence by Dr Lynch (*Psychiatric Bulletin*, May 1990, 14, 308), the American Board of Psychiatry and Neurology currently organises three oral examinations in general psychiatry and one oral examination in child and adolescent psychiatry per year. Approximately 1,500 patient examinations are conducted in general psychiatry and 180 in child and adolescent psychiatry.

To our knowledge, there has never been a study similar to that conducted by Drs Persaud and Meux (*Psychiatric Bulletin*, February 1990, 14, 65–71).

However, there is much anecdotal information that is obtained in the course of the examinations and following these examinations. It is our impression that there is not a similar level of morbidity and relapse following the examination experience. This may, in part, result from different methods and criteria for patient selection. For the American Board of Psychiatry and Neurology oral examinations, patients are not exclusively recruited from in-patient services and, indeed, many are out-patients as well as day care patients and, hence, the potential for decompensation following the examination may be less likely. Also, the examination is a one-half hour examination with the patient and the candidate in the room with two examiners at all times and a third

examiner going in and out of the room during the course of the half-hour the patient is being examined; no physical examination is conducted during this half-hour.

The examiners are very sensitive to the high anxiety exhibited by candidates during the course of the examination and there definitely appears to be a commonality in this phenomenon for those taking oral examinations, both in the UK as well as in the USA.

We applaud Drs Persaud and Meux for suggesting that we may, indeed, benefit from learning of the perceptions and concerns of our patients regarding the competency of the psychiatrist that we are testing.

STEPHEN C. SCHEIBER  
GARY J. TUCKER

*American Board of Psychiatry and Neurology*  
500 Lake Cook Road, Suite 335  
Deerfield, Illinois 60015  
USA

### *Molecular genetic research in schizophrenia*

DEAR SIRS

Families with two or more schizophrenic members are needed to help with MRC funded projects at University College and Middlesex School of Medicine. The research is attempting to detect genes involved in manic depression and schizophrenia by linkage methods with DNA polymorphisms. We hope to replicate our finding of a genetic linkage in schizophrenia on chromosome 5.

This work is highly dependent for its success on the ascertainment of families with two or more schizophrenic members. We would be very pleased to be put in touch with any suitable families that have come to the attention of *Bulletin* readers. The research requires that a blood sample is taken from all the family members and that they are interviewed. Informed consent will be sought and strict confidentiality will be maintained.

Please write to Dr H. Gurling or Dr T. Sharma, Department of Psychiatry, UCMSM, Wolfson Building, Riding House Street, London W1N 8AA or phone us on 071 380 9474/9475 or 071-636 8333 extension 3305 or fax 071-323 1459.

HUGH GURLING  
TONMOY SHARMA

*Wolfson Building*  
*Riding House Street*  
*London W1N 8AA*

### *Psychiatric consultants based in community mental health centres*

DEAR SIRS

Since the mid-1980s I and many of my consultant colleagues in Devon have been based in community mental health centres. Previously we were based in mental hospitals, where we spent 70% of our time looking after hundreds of in-patients. We now spend 80% of our time in the community looking after out-patients, and only 20% of our time in small DGH units (where recently I was responsible for only one in-patient, although normally there are between eight and ten patients under my care).

From talking to consultants from other regions at various meetings throughout the country it becomes clear that many of them are working sessions in community mental health centres and a much smaller, though increasing number are actually based in community mental health centres. It is the latter which I am interested in contacting and wonder whether you could help me in any way to do so? I have contacted the Association of Community Mental Health Centres who tell me that very few doctors, let alone consultants, attend their meetings. I would be very grateful for any help you can give me.

RICHARD ORR

*Community Mental Health Centre*  
*The Laurels*  
*9 Powderham Street*  
*Newton Abbot,*  
*South Devon TQ12 1EU*