sional practice among psychiatrists is a matter which we believe the psychiatrists' own professional body is in a good position to research. Clearly the DHSS agrees with us as they have provided funds.

JOHN GUNN
Chairman, Research Committee

Institute of Psychiatry,
De Crespigny Park,
Denmark Hill, SE5

INDO-BRITISH EXCHANGES FOR MENTAL HEALTH PERSONNEL

DEAR SIR,

It may not be generally known that funds are obtainable from UK aid sources to support reciprocal visits by Indian and British mental health professionals wishing to add to their experience in the promotion of new initiatives in mental health care. This can take the form of a series of exchanges of personnel between institutions in the respective countries, or on an individual basis. Preference is given to projects which may improve access to care for hitherto underprivileged groups.

An obvious area of mutual interest is the development of services for minority groups: but British workers may find much to learn from recent measures to improve health (including mental health) services to the rural population in India—which constitutes the great majority of the Indian population. I should be happy to put anyone interested in this field in touch with colleagues in India who would be interested in welcoming visitors or in developing exchange visits with a UK institution.

G. M. CARSTAIRS
National Institute of Mental Health and Neuro-Sciences,
Post Bag No. 2779,
Bangalore-560029,
India.

OVERSEAS PSYCHIATRISTS IN SCOTLAND

DEAR SIR,

Although the specific training needs of overseas psychiatrists have previously been briefly described by several authors (Russell & Walton, 1970; Brook, 1973), the need for a more detailed appraisal is now apparent as the high failure rate in the College Membership examinations for overseas psychiatrists is documented (Hassall & Trethowan, 1976).

In England and Wales, Brook (1975) reported that 63.2% of psychiatrists working in the registrar grade were from overseas. As no similar calculation has been made in Scotland, I have carried out a preliminary analysis of data available from the Scottish Home and Health Department.

The main result of this preliminary and 'unofficial' study is that, of the registrars working in adult or child psychiatry units during 1977, 49.3 per cent graduated outside the British Isles, and that, as in England and Wales, the majority of these psychiatrists were working in the large mental hospitals. Indeed, some mental hospitals had *only* overseas psychiatrists in the registrar grade, whilst some teaching hospitals had none.

These figures cannot be compared precisely with those for England and Wales because the definition of an overseas psychiatrist was slightly different. It is nevertheless fairly clear that the mental health services 'nationwide' depend very largely on overseas graduates.

This being so, their training and examination performance is a crucial issue for both the College and the University Departments. The uneven distribution of overseas psychiatrists has led to the belief that it is the *quality* of training received that determines their subsequent examination performance.

Nevertheless, experience in Edinburgh shows that even when the training opportunities are similar, overseas psychiatrists still perform less well at examinations, at least during their first years of training. It is likely, therefore, that an improvement in *training* opportunities, whilst important in itself, may not necessarily improve the pass rate, unless other factors are also taken into consideration. It is also short-sighted to regard this issue as one which will disappear in the next decade as the output from the UK medical schools increases. It is therefore to be hoped that this problem will continue to be looked at from a variety of different vantage points and that controversial issues will not be avoided, nor the need for further research ignored.

In my opinion, an adequate understanding of these very sensitive issues might include (a) an appreciation of 'culture shock' (Brink & Saunders, 1976) with its subjective pain and disruption; (b) an awareness of the increasing gap that may exist between the amount of undergraduate teaching, particularly in behavioural sciences and psychiatry in UK medical schools when compared with medical schools in Africa or Asia; (c) a familiarity with the Temporary Registration Assessment Board's examination which may discriminate unfairly by its exemption categories between groups of overseas psychiatrists themselves and also between overseas and UK psychiatrists; and (d) an understanding of the psychology of both prejudice and also migration.

These important issues must continue to be

discussed by the College if our multi-cultural profession is to be equipped to provide mental health services for our increasingly cosmopolitan society.

JOHN L. COX

University Dept of Psychiatry
Morningside Park
Edinburgh

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PSYCHIATRIC TRAINING IN CANADA

DEAR SIR,

As an Irish graduate completing residency training in Canada, I feel compelled to respond to Dr Berger's article on 'A Comparison of Psychiatric Examinations in the United States and Canada' (*Bulletin*, October 1978 p 175). The article is inaccurate in several respects, and gives quite a distorted view of residency training in Canada to United Kingdom graduates.

As the vast majority of graduates who pursue careers in psychiatry in the United Kingdom or Ireland now sit the MRC Psych examination, the comparison with the MRCP is somewhat misleading—the MRC Psych is, of course, taken after a similar period of training to the United States or Canada. Since 1976, the written portion of the Canadian examination consists solely of multiple-choice papers. Having sat both the MRC Psych and the Canadian examination within the last year, I was struck by the similarity between the two rather than by any differences. Although a small number of questions will always appear ambiguous (particularly to the more obsessional among us), I felt the questions in the Canadian examination were reasonably fair. In comparing the Canadian and American examinations, Dr Berger draws some sweeping conclusions. As Chief Resident, I had the responsibility of organizing the clinical portion of the Canadian examination, and had an opportunity to observe the examiners closely. In spite of the usual student bias against exams and examiners, I was impressed by the understanding of the examiners and struck by the care that was taken to be as fair as possible.

Dr Berger, is, however, on most uncertain ground when he draws inferences about residency training from his observations about the respective examinations. In the four years of training in Canada, two years must be spent in fulfilling the set requirements of the Royal College of Physicians and Surgeons of Canada. The remaining two years may be spent in those branches of psychiatry in which the Resident is particularly interested. In the University of Toronto programme, the Resident receives regular supervision not only from his immediate supervisor but also from a supervisor in long-term psychotherapy. Those who are interested in analytically oriented psychotherapy can, and often do, undergo a personal analysis, and the majority of graduates can and do 'survive' in office practice after graduation.

In my experience, the Canadian Resident is allowed considerable responsibility for his patients and can gain experience in a variety of treatment modalities. To suggest that 'other than to prescribe drugs, or press a button, most might be regarded as inadequate to treat the patient themselves' is, I feel, a distortion of the true situation.

PADRAIG L. DARBY

Clarke Institute of Psychiatry,
250 College Street,
Toronto, Ontario,
M5T 1R8, Canada.

DEAR SIR,

I am writing to you regarding the article 'A Comparison of Psychiatric Examinations in the United States and Canada' by Dr Joseph Berger.

That article is misleading, inaccurate and unfair.

Dr Berger is wrong when he says that 'the legal requirement in some Provinces' to practice Psychiatry is the FRCP (C) exam. What he should have said is that in our National Health System only the specialists can charge specialist fees. There are, however, many general practitioners, with or without proper psychiatric training, who limit their practice to psychiatry or, more narrowly, psychotherapy, and as long as they are licensed practitioners, they are entitled to the general practitioner's fee for the particular psychiatric procedure. It is similarly true that many general practitioners perform surgical procedures and, they too have to settle for a general practitioner's fee for that procedure which is lower than that a of a certified surgeon.

Dr Berger is also very inaccurate in describing the Canadian examination where he says 'a written part