

frustrated aggression of both approaches' only a hypothesis? Is scapegoating a 'fact' or is it a fiction or is it one possible way of structuring experience?

In my view one of the 'facts' is that once some area of experience is cognitively structured by more personal or by more collective theories the previously empty and lifeless concepts ('just words') become filled with and surrounded by living experience they express and communicate (meanings). Without these living structures no theory of human behaviour and experience can be seen to be of any value. But once links are formed only with constant efforts can one allow the emergence of new or different links and of new or more appropriate structures. 'Change' is always difficult and not only for people labelled patients, or for people with established ideologies. Theories link with one's sense of identity in more or less flexible ways. In my experience views thriving in different soils or on distant lands are less likely to clash than those with shared territories. Furthermore, an individual openly following a path not prescribed by the group inevitably evokes anxieties relating to group identities and is bound to represent a threat. In making these statements I believe I am offering an 'explanation' to Dr Davies' 'understanding' in regard to the 'scapegoating' at the Conference.

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College Approval Visits

DEAR SIRS

The College has recently been to our hospital to decide whether the present rotating scheme for registrars in psychiatry is suitable for approval for the purposes of the MRCPsych exam, and it seems that it has got itself into quite a dilemma.

The formation of complex rotations is encouraged by the College in order to broaden the experience of the trainee, but the problem then arises that approval of the rotation automatically approves every job within the hospitals concerned with those rotations. All this is done on the basis of a justification which is the very byword of the over-involved parent: 'We must make sure we get the best for our trainees'. As a trainee I found it all rather insulting. I do not believe it is the College's job to ensure that I have a balanced diet of various sub-specialties so that I will grow into a big and strong psychiatrist.

It would be simpler if each post was labelled by how much time the College felt could be usefully spent in that post in order to gain the experience necessary before taking the MRCPsych. Thus a non-rotating registrar in a psychiatry post in a good hospital could be worth twelve months towards the necessary three years. Jobs at an SHO level or jobs in mental handicap or child psychiatry could be worth six months, and so on. Thus it would be up to the hospitals if they wanted to attract good candidates to tie together packages which added up to a full three years' useful experience. There would be no need for rules to

compel people to leave after the end of their approved year but further time spent in the same job would not be counted towards the necessary three years' experience before taking the MRCPsych. Trainees could then move or stay as they wish and the poor hospitals with bad facilities would die as a result of natural selection rather than this rather false selected breeding programme which the College continues at enormous expense.

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Management training for SHOs and registrars

DEAR SIRS

Earlier this year the *Bulletin* (April 1985, 9, 84-85) published the College Report of the Working Party on Management Training. This advocated the provision of such training, particularly for senior registrars and newly appointed consultants. I would like to outline an initiative taken last year at this hospital to introduce the subject to SHOs and registrars on the local rotational training scheme in psychiatry.

With the support and encouragement of the then Chairman of the Division of Psychiatry and the Academic Tutor, five seminars were held at monthly intervals within the framework of the existing teaching programme. The two-hour sessions were conducted by a senior lecturer from the Centre for Health Services Management, Leicester Polytechnic, and were funded by the district health authority. The topics covered were: the history, background, objectives and developments of the NHS; the conduct of meetings—the role of the chairman and individual participation; making a case for resources through the appropriate channels; negotiating in a professional setting and influencing others; and day-to-day practical management.

The sessions involved the active participation of trainees and were universally felt to be not only challenging and informative but unexpectedly enjoyable. The course did not set out to provide a fully comprehensive look at management, but it gave valuable insight into an area not previously included in the teaching programme. We had the opportunity to acquire experience at a relatively early stage which could hopefully then be consolidated during our career progression.

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If at first you don't succeed . . .

DEAR SIRS

We found Drs El-Sobky and O'Grady's 'disappointment' (*Bulletin*, September 1985, 9, 181-182) with 'an