

leaving the scheme in the seven years, 50 of them left without completing four years training in psychiatry, and of these 16 went into general practice and 19 continued psychiatric training either part-time in the Mersey region or full-time elsewhere. In our paper mentioned above we found that the average length of stay in the scheme for these trainees was 1 year 7 months.

If only the trainees who completed four years psychiatric training are considered, out of 62 trainees (100%), 39 (63%) gained senior registrar posts, eight (13%) went abroad, either emigrating or returning home, and only five (8%) failed to pass the MRCPsych examinations.

From these results we would agree with the authors' conclusion that a well organised scheme improves the trainees' chances of passing the Membership examinations and of obtaining senior registrar posts. The advantage of a region-wide scheme such as the Mersey Scheme is that all trainees gain experience of working in the peripheral hospitals and in the teaching hospitals and therefore all trainees in the region enjoy equal opportunities for progression in their career.

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#### Cognitive therapy in literature

DEAR SIRS

I enjoyed Dr Paul Crichton's comments on 'Cognitive Therapy in Literature' (*Psychiatric Bulletin*, March 1993, **17**, 173). In this he makes a comment that "Aaron Beck's great achievement was to recognise the importance of the principles of cognitive therapy." In doing this I think he forgets to mention the work of the other pioneer in this field, Albert Ellis, who developed what he first called "Rational Therapy" and later "Rational Emotive Therapy." Both approaches have many similarities and I believe that Ellis's work may actually have preceded Beck's, although both were pioneers in this field and I feel both merit recognition.

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#### Community care and registrar training

DEAR SIRS

I read with interest the article by J. Abbati and G. Oles (*Psychiatric Bulletin*, March 1993, **17**, 140-141) on the continuity of care in serious mental illness. The importance of the continuity of care for these patients raises questions for the role of psychiatric trainees in a multidisciplinary team caring for the long-term severely mentally ill. This article highlights the difficulties for the patients of frequent changes of carers and this has to be balanced against the needs of individual doctors' training requirements for frequent changes of post to provide a range of experience. Individual attachments when a psychiatric registrar are often of six months duration, as recommended by the College (*Psychiatric Bulletin*, 1990, **14**, 110-118). Other authors have highlighted the need for psychiatric trainees to be familiar with the conduct of community psychiatry (Freeman, 1985) and maybe this cannot be best met by a six month post.

Perhaps the right balance for all these conflicting needs can best be met by trainees having 12 month posts which can be split partly with a community psychiatric team and partly with an in-patient team to gain the same psychiatric experience over a 12 month period but with less disruption to the care of the seriously mentally ill we are endeavouring to help. This may require imagination to develop these kinds of posts for registrars but, as for senior registrars (Malcom, 1989), may provide a more useful and enjoyable post.

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FREEMAN, H. (1985) Training for community psychiatry. *Bulletin of the Royal College of Psychiatrists*, **9**, 29-32.

#### The "mini-team" system: an improved multidisciplinary approach?

DEAR SIRS

The Child Psychiatry Pre-adolescent Unit at Queen Mary's Hospital for Children, Carshalton, Surrey, consists of ten beds with an additional emergency bed and space for up to three day patients.

Until October 1991, management decisions concerning each child were taken by the consultant-led multidisciplinary team during a two hour session held once per week where each child was discussed. Regular case conferences could take place only every six weeks or so.