

non-medics undergoing analytic training and they are giving much thought to this matter.

In the meantime, we need to be vigilant to ensure that analytic contributions are sought when an overall review occurs of a psychotic disorder. For example, in the recent, otherwise excellent, supplement on the symposium on Negative Symptoms in Schizophrenia, there was a conspicuous lack of a current psychoanalytic viewpoint.

I believe that I am now virtually in a minority of one in being a general psychiatrist with both acute and long-stay beds, as well as a practising psychoanalyst. It is from such a position that I fully endorse Dr Freeman's concern.

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### *Medical consultations in a therapeutic community*

DEAR SIRS

I am writing to state that as part of my training in psychiatry I am currently working in a therapeutic community. The frequency of medical consultations, most of which have been trivial, by my patients (the majority of whom are in their 20s and 30s), has been remarkable.

Some explanation for this can be given, for example: patients 'testing-out' new doctors; patients seeking individual therapy (which otherwise is not encouraged); and hypochondriasis. These factors are combined with ready access to medical attention – in the therapeutic community there is no GP's receptionist to get past or any need for an appointment to be made.

The result is that, in an atmosphere of communalism, egalitarianism and democracy, the barriers a doctor normally has to protect against demands on his time and accessibility are lost. Is this merely because the doctor is a newcomer to the community and is it commonly experienced by other medical staff in similar situations which will subsequently resolve? Or will the frequency of medical consultations be maintained at a level significantly higher than would normally be expected? Other possibilities are that the patients who now form the community previously visited their GPs or attended casualty on a frequent basis. I am not aware if this experience is commonly encountered in other communities but it could be an area worthy of detailed study.

In this particular case measures have been taken in an attempt to reduce the burden of these consultations. These include requesting that any resident wishing to have a medical consultation should make his request at the community meeting, thereby informing the whole of the community. The result is

that some matters can be dealt with at the community level rather than requiring the doctor's advice. However certain matters are particularly personal, for example a vaginal discharge, and in these cases the need for a consultation can be raised in the community meeting without specifying the nature of the illness. The idea of a special 'clinic' was considered but not instituted.

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### *Overseas doctors' training scheme*

DEAR SIRS

It was with interest that I read the letter by Drs Moodley & Araya in the *Psychiatric Bulletin* (November 1989). Although the Dean has commented in his letter in the same issue, I would like to add a few further comments. The Collegiate Trainees' Committee has accorded priority to monitoring doctors on the overseas doctors' training scheme. A working party has been set up to monitor the training of doctors on the scheme from the view point of the individual doctors independent of the Overseas Desk. I have written to all doctors on the scheme and intend to communicate on a regular basis.

By the nature of the ODTS the trainees are in an isolated position, and they do have specific training needs. It is therefore valid for the CTC to ensure that their views are heard and that they are represented in the College.

OLA JUNAID

Honorary Secretary  
Collegiate Trainees' Committee

### *Nafsiyat*

DEAR SIRS

We would like to welcome the article by Penelope Campling entitled 'Race, Culture and Psychotherapy', (*Psychiatric Bulletin*, October 1989, 13, 550–551) but as she has made reference to our organisation, we would like to clarify our position on two accounts.

Firstly, Nafsiyat does not believe in separate services for ethnic and cultural minorities, and furthermore we believe that all minorities should have their needs met by the statutory services within the NHS.

Secondly, Nafsiyat does not receive any Section 11 money whatsoever. It is a charity and is in constant need of funds.

We too believe that the answer is to look at the benign indifference of the majority community, especially professionals in the psychotherapy field