

on the “feedback loop”, in the practical phase (*Psychiatric Bulletin*, May 1990, 14, 309–310). Although these phases are inextricably linked, by being able to clarify the process of audit into stages, some of the confusion may be lessened and the subsequent anxiety alleviated. The philosophical stage has yet to be negotiated, as I suspect that, although many psychiatrists accept that audit is going to happen whether they (we) like or not, hearts and minds have yet to be won.

While discussing the philosophical stage we urgently need to focus on the practical issues and set up robust and workable systems of audit which are simple and effective.

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Reference

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Management training

DEAR SIRS

The report of the CTC Working Party on Management Training (*Psychiatric Bulletin*, June 1990, 14, 373–377) arrives at a time when the need for management training for clinicians is clearer than ever.

It has certainly been my experience that many junior doctors and a considerable number of consultants have very little knowledge of the organisation in which they work; some are unable even to identify correctly who pays them each month! Similarly, their management skills have been obtained more by luck than design and are consequently of variable quality.

I would strongly support the recommendations made by the working party but would like to point out that there is, in fact, a branch of medicine which is strongly involved with management training: public health (previously community) medicine. Indeed, throughout the country departments of public health medicine are actively training their registrars and senior registrars in both the theory and practice of management.

Additionally, trainees in public health medicine gain experience in the use of epidemiology and statistics, research methodology, health promotion and the application of medical sociology in their everyday work. They are closely involved in the development of audit and evaluation and the use of computers and information technology. They are in contact with managers at all levels in the NHS but also with general practitioners, community health councils, local authorities (including social services and education) and the myriad of other groups so

closely involved in planning and implementing services. Such skills and experience would be at least desirable assets for clinicians to possess.

As we move into a new environment of purchasers and providers, it has been made clear that, in future services should be evaluated on the basis of “public health impact”. The Annual Report of the Director of Public Health will form the basis upon which the new health authorities will write their planning strategies. It is, I believe, vitally important that clinicians are not only skilled in management but also possess a good knowledge of the public health approach to planning, if only to argue their case for more resources. For provider units, be they trusts or directly managed units, there will be a clear need to do good “market research” if they are to “sell” their services to districts; epidemiology is the market research tool of health care.

I would therefore suggest that an additional method of gaining experience in management would be to be attached to a Department of Public Health Medicine for a period of three to six months. This would give time to produce at least one piece of work with recommendations for implementation, and possibly present it to the necessary committees and health authority. Perhaps better would be a longer, part-time attachment engaged in a larger research project. Not only would the trainees gain useful management experience but also a grounding in the other areas mentioned above.

Such attachments are not new to public health medicine as many departments, including my own, already regularly have GP trainees working with them. An additional benefit is the knowledge and skills which these trainees bring to public health; too often our departments are both geographically and ideologically distant from our clinical colleagues. The development of closer collaboration and understanding between public health and psychiatry would be greatly enhanced by such attachments.

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Research experience in psychiatry

DEAR SIRS

When Dr Double (*Psychiatric Bulletin*, June 1990, 14, 364) expresses his doubts concerning the desirability of all psychiatrists being required to do research, he speaks for many trainees. It seems reasonable, however, to expect all trainees to acquire a special interest or skill, and there are many modern possibilities available. More psychotherapies are now taught than in the past, management training is increasingly encouraged, computing is almost a