the widest possible audiences, hopefully resulting in better compliance and understanding of psychiatric treatments.

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Community services for people with mental handicap

Sir: I was interested to read Dora Kohen's paper 'Psychiatric Emergencies in People with Mental Handicap' (*Psychiatric Bulletin* 1993, **17**, 587–589). In a recent research project looking at patients discharged from institutions for the mentally handicapped I noticed gaps in community services. Maladaptive behaviours present prior to discharge are likely to persist in the community setting (Eyman *et al*, 1981) and problematic behaviours are worse immediately after moving into the community (Lowe *et al*, 1993). Also it is well known that epilepsy becomes more unstable during times of stress such as de-institutionalisation. On discharge such patients are usually separated from familiar staff who know how to deal with a certain patient's aggressive outbursts or can identify the prodromal phase leading upto an epileptic seizure. In view of all these factors, psychiatric emergencies are likely to increase immediately after discharge and there is no evidence to suggest drop to any great degree thereafter.

Many areas now have 'crisis teams' to deal with nine to five emergencies with mentally handicapped patients. Few of these extend to nights and weekends, leaving only GP and consultant cover. Also there are fewer acute psychiatric beds for the mentally handicapped than in the past and one would hope, in any case, that current services can offer a more imaginative action than a simple resort to admission for all emergencies. We must now be looking to consolidate and adapt community services to ensure easy access to the expertise previously confined to the institutions.

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Allocation of registrar posts

Sir: Tom McClintock (*Psychiatric Bulletin* 1993, **17**, 563–564) highlights difficulties encountered in the allocation of registrar jobs in SW Thames which we in the Mid-Trent (Nottingham) rotation recognise. Since *Achieving a Balance* many training schemes have changed significantly (Davies & Junaid, 1992) and posts included may now have a much greater geographical spread. Inclusion of peripheral posts should serve to expand opportunities to gain valuable experience.

In the Mid-Trent rotation the quality of peripheral posts is high and is monitored by the junior doctors themselves (Davies, 1993). Yet there is often reluctance by registrars to select posts away from Nottingham. The most commonly cited reason is the inconvenience of commuting to bases which may be over 40 miles away. A major attraction of entry to a rotational training scheme is the assurance of being employed in one geographical area for a number of years, encouraging house purchase or stable family arrangements. This effectively precludes many registrars 'living in' for six months at a peripheral post and necessitates daily travel. Around examinations times 'wasted' hours travelling may be strongly resented.

We have 13 registrar posts placed centrally (in Nottingham) and 13 peripherally (in Derby, Lincoln, Mansfield, Retford and Newark). Individuals might therefore expect to experience an equal number of peripheral and central posts.

One proposal to achieve an equitable distribution involves reducing the number of posts from which a selection can be made at any one time, by banding posts together into groups. Every six months an individual's preferences could be selected from one 'band' and the following six months he or she would select a post from the next band and so on. Final allocation of posts would be decided by committee. Suggested bandings are peripheral general/rehabilitation psychiatry posts, central speciality posts, peripheral speciality posts, and central general psychiatry posts.

Upon joining the rotation, entry into a particular band might be influenced by when trainees plan to sit part II of the membership examination, perhaps aiming to be in the fourth band at the time of their first attempt.

Clearly no allocation system is ideal. Avoidance of rigorous adherence to an over-prescriptive system is vital to permit flexibility for the continuously changing needs of an individual trainee and of the service in which he or she is employed.

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