matic illness, which may take the form of high blood pressure for instance, or many others can be construed as a behavior disorder. Nonetheless, it is an important and serious physical and psychiatric illness. If the psychologist sees such a person, it would be of course sensible for him to refer for consultation and evaluation, initiating the referral, to a psychiatrist and to a medical practitioner.

What I am trying to say is that the referrals go in both directions. And these are the kinds of practice-related referring back and forth that do go on in the community.

Training

Mr. Walker. Mr. Chairman, the doctor has already practically answered my last question here.

If you will allow me, I would like for the record, I think it is very important, for him to briefly sum up the training; what if any would be the difference in the training of a psychiatrist and a psychologist to equip them to deal with mentally ill persons.

The reason I want this in the record, Mr. Chairman, is I think this is the whole crux of this thing.

Dr. Legault. Mr. Walker, I believe you would like to ask Dr. Steinbach this question because he is the chairman of the department and Professor of Psychiatry of Georgetown University Medical School, and has very much in the forefront of his interest the training of psychiatrists and somewhat, I imagine, psychologists too.

Dr. Steinbach. There are of course many differences in the training of the two.

One of the important differences would be in the period of time, in that the training of the psychiatrist is at least three years longer, if not more, than the training of the psychologist. The total training period for the psychiatrist after finishing college is at least eight years, as many of you may know, and starts out with the first two years of medical school which emphasizes the basic sciences of medicine, physiology, pharmacology, other courses that relate to one's future work in medicine.

The remaining six years, the training starting with the third year of medical school and the internship and the residency, this six-year period is one that very much emphasizes clinical contact with patients and is geared very much toward a program of increasing responsibility in the care of patients. This again is a significant difference in training because the psychologist training has really very limited clinical experience and not at all this process of developing more and more responsibility for patient care as you go along.

I think it is important to point out also that in medical school during all four years there is not only the initial emphasis on the basic medical sciences and later clinical work in all fields of medicine, but also a large amount of curriculum time in all medical schools now is devoted to psychiatry as a program which runs through the entire four years of medical school.

Also, there is a trend in medical school education to allow students to spend more and more time in elective work. So that a student is able to spend a large amount of elective time in psychiatry, but while he is working in medical school with medical and surgical and other