

Attention is again drawn to the need for more financial resources to allow Local Authorities to make provision for community care. The failure of Local Authorities to undertake these responsibilities represents one of the most serious weaknesses in recent developments in the mental health services.

ACKNOWLEDGEMENTS

The Special Committee wishes to express its thanks to all the Sections, Divisions and individual members of the College who sent their observations and opinions to the Committee. Every comment received

was carefully considered in compiling this report and the help that these contributions made was very much appreciated. There was a close agreement from everyone about the main issues.

The Committee would also like to express its thanks to Miss Jane Boyce of the College secretariat for her assistance and advice.

MEMBERSHIP OF THE SPECIAL COMMITTEE

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N.B. The Special Committee's full report may be obtained from the College Secretary.

PRE-REGISTRATION POSTS IN PSYCHIATRY

As a result of the General Medical Council's amended Regulations (May, 1978) pre-registration posts in Psychiatry could be developed. The Council of the Royal College of Psychiatrists has endorsed the principle of the establishment of such posts and would encourage their creation.

1. *The Current Problem:* Psychiatrists who have hitherto attempted to establish pre-registration posts in their discipline have encountered difficulties. They arose because of the dominant claims for newly qualified doctors to obtain pre-registration experience principally in Medicine and Surgery. Psychiatrists were disappointed that the proposals of the Merrison Report for extending pre-registration training were not accepted. Nevertheless, the recent amendments by the GMC would seem to encourage the provision of experience in specialties such as Psychiatry for up to 4 months, so long as the total period of twelve months service shall include not less than 4 months in Medicine and not less than 4 months in Surgery.

2. *Objectives:* The aims of including Psychiatry in the pre-registration year are:

- (i) to extend the influence of psychiatric teachers in developing a whole person approach in the practice of Medicine, and in combating negative attitudes towards patients with emotional problems.

- (ii) to widen particularly the psychiatric experience of doctors likely to enter general practice. This experience is more important for the future General Practitioner than the future psychiatrist who will have ample opportunity to obtain psychiatric experience during his postgraduate training. Nevertheless, it is hoped that continuity of psychiatric teaching, including the pre-registration year, will encourage recruitment into Psychiatry.

3. *The Cost:* Pre-registration posts in Psychiatry would require an educational content of a high standard. A considerable effort would be demanded from psychiatric teachers. This, and the inevitably short duration of the posts in Psychiatry, would render them of limited value from the point of view of the clinical service. Pre-registration posts should therefore not be provided at the cost of senior house officer appointments.

4. *Practical Considerations:* The design of pre-registration posts in Psychiatry would include the following features:

- (i) the house officer could rotate with a psychiatric post for a full-time period of at least two months and preferably four months. Such rotation could include four months in Medicine,

four months in Surgery and four months in Psychiatry.

- (ii) the sharing of posts between psychiatric and medical firms has, in the past, given rise to difficulties because acute medical admissions took priority over Psychiatry. Nevertheless the design of a shared post might still be attempted in teaching hospitals where a particularly close liaison service has been established between a medical and a psychiatric firm. Not only does every medical ward admit patients with manifest psychiatric disorders, but pre-registration house officers need to be taught that all medical problems have psychosocial aspects which may be overlooked by the trainee immersed in acute clinical practice. Such a shared post in a psychiatric liaison service would require a considerable commitment on the part of the psychiatric teachers. The shared post should last a full six months.
- (iii) Psychiatric pre-registration posts should usually be in general hospitals with adequate

laboratory services for clinical investigation, radiological departments, a working library and preferably with an established psychiatric liaison service. The pre-registration doctor should continue his previous contact with undergraduate psychiatric teachers. The selection of these posts should be on the basis of their quality, and the presence of good supervision by psychiatric teachers. The post-graduate dean would extend his present functions to include the organization of pre-registration experience in Psychiatry.

- (iv) the establishment of new pre-registration posts in Psychiatry should take place now when there is a need to find new posts for the increasing numbers of doctors who qualify. The inclusion of psychiatric posts would improve the availability of good pre-registration posts. It is to be hoped that the resulting increase in pre-registration posts would avoid reducing the availability of existing posts in Medicine and Surgery.

APPROVAL OF HOSPITALS AND UNITS FOR GENERAL PROFESSIONAL TRAINING IN PSYCHIATRY

A revised list of Hospitals and Units which are approved for general professional training in psychiatry is now available from the College and may be obtained from the Approval Secretary.