One nurse of African origin came dressed in his traditional tribal costume.

The centrepiece was the church service. The vast high-ceilinged, richly decorated, hospital chapel was a reminder of days when spiritual and temporal were more closely aligned. When people had taken their seats there was a procession into the chapel led by the Mayors of four London Boroughs wearing their chains of office. Then came the managers followed by the clergy – Anglican, Methodist and Catholic.

During the service hymns were sung. Some must have had special poignancy such as "O Jesus I have promised to serve thee to the end" and "Thine arm O Lord in Days of Old". The theme of the sermon emphasised the role of the hospital as a place of safety – an asylum. The reading described Jesus calming the storm.

The most powerful symbolism concerned two flags. These had been presented to the hospital by a Unit of the Canadian Army which had been stationed at Cane Hill during the Second World War. They had hung in the chapel. One flag was given back to an officer of the Canadian Army in full uniform. Another was given to the minister of a local church. "The Last Post" was played by a bugler followed by "God Save the Queen" – some tears were noticed.

There were some speeches. These were eulogies. The Chief Nursing Officer gave a colourful account of the hospital's past. Charlie Chaplin's mother had been its most famous patient. A retired consultant spoke of the philanthropic intentions of the founders and of the caring community it had been. The Chairman of the new Trust said, in keeping with the new commercial ethos, that the importance of local traders in the history of the hospital should not be overlooked.

Then the crowd went into the main hall for a meal. The quality of the food was better than usual. There was smoked salmon and plenty of wine. On tables in the hall were laid out memorabilia: photographs, manuals and old equipment, reminiscent of the custom of displaying medals and other honours on a coffin. People filed past.

In the conversation at the meal it was evident that as well as good memories there was concern about the future. There was talk about those qualities of the hospital which had been helpful in dealing with difficult patients and boosting staff morale – the large and beautiful grounds, the size of the hospital, the sports facilities and the staff social club. There was little chance of replicating these in a modern service. One man said that he felt sad but relieved at the final end of what had become a bitter relationship. He feared for the future of the children (the patients).

With the ceremony over little remained to be done. The beneficiary of the property of the deceased was the regional health authority whose agents boarded up the doors and whose security guards would watch over the tomb. Virtually all felt that the closing ceremony had been fitting and helpful. It had honoured the past and encouraged those who carry on the struggle. We feel it would be desirable for other moribund hospitals to plan a suitable requiem.

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Psychotherapy Register

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At a meeting of the United Kingdom Standing Conference for Psychotherapy on 7 March 1992, a series of working papers describing the organisation of a register of psychotherapists was discussed, amended and accepted.

What has been agreed is to have a Registration Board which is made up of appointees from the Special and Institutional Member Organisations, plus representatives from those Sections which can meet the training standards. Only delegates of accredited training organisations may sit on the Board. There is provision for an extra seat for the British Psycho-Analytical Society. The structure is such that the Board cannot have its decisions changed by any of the bodies of UKSCP. It is insulated from the Council and therefore from the AGM. Even the Appeals Committee can only refer cases back to it for reconsideration.

The Training Standards Committee will comprise delegates appointed by the Registration Board and the Council. The Sections will continue to have a pivotal role in the regular scrutiny of Member Organisations and in setting specific standards for their own kind of therapy.

Registration will be at two levels: basic and advanced. An outline of the level of basic training has been agreed. The essentials are that entry to training will be at graduate level or equivalent, and a ground

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year must be completed before training. This caters for trainees who do not come from any associated professional background. The curriculum content will be roughly equivalent to a part time MA. The question of training therapy is dealt with by each Section devising its own model appropriate to itself.

Disciplinary matters will continue to be dealt with in each member organisation, and if that is not satisfactory, in the Sections. We hope that recourse to Council for complaints and malpractice will be extremely rare. Of course, when we get to a statutory Register we will have to devise a disciplinary committee.

There is now the basis of a structure that will become the process that can lead to a statutory register in due course. It has always been the intention of UKSCP to move to a register that is regulated by statute, which was signalled when we resolved to seek to become a Competent Authority for psychotherapy. We expect this to be a balanced, fair and workable structure and know that we will have to fine tune it as we go along. The next AGM in January 1993 will set up the structure and a register will be produced soon after.

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Training matters

A 'core curriculum' for management training

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It is increasingly recognised that all consultants have to undertake management responsibilities at several levels. Consultants are an expensive resource and it is therefore fundamental that they manage themselves and their time effectively. Secondly, consultants need to manage their resources, both the clinical team and the facilities available to it. Thirdly, the consultant has a strategic role in developing the service to meet the changing needs of the population served. Finally, some consultants may choose to undertake executive management roles such as clinical director or unit general manager. In these roles a broader view of overall service provision is necessary.

It is therefore clear that management education should form part of the training of every clinician (CTC, 1990; Higgins, 1989). Various authors have made useful contributions on individual components of such education (Harrison, 1989; Sims, 1989; Soni *et al*, 1989) but there is no consensus on a 'core curriculum' for management training. Management courses are proliferating, yet combining courses to provide a structured training programme has not been examined.

This paper attempts to address these issues by proposing a 'core curriculum' which is covered systematically throughout the training period.

Prior to specialisation

Ideally management training should begin at medical school. Students should understand the setting in which they will work by studying the organisation and structure of the National Health Service at national, regional and district levels. This may be taught in social medicine courses.

Some management skills are as relevant at student level as later in training. Study of time management enables more effective revision and management of the difficult pre-registration year. Instruction in recognition and management of effects of stress may help to reduce the morbidity and mortality of pre-registration house officers. These topics could be included in psychology courses.

Pre-registration trainees have minimal time for study but will be attached to a team practising audit in which they should participate. They should obtain a preliminary understanding of principles, uses and methodologies of audit by the end of the year.

General professional training

Theoretical training may be organised on a single day rolling course basis at the rate of three days yearly over a three year period. The courses should be regarded as 'normal duties' rather than study leave.

A major focus at this stage of training should be multidisciplinary working, including the fields of leadership, team building and team motivation. Trainees also need to develop their understanding of audit and to revise and update topics taught at medical school.

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