

many psychiatric hospitals. Many associate specialists in psychiatry have completed appropriate training and moved to consultant posts. This possibility should persist as the recommendations suggest. (However, applications for new associate specialist posts at the Central Manpower Committee usually provoke the question: 'Is a new consultant post more appropriate?', often from representatives of the HJSC.)

The College does not oppose the appointment of hospital practitioners (GPs) to the psychiatric service, but is not convinced that this will provide a substantial component.

Rejection of the idea of two consultant grades has been supported by the College, but we have drawn attention to the different patterns of work between consultants and also the probable variation in the range of duties appropriate between initial appointment and retirement. This is partially recognized in our specialty by the possibility of retirement at age 55.

The College has expressed reservations about the proposal to have 'wider experimentation' in doctor-substitution and multidisciplinary teams, particularly in the 'caring specialties'. Some work in psychiatric services can appropriately be carried out by other professionals, but demand for additional in-put from nurses, social workers, psychologists and occupational therapists should not derive from unsatisfactory medical manpower levels or unsuitable medical appointments.

Multidisciplinary teams have provided an inadequate service to patients in some situations and the Government's ready acceptance of this concept gives rise to anxiety amongst psychiatrists.

We accept wholeheartedly the recommendation that central and local manpower planning should deal with both hospital and family practice medical staff in an integrated fashion. The difficulty in ascertaining appropriate levels for SHO posts illustrates the essential aspect of this proposal. Better data collecting systems at regional level would be a great assistance.

The Government's recommendation that target figures (4,080 in Great Britain) for medical school intake should not be altered at present, is linked to the statement that 'steps

must be taken to rectify the career imbalance if unemployment amongst doctors is not to become a problem.'

Hopefully, adjustment of imbalance in the 'popular specialties' will allow a better chance of recruitment to specialties such as our own, and the CCHMS's recent document on manpower (*BMJ*, 1982, **284**, 1575) acknowledges this.

Academic departments require a more generous level of staffing especially to provide opportunity for research appointments. The College is therefore reluctant to agree that academic posts should be subject to the same manpower controls as NHS posts. In particular, ours is a relatively young academic discipline with relatively few honorary posts (therefore providing little distortion of the career ladder). Precise numerical ratios cannot be achieved and perhaps this is an area where some flexibility can exist. It is felt that academic departments should be free to offer appointments to doctors who wish to do research, and the possibility of their being given NHS contracts should remain.

The movement in manpower committees to a vertical look at each specialty is to be welcomed although the gross variation in staffing levels between districts and regions makes the applicability of certain exercises, e.g. 'doubling', questionable.

There is particular anxiety about the financial implications of the Short Report and the Government's recommendations on it, the time-scale of proposed changes in career structure and alterations in the nature of consultant work. All of these are being widely discussed amongst the profession and I trust that psychiatrists are participating fully.

Finally, over the last 12 months I have made several appeals to College members to provide detailed information about local manpower problems—representatives can only carry out their role effectively if properly briefed. Changes are being negotiated. We should, therefore, influence their nature both for our patients' sakes and our own. To end on a positive note, I should like to remind members that if an increase in establishment is necessary at district or regional level to improve service, the most likely grade to get manpower approval is that of consultant.

Election of Fellows

Fellows are reminded that nominations for the 1983 elections should be submitted to the College by **30 September 1982**. (Nominations received after the closing date will be deemed to be nominations for the succeeding

year.)

Copies of proposal and curriculum vitae forms are available on application from the Education Officer at the College.