

The College

Report of the Collegiate Trainees Committee

The concerns of the CTC over the past year have reflected those of the medical profession as a whole with medical manpower and NHS funding of particular importance. The Committee has also discussed more parochial matters such as the organisation and cost of the MRCPsych exam and provision of part time training in psychiatry.

Manpower

In the CTC's last report to the *Bulletin*, March 1987, doubts about the 'Achieving a Balance' package were outlined. With the publication of 'Achieving a Balance – Plan for Action' it is clear that the Government is going to implement this scheme and the task is now to make the best of the new system.

(a) Consultant expansion

It is clear that 'Achieving a Balance' is primarily designed to promote consultant expansion in the specialties which have been most irresponsible in their manpower planning over previous decades: general medicine, general surgery and orthopaedics. It will be important for psychiatric representatives on regional manpower committees to remind their colleagues that psychiatry remains a priority specialty according to the DHSS.

The difficulty in achieving consultant expansion differs in psychiatry from other specialties. The excellent College submissions to the Joint Planning Advisory Committee (JPAC) made it clear that our problem is a lack of suitably qualified senior registrars to fill vacant or projected posts in England and Wales. The same is true in Scotland, where the average SR has been in post 24 months at consultant appointment compared to twice that time in most other specialties.

(b) Senior registrar expansion

As noted above, this is the priority in psychiatric manpower at present. There has been considerable progress in this in the last year and the DHSS has given approval for 130 new SR posts with 40 in general psychiatry, 22 mental handicap, 15 forensic psychiatry, 37 child and adolescent psychiatry and 16

psychotherapy. This is a very important step forward but it remains for Health Authorities to establish and fund these posts.

(c) Staff grade

There is considerable concern about the nature of these posts, particularly the early entry to the grade and the difficulty in getting back on to the consultant career ladder from a staff grade post. Any trainee offered or tempted by one of these posts should think hard about the long-term implications for their career. There is considerable anecdotal evidence that women are more likely to be advised to go into such posts. The College Approval Teams should be vigilant that people are not being badly advised.

On the positive side, these posts do have advantages over existing clinical assistant jobs. There is more job security and, importantly from the College's point of view, a study leave allowance and an expectation that the staff grade doctor will continue in postgraduate education. CTC agreed at their last meeting that if the staff psychiatrist was rotating through approved training posts and attending an MRCPsych day release course, this should count towards eligibility for the MRCPsych; the Court of Electors will discuss this matter further. Not all staff grade posts will fall into this category, however, and training programmes aimed at staff psychiatrists should have a different structure from MRCPsych courses.

(d) Registrar posts

These will be more difficult to get into but easier to leave. It is important that the nature of registrar posts do not change and that this stage of training is seen as an opportunity to gain broad experience of psychiatric sub-specialties. The suggestion in 'Achieving a Balance' that registrar and senior registrar grades be merged in the long term would have no advantage for psychiatry.

Approval Teams should be vigilant that the 'career' and 'visiting' registrars should be part of the single registrar rotation with equal access to good training jobs.

(e) SHO grade

The introduction of competitive interviews for promotion to registrar should not be allowed to lead to an undue increase in the length of time spent at SHO by trainee psychiatrists. Attention will have to be paid to the ratio between SHO posts for career psychiatrists and registrar posts to ensure that this does not happen. The CTC felt that the MRCPsych Part 1 set a reasonable standard for promotion to registrar.

'Achieving a Balance' raises the possibility of cross cover between specialties. Acute psychiatry does not lend itself to cross cover arrangements with specialties such as general medicine or geriatrics, and the Committee's view was that psychiatric emergencies should be dealt with by people in psychiatric training posts training either for psychiatry or general practice.

MRCPsych

The CTC have been involved in the preparation of the new MRCPsych exam and we felt that it represented an improvement in the previous exam. We were less pleased with the 54% increase in the examination fees last year. The College's aim is to break even on the financing of the exam and a small increase was required to correct a deficit in previous years. It has also been anticipated that as a clinical exam the new Part 1 would be more expensive than the preliminary test and the CTC had accepted this as the price to pay for an improved exam. What was unexpected was the considerable increase in the cost of Membership examination Part 2. This was largely due to increased administration costs within the College, which went up by 76% from 1986 to 1988. Trainee representatives argued unsuccessfully at College Council for this to be re-examined.

There remain considerable difficulties regarding the notice which candidates receive of the dates and venues of the clinical exams. The normal 10 or 11 days' notice is insufficient; many candidates receive considerably less notice than this.

Part-time training

This issue generates more correspondence to CTC officers than any other and, as a specialty attracting a high number of women, it is appropriate that the College should be in the forefront of improving training opportunities for people working part-time. The DHSS are currently considering earmarking posts for part time training and the figure of 10% of registrar and senior registrar posts earmarked for part time trainees seemed to be reasonable in psychiatry.

It is important that these are established substantive posts with guaranteed salaries for the occupants and that there is an equal geographical distribution of these posts. The present patchy distribution

suggests that at present part time training is unhealthily dependent upon individual attitudes and prejudices. The CTC has requested that the Joint Committee on Higher Professional Training recognise part-time research work by post membership registrars as higher training experience, in line with the current arrangements for full-time workers.

We would be grateful of any information from trainees having difficulty in obtaining part-time work.

NHS funding

The recent campaign on NHS funding largely focused on medicine, surgery and paediatrics, to the exclusion of the so called 'priority' specialties, and it was important that the College made the case for psychiatry publicly through the press and politically to the DHSS. The CTC attempted to gather information of cut-backs from trainees but surprisingly there was no response to the letter which appeared in the *Bulletin* in July. We are still keen to gather information on the impact of funding restrictions on training and this could be done through Divisional representatives.

New members reception

Last year, for the first time, the College ran a reception in Belgrave Square for new members of the College and this was an initiative strongly supported by CTC. It is hoped that this will encourage new members to keep close links with the College.

Other issues

There are currently working parties on organisation of research by trainees, the structure of MRCPsych courses and the problems of the post membership registrar. The Report on the 1988 Trainees' Forum on Defensive Psychiatry appeared in the October issue of the *Bulletin*. There has also been preliminary consideration of issues such as establishment of old age psychiatry as a separate specialty, the splitting of the clinical and written parts of the MRCPsych, and management training for psychiatric trainees.

CTC links with trainees

It is important that the CTC as a body maintains a dialogue with those who we claim to represent. Views or concerns are welcomed and always replied to (perhaps not always satisfactorily!). Please contact the CTC officers through the College or your divisional representatives, who are listed on page 503, if you have any concerns. There should be an annual trainees' day in your area; if there has not been one recently, feel free to persecute your local representatives until one is organised.

East Anglia	Dr G. Bell Dr D. Double Dr N. Hunt	North West	Dr M. Brownlee Dr L. Lovett Dr G. McDade
Chiltern & Thames Valley	Dr N. Brener Dr L. Pusavat Dr M. Sharpe	Scotland	Dr S. Calder Dr H. Anderson Dr J. Griffin Dr I. G. Thomas Dr M. Turner Dr M. van Beinum Dr P. Rice
Ireland	Dr P. Bell Dr O. Daly Dr E. Maloney Dr D. O'Neill Dr J. Geaney Dr T. Foster	Southern	Dr D. Bhugra Dr J. Falkowski Dr A. Poynton
Midlands	Dr S. Binyon Dr O. Junaid Dr G. Milner	South West	Dr J. Rigby Dr J. E. Smith Dr D. Allen
North East	Dr C. Bools Dr K. Hurren Dr M. Kenny	Wales	Dr P. Cronin Dr M. Hernandez Dr F. Horrocks Dr A. Tanaghow

Prizes, medals and travelling fellowships of the Royal College of Psychiatrists

Gaskell Medal and Prize

This prize was instituted in 1886 and is named after Samuel Gaskell, Medical Superintendent of the County Asylum, Lancaster and after whom Gaskell House in Manchester is also named.

The prize was established from a Trust Fund in memory of Dr Gaskell but it is now supported almost entirely from College funds. It has increased in value over the years and now stands at £500, although the medal, originally gold, is now silver gilt. Many of its holders have achieved distinction in psychiatry.

The annual examination for the prize will be held in May or June. Entries should be sent in by 31 March.

The prize has always been considered one of the foremost academic distinctions in clinical psychiatry and members are asked to bring it to the notice of suitable candidates at their hospitals who may be eligible to compete.

Full particulars of the regulations are given below, and entry forms may be obtained on application to the Dean.

Regulations

The examinations will be held according to the terms of the Trust quoted below:

“Candidates must (a) have been qualified medical officers in one or more mental hospitals or clinics in psychiatry in the United Kingdom or elsewhere in the British Commonwealth for at least two years; (b) have passed the MRCPsych examination or possess any other degree or diploma in psychological medicine.”

Candidates should not, at the time of sitting the examination, hold a consultant or equivalent post. The examination includes a written paper, a clinical and an oral. An entry fee of £30.00 is charged, returnable to bona fide candidates.

Research Prize and Bronze Medal

The Bronze Medal was instituted in 1882 as an award for a dissertation on a clinical or pathological subject related to mental disorder submitted to the examiners by a medical officer below consultant status. It