

moved into one of the other posts, the remaining House Officers had been around for four months and were old-stagers.

The length of experience is a more difficult issue. In psychiatry it is probably valuable to have a considerable degree of medical experience and, to a lesser extent, surgical experience. This, however, is not the function of the pre-registration House Officer post. That is intended to be an educational activity allowing newly qualified doctors an opportunity to try themselves out in practical conditions under supervision of senior staff. In that sense, it does not matter overmuch which particular branch of medicine or of surgery is experienced provided that the principles of general medicine and general surgery are taught. The reality is that many six months posts are, in fact, three months of general medicine and three months of a specialised area and the same is true of surgery. Therefore the argument that the candidate has inadequate experience in general medicine or general surgery is incorrect; they actually have a month more than a number of their colleagues who spend time in specialties which have few or no acute medical or surgical admissions and where much of the work is a routine clerking and arranging for various investigations. The solution to the problem of adequate medical and surgical experience lies more in the field of an extension of the pre-registration posts or embarking on a wider range of general professional training, as is under discussion in the Education Committee of the General Medical Council.

Without exception, the House Officers recommended this

type of post in principle, although there were reservations about extending it widely into areas of psychiatry which might not provide suitable experience for this level of House Officer.

The General Medical Council has recommended wider experimentation in the organisation of pre-registration posts. There have been two reports of the incorporation of general practice into the pre-registration year^{3,4} and a review of the whole topic at an ASME meeting⁵ demonstrated that the present arrangements were far from satisfactory and that opportunities for experimentation had not been pursued. Psychiatrists working in general hospitals might do well to approach their medical and surgical colleagues and the Postgraduate Dean to examine the possibilities of setting up similar rotations.

REFERENCES

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Psychosocial Rehabilitation International (PRI)

This new international organisation was founded under its present name in October 1986 at a world congress in Vienne, France following two planning meetings in April 1979 and January 1980 at the headquarters of the World Health Organization in Geneva. It had its roots in a long-felt need by workers in the field of mental health that rehabilitation of the mentally ill and psychosocial aspects of rehabilitation of all illnesses required a special organisation. Its aim is to improve the quality of life of individuals and families throughout the world affected by disabling mental illnesses. At the final organisational session on 18 October 1986 participants adopted a Declaration of Vienne on the Rights of the Mentally Ill, provisionally adopted a draft constitution, and elected an Executive Board with membership from many countries. The Board decided to convene the next world congress in 1989 and venues are being considered. Membership is invited and further details are available from: Dr Gaston Harnois, Secretary-General, Psychosocial Rehabilitation International (PRI), Hôpital Douglas, 68-75 Blvd. LaSalle, Verdun, Quebec H4 1R3, Canada.

Action on Dementia

The Mental Health Foundation has recently awarded the Alzheimer's Disease Society a grant for two years to enable it to appoint a Co-ordinator to set up a project to be called Action on Dementia. This project will bring together representatives of professional and voluntary organisations and individual experts to form a campaigning body committed to improving and extending the services to dementia sufferers and their carers. It aims to draw attention to the nature of dementia and the needs of sufferers and carers; press statutory and voluntary bodies for the urgent implementation of recommendations on services for this group; identify and publicise models of good practice and provide a multidisciplinary forum to share ideas, information and research on how to provide the best possible care for individual sufferers and carers. It follows the success of Scottish Action on Dementia, launched in 1985 and part funded by the Mental Health Foundation. (*Dementia in Scotland: priorities for care, strategies for change, a report from Scottish Action on Dementia*, January 1986 is available from Scottish Action on Dementia, 33 Castle Street, Edinburgh EH2 3DN, price £1.00, including postage and packing).