

## PRESCRIPTION CHARGES

SIR PATRICK NAIRNE, Permanent Secretary of the DHSS, writes:

DEAR SIR,

I can fully understand why you are puzzled that people suffering from chronic mental illness are not entitled to automatic exemption from prescription charges. The fact is, however, that the very short list of conditions attracting exemption, shown on page one of form FP91, is the maximum on which successive Governments have managed to get agreement with the medical profession; and there seems no likelihood of a change in the near future. The introduction of a code for the various conditions would not help in getting the agreement of the medical profession since the entering of the diagnosis of the condition was not in itself unacceptable. The problem derives from the need to include only diseases about whose diagnosis, and whose need for lifelong and continuous medication, there can be no possible argument—since arguments could seriously damage the doctor/patient relationship.

It was because the exemptions list excludes many conditions which may require continuous medication that the pre-payment certificate arrangements were introduced. These certificates, which are like 'season tickets', cost £4.50 for 6 months or £8.00 for 12 months, and they benefit anyone who needs more than 10 items on prescription in a 6-month period or 17 items in a period of 12 months.

Exemption from prescription charges is also available to people in receipt of Supplementary Benefit or Family Income Supplement. Furthermore, anyone whose income is below a certain level, whether or not they are working, can be exempted from paying the charges.

## THE MRCPSYCH EXAMINATION

DEAR SIR,

I agree with Drs Creed and Williams when they say (*Bulletin*, October 1979, p 157) that there are many who regard the MRCPsych examination with enormous pessimism and desperation. But such people are not helped one bit when statements are made such as 'APIT has always opposed the MRCPsych examination in principle—but as we are now saddled with it ...' and 'APIT was right in that the examination would adversely affect and thus lower rather than raise the practice'.

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the examination with good grace and work for reforms within that framework. In this context can I ask them what became of the suggestion which trainees from NE Thames Region put at a meeting organized by APIT in Oct '78, that registrars from the peripheral hospitals should be considered for secondment to teaching institutions for a brief period to improve the quality of their training? Trainees would expect their representatives to show concern by action and work for specific measures to improve the lot of those who are 'underprivileged' for training purposes.

The MRCPsych examination is certainly not a 'sacred cow' to be revered. But it should not be unjustifiably called a 'donkey' either.

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## BIOLOGICAL PSYCHIATRY GROUP

DEAR SIR,

I am writing to let you know of progress with this Group.

Dr Derek Richter attended the June meeting of the Council of the College when the formation of a Biological Psychiatry Group was unanimously approved. We are now an official Group of the College.

Subsequently, an informal meeting was held at the Annual Meeting at Exeter of those who were interested in the Group. About 20 members came along and there was discussion of the form which meetings should take, and the subjects we should cover. There was general feeling that we should press for a session on Biological Psychiatry at a forthcoming College meeting, preferably in London. This has now been arranged.

Another issue which was discussed was the question of the status of those who are not members of the College. There are a number of people who have expressed an interest who are not members, and we are hoping they may be able to have some sort of status as associates or affiliates.

We have already co-ordinated with the College through the Programmes and Discussions Committee regarding sessions on Biological Psychiatry, and in the longer term it has been suggested that we might have a joint meeting with the Group for Addiction and Dependence, perhaps on the biological basis of addiction and dependence. We might also have a joint meeting with the British Association of Psychopharmacology.

I will be glad to consider any suggestions from members of the College and to have the names of others who are interested in joining the Group.

TIM CROW

*Secretary to the Group for Biological Psychiatry*