

day hospital. There is regular feedback to all consultants on the progress of attenders. The atmosphere at the centres is non-medical with an emphasis on encouraging social interaction, self-confidence and increased independence. The life experiences and interests of volunteers and members can be drawn on. Volunteers visit the attenders at home when necessary.

A comparative costing per attender per day (including transport and meals, but excluding medical, community psychiatric nurse and social work costs) is:

Day hospital £28, Age Concern day centre £9.

Diagnostic groups are: psychoses (45%); neuroses (40%); mild dementia (15%); living alone (50%); and aged over 75 (45%).

The advantages of the day centres are:

- (a) relieves the day hospital at low cost to the health service
- (b) non-hospital atmosphere reduces sickness behaviour
- (c) personal attention of a high ratio of enthusiastic volunteers and members' choice of activity, e.g. craft, games, conversation, cookery, trips
- (d) access when necessary to consultant, community psychiatric nurse, social worker, etc.
- (e) community psychiatric nurse supports meetings to share information of members and volunteers about social facilities in the general community, resulting in 30% of patients moving on
- (f) volunteers receive training – some of them have moved on to paid work with the elderly.

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Criteria for consultant posts

DEAR SIRS

The letter from Dr Lovett in your August issue struck a sympathetic chord in my mind as my late predecessor as Medical Administrator frequently accused the College of "moving the goalposts" in connection with the Approval Scheme.

Of course the College is quite properly concerned with defending and improving the practice of psychiatry and will thus inevitably be continually raising the criteria for training and for appointing to consultant posts. This can, however, cause some difficulty at a practical level if the guidelines are interpreted rigidly. Particularly in the less popular specialities of Psychiatry of Old Age and Mental Handicap, a situation may arise where the only candidate for a post fails to a greater or lesser degree to meet the College's criteria for appointment.

It seems to me that it may on such an occasion nonetheless be right to appoint such a candidate when not to do so will lead to no service being provided for that particular group of patients.

I would make a plea that the College should allow its advisers on Appointment Committees to exercise a reasonable amount of flexibility in these circumstances.

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Overseas doctors' training scheme

DEAR SIRS

I very much welcome the Overseas Doctors' Training Scheme proposed in 'The Work of the Overseas Desk' (*Psychiatric Bulletin*, May 1989, 13, 260–262). I have some reservations I would like to express about it.

Implementation of the scheme is subject to the following guidelines:

- (a) no advertising for the SHO/Registrar post is necessary
- (b) Advisory Appointments Committees are not necessary
- (c) Health Authorities are able to agree contracts in advance of appointments.

The machinery for implementing the scheme involves:

- (a) an overseas sponsor
- (b) the Royal College of Psychiatrists which will identify training posts in the NHS for the candidate and make arrangements with the GMC for limited registration.

Professor Sims mentions that, "The whole scheme depends totally on the vindication of mutual trust between the candidate, the overseas sponsor, the College and the receiving training scheme organiser." I would like to be constructively cautious at that point for the sake of choosing the trainee who will benefit most from the scheme as well as for the sake of the post the trainee is going to fill, and would therefore raise two queries:

- (a) Are overseas candidates getting equal chances?
- (b) Are we in a position to select the best candidates?

In my view there are three possible approaches to selecting candidates:

- (a) to arrange for the Appointing Committee to hold interviews once or twice a year in the overseas country in order to give equal opportunities for job competition among junior doctors and to reassure a good choice of an overseas doctor in the UK. Successful candidates should then be subject to a working contract with the Health Authority. This