

time training are clearly described. but a report from the working party states that their scheme is not being implemented in some parts of the country. Tutors' responsibility to the personal welfare of their trainees, especially doctors from overseas, are stressed; but it has been found necessary for the Handbook to include a section on culture shock and the overseas trainee because many tutors have not 'seen their trainees regularly on an individual basis' to appreciate this for themselves.

It is fine to read that the Approval Exercise can bring about 'dramatic and rapid improvement' in many training schemes and that there will be no dilution of the desired high standards (though with so few schemes failing to satisfy the Approval Panels one wonders how this can be so). But as if to contradict this statement, the editors have included an old set of examination results that demonstrates the high failure rate of overseas doctors working in mental hospitals compared with their UK counterparts holding posts in district general hospital units. This does not encourage overseas trainees and can contribute to their difficulties.

This book should be read right through by every tutor, who should encourage his trainees to read and discuss it. Newcomers will need to be told, for example, whether to spend £94.05 or £1.25 on a psychiatric textbook and why their library does not take the 164 journals listed, without comment, in this publication. Such discussion will lead to the feedback the editors request.

Drs Bewley and Mahapatra are to be congratulated on bringing together these papers which individually read as satisfactory achievements but together highlight the very serious problems of training that have survived the first decade of the College's activities. Perhaps the new Trainees Committee can direct these activities more appropriately, as in the words of this Handbook 'the hope for the mental health services of the future rests on the quality of participating psychiatrists'.

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An obstacle to in-patient treatment

DEAR SIR

A recent experience has raised a problem which may have serious implications if it is widespread. I refer to the non-implementation by social workers of medical recommendations under the Mental Health Act, 1959.

I was asked by a psychiatrically qualified prison medical officer to see a man soon to be released from prison following a short sentence for an act of apparently unprovoked violence. The medical officer thought that the man had paranoid schizophrenia and that he was not well enough to be discharged. This man was of no fixed bode, having left his home and employment some eighteen months previously, subsequently 'living rough'. I agreed with his diagnosis and we signed medical recommendations under Section 25 of the Act to commit him to my care in the adjoining hospital.

On the day of anticipated admission the prison medical officer telephoned me to say that the man had been released that morning because the social worker who had called to implement the order had disagreed and taken no action. The prison authorities had no alternative but to discharge the man into the community. I made a telephone call to the Area Officer concerned, but the Area Officer expressed extreme disinterest, and so I subsequently wrote to the Director of Social Services.

I received a courteous reply from the Director which, among other things, said that while the social worker must accept the medical diagnosis it was not the role of the social worker to 'act as a rubber stamp to medical decisions'.

Arrangements were made for the social worker to see me and discuss the reasons for his decision. This meeting did take place, but at the end of it I was really no wiser regarding his decision not to implement the recommendations. The patient involved has disappeared completely and all efforts by Social Services to trace him after release have failed.

Subsequent enquiries suggest that this is not an uncommon experience. A colleague at this hospital has had a very similar experience over a paranoid patient in the community in a neighbouring local authority area. General discussion at a recent conference suggested that many psychiatrists accept the situation by writing to the Social Services Department stating that they hold the Department responsible if anything goes wrong. This, I suggest, is not enough. Opinions I have canvassed are of the view that many social workers do not recognize psychotic illness when they meet it, and are not sufficiently trained to recognize many conditions. Some recognize it, but do not appear to have awareness of its serious implications if left untreated, and in some cases lack of action appears to be dictated by political ideological beliefs which override professional detachment.

If my experience is common, and I consider that the College should enquire into this, then patients are being put at risk of permanent defect, and the public in some cases is being put at unnecessary risk. If it is our general view that many social workers are not competent to exercise the duties now placed upon them under the Mental Health Act, 1959, we must say so clearly in the interests of mentally sick patients. With an inquiry taking place into the role of Social

Work Services in general, now would appear to be the time to ask that particular attention be given to the social workers' role as Mental Welfare Officers. I suggest that this role requires careful re-evaluation.

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Gaskell Prize Examination

DEAR SIR

The Gaskell Prize Examination will take place this year in the Department of Psychiatry, Royal Hallamshire Hospital, Glossop Road, Sheffield. The written examination will be on Friday afternoon May 15th at 2 p.m., and the clinical

examination will be on Saturday morning 16th May. Accommodation at reasonable rates can be arranged for any candidates who wish it.

Recent examiners have asked me to point out that the examination is intended to pick out a psychiatrist with a particularly high level of clinical knowledge and skills. Entrants should see themselves as active in a broad clinical field and working in a hospital or unit in which there is vigorous therapeutic interaction in the broadest sense.

With the examination moving to different centres in the country each year it is hoped that there can be a broad field of well-qualified candidates.

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The College

Rotational Training Schemes in Psychiatry and Assessment of Trainees*

Council have given consideration to the organization of rotational training schemes in psychiatry at senior house officer and registrar level and the assessment of trainees. Council are conscious of the wide range of opinion held within the profession about the content of general professional (i.e. pre-MRCPsych) training and the need for any guidance offered to be sufficiently flexible to accommodate a variety of viewpoints. Nonetheless, it is felt that reasonably clear advice can be given about the main components of general professional training. It is hoped that this report will be helpful to psychiatric tutors and others responsible for organizing training schemes. The College has already issued guidance on some of the matters with which this report is concerned in its pamphlet *Educational Programmes for Trainees in Psychiatry* and in an article entitled 'Approval Visits: Guidelines on Criteria and Facilities for Training' (*Bulletin*, September 1978, pp 158-59).

Need for rotational training

Whether rotational training schemes were necessary at all was considered. The public's expectations of, and the range of demands upon, psychiatrists today mean that training has

to include experience in a number of different professional areas and settings, in each of which the training provided should be of a high standard. Moreover, because of the nature of psychiatry, it is important that trainees should be exposed to a variety of approaches. It is most important that all consultants who have trainees under their supervision should regard in-service training, including individual supervision, as among their chief responsibilities.

Administration of training schemes

It may be appropriate for a Regional committee to be established to oversee and monitor the organization of rotational training schemes within the Region, or for this function to be undertaken by an existing Regional committee. At local level rotational training schemes of any size should be administered by a Postgraduate Training Committee, which may, of course, have other responsibilities. The Committee should include an adequate number of representatives of the consultants involved in the training scheme as well as representation of the trainees themselves and of any other bodies or groups considered appropriate. It will be the responsibility of the Postgraduate Training Committee to arrange the attachment of trainees within the scheme and to ensure that trainees are placed only with consultants willing and suitable to act as trainers. It is helpful for the Committee to include a representative of the administration. A good relationship with the administration established

*This report was initially drafted by a working party of the Psychiatric Tutors Sub-Committee: Dr L. Tarlo (Chairman), Drs M. W. Annear, I. G. Bronks, H. Ghadiali (Collegiate Trainees Committee), M. T. Haslam and J. S. Stead.