Two days together helped us very much as we learned from each other. In a workshop atmosphere we set about mapping out the essential areas of knowledge and skill which should be developed for our work. This information will form the basis for a further conference in which there will be some teaching in a few key areas, and again much opportunity to learn through formal and informal discussion. If the next conference is anything like the first one it will be very stimulating and most enjoyable. For me the greatest benefit lay in overcoming the sense of isolation one feels in this rather specialized and difficult work.

If you are associated with a hospice or continuing care unit or team, or have a special interest in the care of the dying in any other setting, you might value the opportunity to attend the next conference. Details have not yet been finalized, but Dr Parkes has offered to send information to any interested psychiatrists who write to him at: St Christopher's Hospice, 51/53 Lawrie Park Road, Synenham SE26 6 DZ.

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[See also statement issued by participants, Correspondence, p. 188.]

The College

*Notes of Guidance for College Representatives on Advisory (Consultant) Appointments Committees**

1. The College attaches great importance to the duties of its representatives on Advisory Appointments Committees, and to the part they play in safeguarding the standards of psychiatric practice.
2. The representative of the College has two functions. The first is to advise the Committee to exclude those candidates who do not meet the required standards. This can mean all candidates. The standards laid down by the College are set out in the Appendix. The second function is to assist in the selection of the most able candidate among those eligible who are judged to meet the particular requirements of the advertised post. The relevant Regulation is as follows:

   > 'The Committee shall consider all applications so referred to them and they shall select from the applications the person or persons the Committee shall consider suitable for the appointment and submit the appropriate name or names to the Authority together with any comments they may wish to make.'
   >
   > National Health Service (Appointment of Consultants) Regulation 1974 (S.I. 1974 No. 361)

3. The College reminds its representatives that it attaches great importance to the criteria set out in the Appendix. It is open to a College representative on an Advisory Appointments Committee to send a minority report to the Chairman of the relevant employing Authority if, in the light of the above criteria, he is in disagreement with the recommendations of the Committee. The same action would be apposite if the representative should be concerned about some irregularity of composition or procedure of the Appointments Committee.
4. If any of these difficulties arise, the College representative may be able to persuade the Appointments Committee to submit its recommendations to the employing Authority *without informing the candidates*. In any case, he shtuld ask that his disagreement be minuted.
5. If action under (3) above is to be undertaken, the College representative should tell the appointments Committee what he proposes to do.† He should then send a copy of the minority report, giving full reasons for his opinion, and any further relevant observations, to the President of the College as soon as possible. This information will be regarded as strictly confidential.
6. Where a candidate lacks some essential experience or training but is otherwise well qualified, the College supports the principle of the *'proleptic'* appointment in which a period of up to one year's training or secondment either whole-time or part-time is made a condition of the appointment and is accepted by the candidate and the employing authority.

*These 'Notes of Guidance' have been approved by the Court of Electors and will be sent to College representatives on Advisory Appointments Committees. The Court considers, however, that members of the College serving on Appointments Committees in other capacities may find it helpful to see the Notes.

†In Scotland, National Panel members are asked to apply these guidelines and in cases of difficulty should inform the Chairman of the Scottish Division before writing to the Secretary of State.

7. The application of these guidelines is intended to raise standards of psychiatric practice and will allow some flexibility of interpretation for excellent candidates.
8. College representatives are invited to keep the Registrar informed of any difficulty in interpreting these Notes.

College representatives are occasionally involved in committees where questions of racial discrimination or health may arise. College policy in such circumstances has not yet been formulated, but the following suggestions may be of assistance:

(i) As service on Advisory Appointments Committees could possibly result in members having to appear before a Tribunal in a race or sex discrimination case, it would be prudent for members to make and keep in their own possession notes about the candidates or the proceedings of the Committee where such an appeal seems at all likely. At the first indication of involvement in a Tribunal a member is advised to notify his medical defence society.

(ii) It is not the task of the Appointments Committee to make a judgement on the physical or mental health of a candidate. If, however, serious doubt regarding health does arise during the course of an interview, the College representative should apply the usual criteria of suitability and may wish to make a recommendation for appointment subject to satisfactory medical examination.

APPENDIX

*Criteria for Consultant Posts in Psychiatry**

1. Before appointment to a Consultant post, whether in general psychiatry or one of the other psychiatric specialties, a candidate *must* have undertaken a basic training in psychiatry and hold the MRCPsych or equivalent qualification. If there is an outstanding candidate, or circumstances are highly exceptional, other relevant qualifications and experience may constitute an acceptable alternative.
2. The successful candidate should normally have reached the age of 32, but there is no bar to the appointment of younger applicants.
3. Due weight should be attached to breadth of experience, participation in organized rotation schemes, periods spent abroad in relevant posts, and work in medical fields allied to psychiatry.

The view of the College is that the responsibilities of all Consultant posts include the function of training those in medical and related disciplines, so that some teaching experience and supervision of trainees is desirable in candidates for appointment as Consultant. Experience in research, especially if this has proved worthy of publication, will enhance a candidate's application. But even the most outstanding experience of this kind should not be allowed to over-ride the essential requirements laid down in (1) above.

*This is a revised version of the criteria set out in the *Bulletin*, October 1979, pp. 148-49.

4. The Joint Committee on Higher Psychiatric Training (JCHPT) has decided not to institute an accreditation procedure at this stage. Senior Registrar or equivalent posts have, however, been inspected and the JCHPT urges College Assessors to ensure that candidates have been trained in such posts and that they are not normally appointed to the Consultant grade before completing at least three years of higher training. A proleptic appointment may be appropriate for candidates lacking in part of this experience (see para 6). (The JCHPT's second report was published in 1980.)
5. Specific requirements for various types of Consultant posts are as follows:

(a) *General psychiatry*

Normally three years of recognized general professional training in psychiatry followed normally by at least three years of higher training in an approved training post. Exceptions may occasionally be made for outstanding candidates with other relevant experience (e.g. research or service overseas) but a minimum of five years training in psychiatry, including clinical research, is still required. Although part of the three-year period of higher training can be spent working in any specialized field, at least one year must have been spent in general adult psychiatry.

(b) *Child and adolescent psychiatry*

Basic training in general psychiatry, which may also include time in a Registrar post in child psychiatry, should have been followed by experience in all aspects of the specialty in a Senior Registrar training post, preferably for a period of three years.

(c) *Mental subnormality (mental handicap)*

The basic training in general psychiatry should have been followed by experience in the practice of psychiatry with the mentally handicapped in different settings; this experience should preferably be in a Senior Registrar training post, normally for a period of three years, but experience in a related field should be given due weight.

For a joint appointment with general psychiatry, specialist training in mental handicap should be obtained at Senior Registrar level in a training scheme which can offer further experience in those aspects of mental handicap necessary to consultant psychiatric practice in this field. A candidate for a specialist post in mental handicap, be that post on a full-time, joint appointment or special interest basis, should have held a Senior Registrar or equivalent academic post in such a training scheme normally for a period of three years.

For a joint appointment in child and adolescent psychiatry and mental subnormality the Senior Registrar training period should normally be for at least three years with specific experience in the psychiatry of mentally handicapped children in both hospital and community settings.

(d) *Forensic psychiatry*

The basic training in general psychiatry should have been followed by experience in forensic psychiatry, in a Senior Registrar or equivalent training post, normally for a period of three years. Experience in a related field should be given due weight.

(e) *Psychotherapy*

The basic training in general psychiatry should have been followed by specialist training and experience for a period normally of three years in the practice of psychotherapy preferably in a Senior Registrar training post.

(f) *Psychiatry of old age*

Basic training in general psychiatry, which should have included training in the psychiatry of old age, should be followed by at least one year of experience in this field during the higher professional training period.

(g) *Consultants in general psychiatry with a special interest in a named specialty*

Posts are often advertised for Consultants to work in general psychiatry with a 'special interest' in one of the following subjects—alcoholism and/or drug addiction; rehabilitation; the psychiatry of old age; liaison psychiatry; behavioural treatments; mental handicap; forensic psychiatry; psychotherapy; and adolescent psychiatry. (Child *and* adolescent psychiatry cannot, however, be a special interest subject for a general psychiatrist.) Candidates for such posts need to have had substantial experience both in general psychiatry and in the special interest subject.

Candidates should also have spent at least one year of their higher training in a conventional general psychiatric post and, as in the case of other Consultant posts, should have completed three years of higher training altogether. If an otherwise well qualified candidate has had insufficient experience of the special interest subject a proleptic appointment may be recommended, provided the Advisory Appointments Committee has an assurance that the candidate will be given the opportunity to acquire the requisite experience immediately after taking up the post (see para 6).

(h) *Special Hospitals*

While most Consultants in Special Hospitals will be fully trained forensic psychiatrists, those trained in general psychiatry or in mental handicap with a special interest in forensic psychiatry could well contribute to the work of a Special Hospital. The special interest in forensic psychiatry would be recognized in the terms already defined by the College, i.e. at least one year's experience in forensic psychiatry. However, it may be that a suitable candidate, trained in general psychiatry or mental handicap, but without any, or enough experience in forensic psychiatry, and wishing to develop such an experience, could be offered a proleptic appointment by the Advisory Appointments Committee. He/she would be expected to acquire the necessary experience as soon as possible after taking up the appointment. On making such an appointment the need for the Special Hospital to have substantial Consultant cover by forensic psychiatrists must be borne in mind.

Spring Quarterly Meeting, 1981

The Spring Quarterly Meeting was held at Sunnyside Royal Hospital, Montrose from 27 to 29 April, 1981, under the Presidency of Sir Desmond Pond.

Scientific Meetings

Tuesday 28 April: Morning Session

Two Hundred Years of Scottish Psychiatry

Straitjackets and seclusion: The Montrose Asylum, 1781–1834—Dr Kenneth M. G. Keddie

Angus Mackay, Queen Victoria's piper—Miss Patricia Allderidge

Conan Doyle's artistic father: Montrose patient, 1888—Dr Anne E. Weatherhead.

Life in Montrose Asylum at the turn of the century— Dr Don Bosco Fernandez

Following Montrose's lead: Two centuries of Scottish psychiatry—Mrs P. M. Eaves-Walton

Afternoon Session A: Drink-Related problems

Cognitive impairment in alcoholism—Dr Anne Guthrie

Liver enzymes in alcoholism—Dr Brian B. Johnston

New developments in the study of relapse among alcoholics—Mr Stephen Rollnick

Expectations and therapeutic practices in out-patient clinics for alcohol problems—Dr Philip T. Davies

Alcoholism in the fishing industry in North East Scotland—Dr Keith J. B. Rix

Drinking habits of oil industry workers—Dr Colin McCance

Afternoon Session B: Old-Age Psychiatry

Prognosis for hospitalized elderly mentally ill people: A changing situation—Dr G. Blessed

Changing patterns of mental illness in the elderly: A repeat of the Graylingwell study—Dr A. B. Christie

Survival of demented patients referred to a psychogeriatric service—Dr Brice Pitt

CT scan in the elderly with affective disorder: A follow-up study—Dr R. Jacoby

The social origins of depression in the elderly—Dr Elaine Murphy

The role of drugs in the management of the depressed elderly at home—Dr G. W. Blackwood and Dr J. A. G. Beattie

Relapse of depressive illness in the elderly: A prospective study—Dr Elaine Murphy

Wednesday 29 April

Morning Session A: Psychological Treatments

The therapeutic elements of psychotherapy—Dr Anthony W. Clare

Cognitive therapy of depression—Dr Ivy M. Blackburn

In defence of psychotherapy—Dr Richard C. U'Ren

Recent Scottish Trends

Town and country parasuicide over seventeen years in a rural area—Dr J. C. Little

Changing patterns of out-patient referrals: A six-year review—Dr A. A. McKechnie

Morning Session B: Mental Deficiency

Fragile X: Is it as common as Down's syndrome?—Dr P. B. Jacky

Albright's osteodystrophy—Dr J. M. Donald

Mortality and dementia among ageing mental defectives—Dr David Tait