

**Grendon Prison: Report of Advisory Committee**

On 25 July 1985, Lord Glenarthur announced in the House of Lords that the first report of the Advisory Committee on Grendon Prison has been published that day. The Government accepted the broad thrust of its proposals, in particular the central recommendation that Grendon should continue to concentrate in the main on group therapy, with the therapeutic community constituting its predominant form of therapy. The Committee has also recommended that the arrangements for referral and induction of inmate patients should be improved; that the prison hospital should be reorganized and one floor converted to use as a small unit for the temporary care of inmates who suffer acute psychiatric breakdown elsewhere in the prison system; and that a research strategy and programme should be established with links with external academic departments.

**Mental Health Act Commission**

On 25 July 1985, the Minister of Health replied to a question by Mr Harvey Proctor and said that the estimated cost in 1985–86 of the Mental Health Commission is £1,022,000. Nineteen staff are employed at the three secretariat offices.

Seventy-one per cent of the total cost is for the fees and expenses of Commissioners and Second Opinion work. The remainder is for staff salaries, accommodation and general expenses.

**Care of mentally ill and mentally handicapped**

On 11 July 1985, Mrs Renée Short, Chairman of the Social Services Committee, initiated a debate on the Committee's report on the care of the mentally ill and the mentally handicapped. This was a wide-ranging debate which gave an opportunity for contributions from many Members, and it is not possible to summarize the contents in the space available here. The debate is reported in *Hansard*, Issue no 1355.

The House of Commons adjourned for the Summer Recess on the 26 July 1985 to reassemble on 21 October 1985. The House of Lords adjourned for a similar period. During the Summer Recess, on 2 September, in a Government reshuffle, Mr Barney Hayhoe, MP, previously Minister of State at the Treasury, replaced Mr Kenneth Clarke, QC as Minister of Health. Mr Clarke was appointed Paymaster General.

ROBERT BLUGLASS

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## Correspondence

**Career structure and recruitment in psychiatry**

DEAR SIRS

The Collegiate Trainees' Committee (CTC) has considered the President's reply to the Committee's Open Letter (*Bulletin*, June 1985, 9, 118), but fails to find it reassuring. The Committee senses a distinct lack of urgency in the College's view of the problems.

The recently published Fifth Report from the Social Services Committee recommends that the Government, through the NHS Management Board, issue clear guidance to regions on how they should fulfil the policy of expanding consultant numbers to correct the manpower imbalance. The new, effective and accountable management structure may well succeed where the old structure failed. As a result, the likelihood of the Short Report being implemented is not as 'remote' as the President suggests.

The CTC believes that the days of difficulties in recruiting suitable trainees to psychiatry are fast coming to an end; and indeed there is a bottleneck now at the transition from registrar to senior registrar. This could be turned to advantage if the College sought an urgent increase in consultant and senior registrar numbers. Thirty years is too long to wait for a realistic career structure and a better quality of service. The CTC wishes the College to back its policies with actions rather than words.

Expansion of senior grades would enable the College to use the approval exercise to trim the registrar grade, leaving a balanced number of posts of good training quality.

As for the consultant based service—the CTC agrees with the President that there are attractions as well as problems in

this form of working. However, the CTC believes that the College does not have time to monitor experiments one by one. If the College does not have proposals for running a consultant based service prepared, the NHS Management Board may well impose a medical staffing structure to run such a service. An imposed staffing structure may be to nobody's liking! Of course the College should monitor the developments in Hartlepool, but it should also be actively involved in promoting discussion, experiment, and evaluation in many areas.

JULIE A. HOLLYMAN  
On behalf of the CTC

Collegiate Trainees' Committee  
Royal College of Psychiatrists

**Medical experience for the psychiatrist**

DEAR SIRS

In replying to C. J. Thomas's article, 'Does Medicine Need Liaison Psychiatry?' (*Bulletin*, August 1985, 9, 157–158), I must take issue with Dr Thomas's imagined difficulties for the prospective psychiatrist to gain medical experience. These are of course present, but not insurmountable.

Having fully declared my interest in a career in psychiatry, I applied for and was appointed SHO in geriatrics at the hospital in which I had completed my medical house jobs, and at the end of that six months' appointment, I gained a place on their two-year general medical rotation specifically designed for training doctors to take the MRCP. I am very grateful to that hospital (East Birmingham) for the training opportunity