

(e) *Day facilities.* The consultant should have responsibility for an adequate range of day care in the community. S/he should also have a liaison function for relevant non-NHS day care.

**(2) Other responsibilities**

S/he would have an advisory role in relation to social services and voluntary agencies especially for development. There must be a clear statement of the development plan for the District and the role of the appointee in the further development and implementation of these plans.

S/he should be involved in the training of both medical and non-medical staff in rehabilitation.

**(3) Planning for the post**

There should be a clear specification of the role of the consultant in relation to the work of his or her general psychiatry colleagues. The exact pattern of the work and delineation in patient care and other responsibilities from general catchment area teams may vary from District to District.

**(4) Teaching and research**

Teaching of both medical and other groups is likely to be a significant part of the post. Research should be encouraged as should links with academic departments of psychiatry. Some time for research should be available to the post if wanted.

**(5) Consultant time**

At least 50% of the consultant's time should be available for

work outside the hospital wards with regular sessions at hostels, day centres, group homes and primary care settings. Sessions must be available for the advisory, training and planning work as well as clinical function.

**(6) Non consultant medical staff**

Trainee psychiatrists should have the opportunity of experience in rehabilitation, and the management of chronic mental disorder, within a rotational training scheme. It should be made clear that these posts will involve work outside the hospital as well as hospital based work. There is also a place for clinical assistant support.

**(7) Other professional staff**

In addition to the medical staff, the care team should consist of both hospital based and community psychiatric nurses and occupational therapists. There should be an identified commitment from clinical psychologist(s) and social workers. There should be close liaison with Social Services departments. The consultant should also have strong links with other remedial and educational services.

**(8) Non-professional supporting staff**

The consultant to be appointed must be assured of adequate physical bases both within the hospital and outside, and adequate secretarial support.

SECTION FOR SOCIAL AND COMMUNITY PSYCHIATRY

*Approved by the Court of Electors 14 December 1987.*

## ***Elections to the Fellowship, 1988***

The Members listed below have been elected as Fellows of the College by the Court of Electors:

Professor S. Acuda, Dr R. T. Allen, Dr C. G. Barrow, Dr M. S. Bethell, Dr J. C. D. Booth, Dr J. H. Brown, Dr M. W. Browne, Dr W. P. K. Calwell, Dr D. Cameron, Dr H. Chaudhry, Dr S. A. Checkley, Dr J. Chick, Dr J. P. Connaughton, Dr P. J. Cullen, Dr N. M. Desai, Dr M. Dhadphale, Dr P. H. Dick, Dr M. Entwisle, Dr G. Fisher, Dr E. Fottrell, Dr A. R. M. Freeman, Dr D. G. Fowlie, Dr M. E. Garralda Hualde, Dr R. D. Goldney, Dr N. Graham, Dr E. E. Gulland, Dr R. J. Hafner, Dr M. A. Halim, Dr F. Hassanyeh, Professor H. C. Hendrie, Dr R.

Henryk-Gutt, Dr D. J. L. Huws, Dr A. B. Jack, Dr N. James, Dr I. Khan, Dr K. Khan, Dr K. Kuruvilla, Dr O. Kyaw, Dr B. Lake, Dr B. Lask, Professor R. J. Mathew, Professor P. E. Mullen, Dr K. N. Murray, Dr P. O'Farrell, Dr D. P. Ollerenshaw, Dr J. M. Pfeffer, Dr R. M. Philpott, Dr A. S. Powell, Professor S. I. A. Rahim, Dr D. J. Rampling, Dr E. H. Richards, Dr J. Ridley, Dr D. M. Riley, Dr A. B. Rolfe, Dr B. Rosen, Dr R. Seifert, Dr O. A. Sijuwola, Dr M. M. Slack, Dr O. J. Slowik, Dr E. D. Smith, Dr B. A. Snowdon, Dr D. Storer, Dr A. Y. Takriti, Dr E. Taylor, Dr R. Thaya-Paran, Dr B. K. Toone, Dr W. F. Tsoi, Dr R. Viswanathan, Dr D. S. Vorster, Dr P. Williams, Dr E. P. Worrall, Dr L. M. Zinkin

February 1988