training for a senior registrar with special interest, four were set up by a part-time training post for a doctor with domestic commitments and three by another means.

Comment

Despite local difficulties and restrictions imposed by manpower policies, the response of the profession in providing higher training posts in old age psychiatry has been dramatic, with total numbers trebling over five or six years. Despite this, satisfactory training posts at around 19% of consultant numbers in old age psychiatry are still less than the 27% overall in general psychiatry[8] and the 29% for general psychiatry excluding old age psychiatry. This is of particular concern when the continuing fast rate of expansion of old age psychiatry[3,2] and relative undermanning[1] of the *de facto* specialty are considered. In this context, the recent initiative of the Joint Planning Advisory Committee[9] in suggesting a further 41 SR posts nationally in general psychiatry but intended predominantly for training in old age psychiatry and the management of substance abuse[10] is particularly welcome, though careful monitoring will be required to ensure that these posts do in fact go into old age psychiatry and substance abuse in view of the absence of any central data collection method to identify these areas.

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