columns

other than commenting on the rise in total number of referrals made no comment on the underlying referral rate.

We agree with Dr Willis that the MMSE, assuming that it measures an actual underlying 'cognitive ability' where the intervals between adjacent scale values are indeterminate, is an ordinal rather than an interval or ratio scale and corresponding tests should be used. We are pleased to note that our data still show a significant move towards earlier referral in dementia.

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the college

What will one CCT mean for us?

On 3 July 2006 we emailed members and fellows to inform them of Council's decision that the College should apply to change from six certificates of completion of training (CCTs) to one CCT. We have been asked some questions about this change and here are the answers to the most frequently asked questions.

Why the changes and why now?

Several sub-specialties in psychiatry (e.g. addictions, liaison, rehabilitation and neuropsychiatry) have been trying to obtain specialty status, but the Department of Health has not approved these because of difficulties in getting these changes through the UK Parliament. We have also been told that no new applications for CCTs would receive support from the Postgraduate Medical Education and Training Board (PMETB).

If a single CCT is approved by Parliament then the initiative will be with the College to ask PMETB to approve new sub-specialty curricula as they evolve or change. This gives the responsibility back to the College to determine what is good for patients and the profession.

The time is right now so that trainees entering the unified training grade will know what CCT they will receive on completion of training. However, it is likely to take a long time to go through the UK and European parliaments and the final decision will not be made by August 2007.

How many specialist curricula have been approved by PMETB (the new regulatory body for medical education)?

The PMETB has approved the six specialist curricula that currently have a CCT. There are currently some non-CCT specialties recognised for article 14.

How long will it take for a trainee to obtain one CCT? Will it be longer or shorter than it currently takes?

It will take about 6 years, as now. It might take some trainees longer and some trainees less time to obtain one CCT.

When will trainees complete core training and specialist training?

'Core' training will normally take 3 years and will end once the MRCPsych has been passed. 'Optional training in accredited specialties' generally will start at ST4. However, the whole period in the unified training grade will be called specialist training.

When will trainees be selected for specialist training, for example in forensic psychiatry or psychotherapy?

Allocation into specialty training will take place after the MRCPsych has been passed, as now. Every trainee will be expected to pursue specialist training following one of the approved curricula.

If there is only one CCT, what will my entry on the specialist register say?

Your entry should reflect the specialist curriculum you have completed, i.e. if you have followed the learning disability programme your entry will read psychiatry (learning disability psychiatry), and if you have followed the child and adolescent training programme your entry will say psychiatry (child and adolescent psychiatry). In the future the specialist register is expected to include much more information about an individual specialist's qualifications and competencies.

When will the change take place?

At this stage, the move to one CCT is a recommendation and may not be approved by the UK and European parliaments. There will be extensive consultations by the Department of Health. It may be 6 years before the changes are implemented. These changes should hopefully be in place by the time trainees entering the unified training grade in August 2007 will be finishing their training, i.e. around 2013.

Will psychiatric specialties be dumbed down?

Absolutely not! The Royal College of Psychiatrists is committed to developing the best specialist expertise, as our patients and carers expect. Faculties and their educational committees will submit their curricula and ensure that specialist competencies are clearly identified.

Professor Sheila Hollins President,
Professor Dinesh Bhugra Dean,
Royal College of Psychiatrists

Medical Director Initiative

The College Strategic Plan 2005–2010 includes a proposal to harness in a more systematic way the considerable influence of medical directors, and through them to work more effectively with healthcare managers. Peter Kennedy, a former medical manager, chief executive and co-director of the prototype for the National Institute of Mental Health for England (NIMHE) regional development centres was elected Vice-President by Council in January 2006 to lead this initiative.

The founding meeting of the Medical Directors' Executive (MDE) took place on 6 April and defined terms of reference. Each Division will have two medical director nominations to the MDE, one as main member and one as deputy. The MDE will advise the President and College on key issues that need to be taken forward at College level. The College will be more influential working in partnership

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