It appeared to members of the trainees' committee that the tutors, in view of their importance to postgraduate education in psychiatry, should have a greater voice in College policy. The present arrangements whereby the tutors' committee is a sub-committee of the Education Committee may be a factor in preventing this and it is suggested that this structure be reviewed.

4. *Local groups:* While links with the College and its committee are important for tutors, so are links with other tutors in the same region or division. Some areas have very active tutors' groups acting as support and information resources, while other areas show very little activity. It is recommended that all tutors should be regular members of a local group. This is indeed one of the criteria for recognition but is little used by the working party.

Summary

Flexibility has been the watchword in the psychiatric tutors recognition scheme, but it appears that too great a flexibility has led to some doubts about the purpose of recognition and is hampering further advances in the quality of education. The proposals which are presented above are offered for discussion.

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Survey into the Availability of Higher Specialist Training in the Psychiatry of Old Age (November 1985)

Report of a Survey carried out by Dr GARRY BLESSED for the General Psychiatry Specialist Advisory Sub-committee for the Joint Committee on Higher Psychiatric Training (JCHPT/GPSAC)

Psychogeriatrics began to develop as a specialty within general psychiatry in the 1950's, but few pychiatrists became involved in establishing clinical services until a decade later. An ad hoc enquiry carried out by the DHSS in 1972 of Regional Hospital Boards revealed that 18 consultants then had a substantial (defined as five or more sessions) commitment to psychogeriatrics. At the same time a survey of psychogeriatric service provision revealed 31 units containing a total of 1,123 beds. Presumably, a number of units were being managed by general psychiatrists with less than a substantial commitment to old age psychiatry.

The rapid expansion of hospital services for the elderly mentally ill in the 70's, and the growing number of general psychiatrists actively interested in psychogeriatrics, led to the formation of a Specialty Group, later to become a Section, within the College, and to the idea recently underwritten by the Health Advisory Service[1] that every health district should have a consultant psychiatrist who takes special responsibility for the elderly.

Such a proposal clearly had implications for training and the JCHPT has recommended that 'larger training, schemes should provide clinical assignments in these sub-specialities'[2] and that the period of training in psychogeriatrics should be 'a year to eighteen months' (Handbook 1985).

In 1979 there were only eight senior registrar training slots in psychogeriatrics. In that year the Department agreed to fund seven additional 'single-holder' posts for a period of four years. In the same year, the Chairmen of the JCHPT/GPSAC wrote a joint letter to all scheme organisers urging them to provide training opportunities in psychogeriatrics within general psychiatry rotations, where necessary provided by redisposition of posts.[3]

In the past four years the numbers of advertised consultant posts in psychogeriatrics has increased steadily, save for a transient fall in 1982, and the lack of a corresponding increase in training opportunities has often been highlighted.

The present survey was carried out to determine the availability of psychogeriatric training to senior registrars and lecturers; to discover whether training opportunities matched present needs based upon consultant vacancies, and to see whether there had been a significant increase in the availability of training since 1979, over and above that produced by the seven single-holder posts.

Method

The method of obtaining information varied. The usual strategy employed was a letter to each scheme organiser requesting information. Where a scheme was well known to the author, information was based upon personal knowledge. Where a scheme provided psychogeriatric training via a member of the Executive Committee of the Section for the Psychiatry of Old Age, (e.g. Manchester,

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Nottingham) that person was asked to provide information. Professor Webb gave information regarding training in the Republic of Ireland. Multiple sources of information were used as necessary.

Training was divided into full-time and part-time according to current JCHPT guidelines, and how regularly the post was filled. Thus, a post that offered full-time training in psychogeriatrics for a minimum period of 12 months was described as providing 'full-time training', as long as it was approved specifically for that purpose or was reportedly filled at least two years in three. Shorter periods of attachment, full-time posts occupied less than two years in three, and attachments shared with general psychiatry are shown as part-time training with the exception of a post in the King's scheme which is devoted jointly to psychogeriatrics/general psychiatry in a ratio of 2:1, for a period of 18 months. This was judged to be 'full-time'. Some scheme organisers indicated that training in psychogeriatrics, while offered, was optional and posts were filled to an extent dependent upon senior registrars' choice. This is indicated as appropriate, and will be referred to in the discussion. Research posts and part-time posts (PM (79) 3) were excluded, though the latter may form an important source of consultant psychogeriatricians.

Results

All approved training schemes were examined, and satisfactory data were received from all the scheme organisers. The availability of training per scheme is shown in the table. Twenty-two senior registrar posts satisfy the criteria for 'full-time training' (assuming the new post at Belfast will be regularly filled). Twenty-five senior registrar posts offer training which is either shared with general psychiatry (17 posts) or available on a full-time basis to trainees who so far have failed to take it up on a regular basis (8 posts). Some of the shared posts offer excellent training, and while falling below JCHPT guidelines in terms of either length or intensity of exposure to psychogeriatrics, would probably be sufficient to carry a candidate through a consultant advisory appointment committee, e.g., the Maudsley and St George's posts. Of the five full-time lecturer posts, two are NHS funded and are intended to provide predominantly clinical rather than academic training. One of the part-time lecturer posts is also NHS funded.

Discussion

The availability of full-time training for senior registrars has increased usefully above the oft quoted figure of 'only 14 posts offering training on a regular basis'.[4,5,6] The increase is of the order of 50 per cent, and if senior registrars regularly sought training where it is offered the number of full-time posts available would rise to 28. Adding the two 'NHS' lecturer posts brings the total to 30, close to the number of consultant jobs advertised in 1983, and in line with Arie's statement that 'These [14] need at least to be doubled to meet the demand for new consultant posts'. However, the number of consultant posts advertised in 1984 was 53 (7) and 30 posts were advertised in the first six months of 1985 (information provided by the Dean of the College). Assuming that not all higher trainees who pass through specialist training go on to special responsibility consultant posts, then availability and take up of training still falls well below present levels of need. Again, were the DHSS to terminate the single-holder posts (unlikely before 1988), the situation would of course be much less satisfactory.

Another unsatisfactory feature may be the lack of matching of desire or need for training to the availability of training slots in a particular scheme. A glance down the list of schemes shows that some offer very little training and may be failing to meet either a request from trainees for specialty training, or local district needs for properly trained consultants.

Overall, there is clear evidence that the Kendell/Rawnsley letter[3] and the continuing exhortations from GPSAC have produced a real increase in the availability of training in psychogeriatrics, and there is evidence, not quoted here, that a further improvement will become apparent over the next twelve months. This growth has however proved insufficient to provide for the rapid increase in the availability of consultant posts and a further expansion of training opportunities appears to be necessary in the short term if the aspirations set out in *The 'Rising Tide'* are to be achieved.

Recommendations

1. That the DHSS be asked to provide details of the predicted numbers of consultant psychogeriatricians required over the next five years.
2. That scheme organisers be asked to give consideration to the following points: (a) reallocation of some general psychiatry posts to psychiatry of old age; (b) alternatively, additional training posts in psychiatry of old age could be added to existing schemes so that there is a small excess of posts over salaries; (c) trainees be encouraged to take up the available psychogeriatric posts; and (d) secondment to other schemes should be considered.

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TABLE I
Analysis of Survey Results

Name of scheme (No of SRS + No of Hon. SRS)	Senior registrar training		Lecturer training	
	Full time	Part time	Full time	Part time
Aberdeen (4 + 4)	0	1	0	1
Belfast (18)	1	0	0	0
Bristol (6 + 3)	0	Occ	1	0
Cambridge (7 + 4)	0	2	0	0
Char X/West. (6 + 2)	0	2	0	0
Dundee (4 + 2)	0	1	0	0
Edinburgh (8 + 3)	1 (a)	1	0	0
Eire Dublin (3)	0	0	0	0
Eire Cork (4)	0	0	0	0
Eire Galway (4)	0	0	0	0
Exeter (3)	1	0	0	0
Glasgow (10 + 2)	0	3 (b)	0	0
Guy's (5 + 2)	2	0	0	0
King's (2 + 1)	1	0	0	0
Leicester (4 + 5)	1	0	0	0
Liverpool (12 + 2)	1	0	0	0
London (5 + 1)	1	1	0	0
Manchester (19 + 4)	2	0	0	0
Maudsley (23)	0	2	1	0
Middlesex/UCH (5 + 2)	0	1	0	1
Newcastle (9 + 3)	1	0	0	1
North Wales (2)	0	0	0	0
Nottingham (9 + 3)	1	0	1	0
Oxford (13 + 3)	1	1	0	0
Royal Free (4 + 2)	0	Occ	0	0
St Bartholomew's (6 + 2)	0	1	0	0
St George's (19 + 2)	0	2	0	0
St Mary's (1 + 3)	0	0	1	0
St Thomas's (6 + 1)	1	2	0	0
Sheffield (5 + 4)	0	0	1	1
South Wales (5 + 2)	2 (c)	0	0	0
West Midlands (22 + 2)	4 (d)	1 (e)	0	0
Wessex (10 + 1)	1	2	0	0
Yorkshire (12 + 4)	1	1	1	0

Key: (a) optional 12 months; (b) full-time but rarely filled; (c) optional, regularly filled; (d) optional, often filled; (e) optional.

Freud Museum to Open in London

The Freud House at 20 Maresfield Gardens, Hampstead, is planned to open as a museum during the summer of 1986, the 130th anniversary of Sigmund Freud's birth. The house contains all of Freud's belongings which were brought from Vienna in 1938. As well as serving as a memorial to Freud, the museum will function as a cultural and research centre, and a museum programme will encourage and sustain study and interpretation of psychoanalysis, psychology and psychiatry.

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