



columns

Although training part-time has, I believe, in many ways become easier in the past 10 years, it seems that the College should be more flexible in recognising the experience gained in well-supervised, non-career grade posts. With a large number of consultant psychiatry posts vacant in this country, we must do all we can to encourage experienced doctors back from 'the branch to the mainline' of psychiatry, while still maintaining examination eligibility standards.

Sara Walker Consultant Child and Adolescent Psychiatrist, Mount Gould Hospital, Plymouth

Primary care screening clinic

Sir: The primary care psychiatric screening clinic described by Hamilton *et al* (*Psychiatric Bulletin*, June 2002, **26**, 218–221) is an excellent idea. Joint interviewing is an invaluable tool in psychiatric practice.

However, in 1980 I took over from a consultant who had looked after a catchment population of 100 000 with one community psychiatric nurse, one social worker and no junior medical staff. He saw 80 out-patients each week: 10 minutes for new referrals and 5 minutes

for returns. Medical records consisted of the date and a single abbreviation for the diagnosis. Clinic letters were three sentences or fewer.

My predecessor's diagnoses were usually proved right. General practitioners missed his rapid response to referrals and his brevity. Screening has its value but in the new world of primary care trusts it will be important that psychiatrists speak out for a full range of services for the mentally ill.

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the college

Distinction awards

College nomination procedures in England and Wales

The Department of Health is again undertaking a review of the procedures, operation and practice of the distinction and meritorious service award scheme. The following paper describes the College's current nomination procedure in England and Wales. The College's procedures will change for 2003/2004 and further details will appear in the *Bulletin* and on the College's website (<http://www.rcpsych.ac.uk>).

The President has identified two distinction award advisers in each NHS Region in England (apart from London, which has four advisers) and two in Wales. At least one, and often both, of the advisers will also serve on their regional awards committee. Statistics showing the speciality/gender/ethnic backgrounds of those consultants eligible for awards are produced each year by the College secretariat. Although awards continue to be made on merit, Regions, Faculties and Sections are asked to consider these statistics when submitting their list of recommendations.

Towards the end of the year the distinction award advisers in England and Wales, in consultation with the chairmen of Divisions and other senior award holders, produce a list of nominations in rank order for their region. The chairmen of Faculties and Sections (if eligible), in consultation with senior award-holders in their Faculty or Section, also produce lists in rank order. Senior College officers meet to consider members who have made a significant contribution to the College. They will also consider individual nominations from College members concerned that they have been overlooked.

These various lists of nominations are sent to the College and are merged to form one composite list. This is then sent

to all committee members, together with the curriculum vitae (CV) questionnaires (but not the citations) shortly before the College's annual Distinction Awards Meeting, usually held at the end of January.

The President chairs the meeting and its members consist of the honorary officers, two distinction award advisers in each NHS Region in England and Wales, the chairmen of Divisions, Faculties and Sections (if they have awards). Its task is to produce the College's final list of nominations from the composite lists produced by the Regions, Faculties, Sections and honorary officers. The Chief Executive and her personal assistant provide administrative support.

Only the names on the composite list of nominations are considered at the meeting and then only if the CV questionnaires and citations have been received in advance of the meeting. The committee member who has made the nomination will speak briefly on behalf of each candidate. Some names are removed from the list at this stage. The committee are given ample time to consider the paperwork, together with the relevant statistics, and finally to cast their votes.

The final list of College nominations is then submitted to the Advisory Committee on Distinction Awards (ACDA). Further information of the distinction award procedures can be viewed at <http://www.doh.gov.uk/nhsexec/acda.htm>.

Any College Member who considers that he or she has been overlooked should write to the Chief Executive by 31 October, enclosing a completed 2003 ACDA CV Questionnaire form (these can be downloaded from the ACDA website at the above address). College Members must also give the name of a senior colleague willing to write a citation on their behalf. Any forms received will be considered by the officers at their meeting in December.

Vanessa Cameron Chief Executive, Royal College of Psychiatrists

The Role of Consultants with Responsibility for Substance Misuse. Position Statement by the Faculty of Substance Misuse

Council Report CR97
£5.00. 20 pp.

This position statement from the Faculty of Substance Misuse aims to identify and clarify the role and contributions of consultants with responsibility for substance misuse (addiction psychiatrists).

The statement recognises that consultant psychiatrists with responsibilities for substance misusers are one part of a multi-disciplinary team in which key disciplines and professionals have specific roles and contributions, and that there are particular groups of medical and non-medical professionals (e.g. primary care teams, criminal justice agencies) with whom consultants have mutually beneficial relationships.

Specific aims are:

- (1) To provide consultant psychiatrists with a comprehensive outline of:
 - (i) the potential roles of those with responsibilities for substance misusers;
 - (ii) the variety of professionals and disciplines with whom consultant addiction psychiatrists work, liaise, collaborate and coordinate services;
 - (iii) the range of interventions provided by consultant addiction psychiatrists and the spectrum of settings in which they operate.
- (2) To provide a structure for the:
 - (i) definition of components for consultant posts (e.g. for regional advisers to review job descriptions);
 - (ii) description of the contribution of addiction psychiatrists for trainees;
 - (iii) accreditation of training posts.
- (3) To provide non-psychiatrists with an outline of the role of consultants in the