the present consultant: senior registrar ratio of roughly 4:1 should remain.

(4) The present pool of registrars is too large to give reasonable prospects of promotion to senior registrars and the present registrar: senior registrar ratio of over 2:1 should be reduced to a maximum of 1.2:1.

(5) Promotion from SHO to registrar should be made more difficult in order to reduce the bottle-neck at entry to higher training and a hurdle, possibly an assessment combined with passing the Preliminary Test of the MRCPsych, should be introduced. This might come about automatically as a result of open competition for a fixed number of registrar posts. Some psychiatric trainees might have to spend more than one year in the SHO grade.

(6) College Approval Teams should accept four years in the registrar grade as a reasonable part of training schemes irrespective of time spent as an SHO.

(7) Training schemes should be arranged to ensure that all trainees spend some time working in peripheral services and trainees should accept the need to move in order to achieve this.

(8) All general practice trainees should be encouraged to spend six months at SHO level in psychiatry. This would mean that an average psychiatric service with a catchment population of 200,000 would accommodate 2.5 such trainees at a time.

(9) Non-training career grades should continue, associate specialists being trained and qualified, clinical assistants being part-time, and a new grade of hospital medical officer (or similar title) being created for trainees who have completed training without gaining the qualifications needed for a senior grade. These non-training grades would be needed to ensure that service needs do not interfere with the training of the reduced numbers of registrars. Consultants would have to accept that much of their support would come from these grades.

(10) Some form of central control is required to ensure that adequate training is available for the appropriate number of trainees at the right time to meet the needs of the sub-specialties.

(11) These recommendations apply to the complete psychiatric service including all sub-specialities. They would produce an average service with a catchment population of 200,000 staffed by, roughly, 14.5 consultants, 4.5 registrars, 2 psychiatric SHO's, 2.5 general practice SHO's and anything from 4 to 8 non-trainee supporting staff (all whole-time equivalents). Variations from this pattern would be justified to allow for teaching commitments to undergraduates, for travelling time in large rural areas and to allow for the provision of services to other areas. In addition, Scotland as a whole would have 95 senior registrar posts instead of the present 62. The total number of consultants in Scotland would be 360 and the total number of registrars would be 112 instead of the present 130. The proportion of staff designated for sub-speciality work would be a matter for local decision.

Summary. We felt that it was our duty to ascertain the opinion of Scottish psychiatrists on current manpower issues and to express this opinion in a coherent form, if necessary by modifying it in certain aspects. It would obviously be easy to hold a referendum on all the possible issues and end up with a series of unconnected and conflicting views each of which had majority support. We, therefore, felt free to make interpretations and to guess what people would find acceptable if they were in a position to listen to the arguments and see the points of view of all their colleagues in the country. Since none of us makes claims to exceptional wisdom, this process has undoubtedly resulted in a report which contains some of our own biases and prejudices but we hope that, with a consultant: senior registrar ratio of 4:1 and with a fairly wide distribution in terms of geography and age, we may have balanced each other out and ended up with a view which is not far from being representative.

Despite what was said in the introduction, we managed to agree on some recommendations but, where we give figures, we would stress that these are not norms. They are numbers which describe the size and the shape of a service which, we believe, most Scottish psychiatrists would consider satisfactory in most respects to cope with the job psychiatry is currently doing. That job has changed in the past and will no doubt continue to change.

R. Davidson *(Convenor)*
B. Ballinger
D. Brodie
W. Fraser
S. Whyte

Changes to the 'JCHPT Handbook'

Members' attention is drawn to the following changes made by the JCHPT at its meeting on 9 April 1986 to the 'Requirements for Approval of Higher Training undertaken in Research Appointments' (p. 81 *JCHPT Handbook*, September 1985).

(1) Trainees who spend one year in full-time research as post-Membership registrars can apply to the JCHPT for recognition of this experience *after* they have been appointed to a substantive senior registrar post. One year's seniority will be granted.

(2) Trainees who, as post-Membership registrars, spend more than one year in full-time research can apply to the JCHPT for retrospective recognition *after* they have been appointed to a substantive senior registrar post.

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Up to two years will be granted provided that:
(a) four sessions of appropriate clinical work are undertaken which have been approved by the higher training scheme organiser and/or the professor of psychiatry. The JCHPT has agreed that depending upon the nature of the research project undertaken, the SAC concerned can recommend that only two sessions of clinical work be undertaken;
(b) the trainee undertakes emergency duties on the senior on-call rota;
(c) the trainee attends the academic meetings for higher trainees.

Registrar's Report for Spring Quarterly Meeting 1986

Since I reported to you in January, one of the most pressing problems with which the College has been concerned continues to be the Mental Health Act Commission's Draft Code of Practice. The Special (Code of Practice) Committee has met regularly throughout February, March and April and has prepared the College's initial response. This has taken the form of (1) general comments and (2) a detailed Section-by-Section critique of the Draft Code. At its meeting on 19 March Council approved the circulation of the general comments with a covering letter to other Medical Royal Colleges and further relevant organisations and agreed that these and the detailed critique should be forwarded to Divisions, Specialist Sections and Groups for their comments.

In January and February the College commented on Mr Tom Clarke's Disabled Persons (Service Consultation and Representation) Bill, suggesting that a memorandum on community treatment should be tabled as an amendment. In February the College was asked to comment on Government amendments to the Bill (which reached report stage in the Commons on 11 April). At its March meeting Council accepted the principle of treatment in the community and agreed that this view should be brought to the attention of Members of Parliament concerned with the Bill. Council also recommended that a full discussion should take place at Public Policy Committee of the implications of treatment in the community (in terms of the mechanisms, safeguards and alternatives) so that the College would be prepared with a consensus view to present to the DHSS.

Council welcomed and endorsed the Executive and Finance Committee's proposals on public relations and approved its recommendation that the College should proceed with negotiations for a one year contract with Granard Communications. The services included by this company will include monitoring of any issues relevant to psychiatry which are about to be discussed in Parliament and throughout the media.

The College has submitted its comments to the DHSS on its Consultation Paper called the Data Protection Act: Subject Access to Personal Health Information. The College recommended the adoption of option B, namely that there should be total exemption for personal health data from the subject access provisions of the Act. Our reply also emphasised that, if the Government instead decides that there should be modified access to health data (option C), then considerable safeguards will have to be introduced for psychiatric records and the College would wish to be involved in any further discussion.

I am glad to be able to tell you that planning permission for the Research Unit at Belgrave Square has now been granted, and building work will continue until the end of October. May I take this opportunity to apologise in advance to members for any inconvenience they may encounter whilst building work is in progress.

Since the last Quarterly Meeting, the Court of Electors has approved 30 applications from Inceptors. In the Preliminary Test, out of 309 candidates, 143 were successful.

The President has been elected for a further year in office, as have all the Honorary Officers with the exception of the Honorary Treasurer. Dr Michael Pare has served as Honorary Treasurer for seven years and is therefore due to retire this year.

The Annual Meeting will take place from 8 to 10 July at the University of Southampton.

Finally, I am sure that you would like to join me in thanking Dr A. A. Campbell and his staff for the organisation of such a successful and well attended meeting.

R. G. PRIEST
Registrar

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