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.

Alasdair J Macdonald Honorary Consultant Psychiatrist, 8 Wellgate Close, Scotby, Carlisle CA4 8BA

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

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organisation of services, and the system of appraisal and accreditation in addiction psychiatry.

The document discusses the prevalence of substance misuse and dependence (addiction), implications for psychiatry and training of specialist addiction psychiatrists. It then discusses specific roles in relation to clinical work, facilitation and liaison, training and education, planning, service development, prevention and policy and, finally, the contribution to research and audit.

The full report is available from the College's Book Sales Office, tel: 020 7235 2351 ext. 146.

The Role and Contribution of the Consultant Psychiatrist in Psychotherapy in the NHS

Council Report CR98
£5.00. 20 pp.

This position statement has been prepared by the College's Psychotherapy Faculty in order to inform and advise the Department of Health about the specific role and contribution of medically qualified psychotherapists. The key points set out in the statement are summarised below.

The National Service Framework for Mental Health places psychological therapies at the heart of a modern health service. The National Plan is committed to workforce expansion and training.

Consultant psychiatrists in psychotherapy play a pivotal role in both training and delivery of psychological therapies. Their distinctive contribution includes:

- training junior psychiatrists, medical students and other health care professionals in communication skills, supportive psychotherapy and specific psychological techniques of proven effectiveness;
- the capacity to assess and treat complex and severe cases;
- the capacity to combine pharmacotherapy with psychotherapy;
- supervising and supporting psychotherapeutic work in primary care, community mental health teams (CMHTs) and acute in-patient units;
- acting as product champion for psychological therapies among doctors, psychiatrists and the mental health workforce as a whole;
- providing a specific service for people suffering from severe personality disorders and other complex diagnostic groups;
- taking responsible medical officer responsibility for complex cases, participating in 'on-call' rotas and other aspects of the work of the consultant psychiatrist.

They have a 6-year medical training: a 3-year general psychiatric training which includes a mandatory psychotherapy component, and a further 3-year specialist registrar training in psychotherapy. The latter programme equips them with a broad range of expert psychotherapy skills in at least three modalities, and enables them to assess and offer appropriate treatment to complex cases.

Psychological therapies are evidence-based treatments, best organised in a 'tiered' fashion, with simple time-limited treatments delivered in primary care, more difficult cases treated and held in CMHTs and complex cases referred for specialist therapies.

Consultant psychiatrists in psychotherapy work as part of a multi-disciplinary psychological therapies team alongside psychologists, nurses, counsellors, occupational therapists, social workers and 'lay' psychotherapists.

They are few in number and unevenly distributed. Users and carers consistently call for more 'talking treatments'. 'Postcode' variation in provision of psychological therapies is the norm. A drive led by the Department of Health to create more consultant psychiatrists in psychotherapy posts will help overcome these gaps and inequalities in provision.

The full report is available from the College's Book Sales Office, tel: 020 7235 2351 ext. 146.

obituaries

John Dennis Orme

Former Consultant Child and Family Psychiatrist, Barnsley District General Hospital

John Orme died on the 7 January 2002 at the age of 81. A Londoner, he was educated at Highgate School and then went to St Bartholomew's Hospital where he qualified in 1944. Following a very short experience as a casualty officer, he entered the RNVR and spent most of the next 2 years in the Far East. After leaving the Royal Navy, John worked as a general practitioner before becoming medical officer in Bristol mental hospitals, gaining the DPM and MA in Child Psychology during his appointment. John went to Northampton as a senior registrar and subsequently became Consultant Child and Adolescent Psychiatrist in the West Riding and Sheffield in 1956. His responsibilities gradually became concentrated in Barnsley, where he was instrumental in establishing the Pinder Oaks Child Psychiatric Centre. John was elected FRCPsych in 1974 and retired in 1981.

John was always much respected by his colleagues and never shunned work in the interest of his patients and their families. He was reserved both in his manner and towards the several novel systems that arose and declined over a quarter of a century. John had the unfashionable but therapeutic knack of helping families to believe that they had achieved successful change by their own efforts.

John is survived by his wife Diana and their two children.

R. A. Bugler

Elizabeth Joan Harbott

Former Associate Specialist, Department of Psychiatry, Royal South Hants Hospital, Hampshire

Elizabeth Joan Harbott qualified at the Welsh National School of Medicine in 1957. A post in medicine in Swansea was followed by a period in the Professorial Department of Obstetrics in Cardiff, where she obtained the Diploma in Obstetrics and Gynaecology. After a short period in general practice, she returned to hospital medicine as a junior house medical officer, before moving to the George Washington Memorial University Hospital in Washington DC as an internal medicine fellow.

On returning to the UK she became a psychiatric trainee, first at Brookwood Hospital and subsequently at St Luke's branch of the Middlesex Psychiatric

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