



suspect that the drop-out rates decrease exponentially throughout training and would welcome efforts to monitor why trainees leave before attempting MRCPsych Part I.

Unless we answer these questions quickly we all continue to face the prospect of working in understaffed departments in the future.

Reference

HARVEY, J., DAVISON, H., WINSLAND, J., et al (1998) *Don't Waste Doctors – A Report on Wastage, Recruitment and Retention of Doctors in the North West*. NHS Executive.

Kate E. Lovett, Specialist Registrar in General Adult Psychiatry, Wonford House Hospital, Exeter EX2 5AF

Flexible training in psychiatry

Sir: Three recent papers highlighted issues relating to flexible training (*Psychiatric*

Bulletin, October 1999, **23**, 610–612, 613–615, 616–618). The term 'flexible training' implies flexibility, which does not exist, although colleagues may assume it does. Timetables and posts are agreed with the College to ensure that training is equivalent to that undertaken by full-time trainees. Flexible trainees are comparable in calibre and undertake comparable training to full-time trainees (*Psychiatric Bulletin*, October 1999, **23**, 616–618). They have considerable experience, both medical and non-medical, which they bring to their work. Despite this there is a perception that flexible trainees have lower status than full-time trainees.

Most flexible trainees are female and have domestic commitments. Those regarding flexible training as inadequate are mainly male. Is this perceived lower status simply a result of the gender difference? Another explanation may lie in "the machismo of medicine" (Dinniss, 1999). Within medicine, difficult working conditions, long hours and traumatic situations are expected and

dealt with by machismo rather than other coping strategies. Doctors who work fewer hours are not subjecting themselves to the same quantity of this burden as their full-time colleagues and so are not regarded as equal to them.

Flexible training is in reality part-time training, that is less work for less money, taking longer to complete. This training is no more flexible than full-time training. A change in the terminology to part-time training would remove some of the myths that surround flexible training.

Reference

DINNISS, S. (1999) The machismo of medicine. *British Medical Journal*, **319**, 929.

Helen Baxter, Flexible Senior Registrar, Nottingham Healthcare NHS Trust, Duncan Macmillan House, Porchester Road, Nottingham NG3 6AA

the college

The Royal College of Psychiatrists Winter Business Meeting

4.30 pm, 31 January 2000, to be held at the Royal College of Psychiatrists. The President, Professor John Cox, in the Chair

1. To approve the minutes of the previous Winter Meeting held at the Royal College of Psychiatrists on 3 February 1999.
2. Obituaries.
3. Election of Honorary Fellows.

The Right Honourable Sir Stephen Brown, PC

Sir Stephen Brown is the most distinguished family judge of our generation. He has, by initiating and seeing through a 'wind of change' in liaison between psychiatry and family law, established himself as our foremost reforming judge in cases with a mental health component. His unique contribution has been the humane understanding of litigants, particularly when deciding on dilemmas, of patients in a persistent vegetative state or in complex dysfunctional family cases, and in those having an international dimen-

sion. By example, Sir Stephen has realised his vision of 'working together' by medicine and the law which has greatly improved the informed wisdom of the courts' decision-making. As President of the Family Division since 1988, Sir Stephen initiated a sea-change in the standing of family law, and he has only recently demitted this important office. Innovations which he spearheaded have been consolidated, and by his example of openness and accessibility, the culture of all lawyers, doctors and other professionals who come into contact with family law, has become a model of interdisciplinary good practice admired by lawyers internationally. Sir Stephen's leadership, influence and encouragement to lawyers and doctors (especially psychiatrists) have increased evidence-based decision-making, fostered research and led to high quality training for all levels of the judiciary. This pivotal contribution from one of our most eminent judges has secured interdisciplinary cooperation between lawyers and mental health professionals as an established part of legal decision-making.

Dr Robert Kendell, CBE

Bob Kendell has just ended his term of office as President of the Royal College of Psychiatrists. His presidency has been the culmination of a distinguished academic career, combining intellectual brilliance,

teaching skills – which have clarified areas of psychiatry for trainees over the last 30 years – and astute managerial skills in organising the College and its Committees. He graduated from Peterhouse College, Cambridge, followed by King's College Hospital Medical School obtaining academic distinction in Natural Sciences and Surgery and went on to achieve a distinction in the DPM, followed by the Gaskell Gold Medal in 1967. Thereafter, he worked at the Institute of Psychiatry and University of Vermont, before taking up his post as Professor of Psychiatry at the University of Edinburgh in 1974. He was Dean of the Medical Faculty from 1986–1990. During his term in Edinburgh he became an international expert on psychiatric epidemiology in relation particularly to diagnosis and classification of schizophrenia, affective disorders and post-natal psychiatric illness. He has written almost 100 papers and chapters in books, as well as being co-author of the *Companion to Psychiatric Studies* (Johnstone et al, 1998), which has become something of a bible for trainee psychiatrists. Following a spell as Chief Medical Officer in Scotland, during a time when there were many and difficult changes in the NHS, he returned to psychiatry to become President of the Royal College. His presidency will be remembered for his incisive intellect that has allowed him to successfully challenge politicians and administrators, particularly in the field of Mental Health legislation. In