

the Commission's Legal and Ethical Special Interest Group. He stated that though legal authority for the use of placebo is unclear until tested in court, general opinion within the Commission is that the authority to administer placebo could be provided by Section 63 of the Mental Health Act. As placebo is an inert substance it is not considered to fall within the definition of medication and so is outside the provisions of Section 58 of the Act.

Though this statement is helpful in some degree in resolving the issue with visiting commissioners, legal and ethical considerations need to be addressed and it is likely that Ashworth Hospital will formulate a protocol for the use of placebo. My intention in writing is two-fold. First to bring the Commission's view to the attention of psychiatrists who may be facing similar difficulty and, second, to enquire whether others have encountered similar problems and have formulated policy/procedure for the use of placebo.

MILLER, R. G. (1988) The use of placebo trials as part of a forensic assessment. *Journal of Psychiatry and Law*, Summer, 217-232.

PLACID R. COOREY, *Consultant Forensic Psychiatrist, Ashworth Hospital, Parkbourn, Maghull, Liverpool L31 1HW*

Psychiatric training and the Calman reforms

Sir: We were interested to read the survey by McCallum *et al* (*Psychiatric Bulletin*, October 1998, 22, 635-638) concerning the changes to the senior house officer grade brought about by the Calman report. We were surprised, however, at the continued assertion that there have been only minimal changes to post-membership trainees. In fact there are similar effects on the new specialist registrar (SpR) grade in terms of status, financial reward and training arrangements.

In other specialties the SpR grade is an amalgam of registrars and senior registrars, and thus the experience of the individual trainees will vary greatly. The use of the same term in psychiatry, where it simply replaced the senior registrar grade, leads to confusion and in particular an under-recognition of seniority and experience.

Regarding financial reward, the SpR pay scale represents a merger of the registrar and senior registrar scales, leading to financial disadvantage compared with senior registrars. In addition, in comparison to our privileged predecessors SpRs are required to attain consultant posts within six months of award of Certificate of Completion of Specialist Training. This reduces significantly our ability to be both flexible and to achieve a comprehensive, broad-based training.

While it seems that trainees at all levels express reservations about the Calman changes, these reservations would be acceptable if they lead to improved training.

P. CAVANAGH, *Specialist Registrar in Psychiatry*, and F. HANT, F. *Specialist Registrar in Psychiatry, Teaching and Research Division, Royal Dundee Liff Hospital, Dundee DD2 5NF*

Improving trainees' knowledge of higher specialist training requirements

Sir: Having recently been both a Royal College of Psychiatrists Collegiate Trainees' Committee representative on a higher training scheme approval visit and an interviewee during an approval visit to my own scheme, I have developed a greater understanding of the College requirements for training and criteria for awarding Certificates of Completion of Specialist Training.

However, having this knowledge three years ago at the beginning of my senior registrar rotation would have been more useful and helped me to identify and address any deviations from the requirements before now. My experience of interviewing trainees on the approval visit suggests I am not the only trainee to be unsure of the College training requirements. Trainees do have a responsibility towards the quality of their education and therefore need to be well informed about what they can expect from their training. The College Higher Specialist Training Committee (HSTC) has produced a handbook which details these requirements which currently costs £7.50. The HSTC should consider helping to ensure wide distribution of this document by providing it free of charge to all higher trainees at the start of their rotations and perhaps by complementing it with a Higher Specialist Trainees Charter, summarising the expectations of training for both trainees and trainers. Although charters have developed a bad reputation in the health service, education and training charters have been successfully introduced for health service staff by bodies such as the Open University.

I would recommend the valuable experience of being a Collegiate Trainees Committee representative on an approval visit to all trainees, and that they obtain a copy of the HSTC handbook.

ROYAL COLLEGE OF PSYCHIATRISTS (1998) *Higher Specialist Training Handbook* (Occasional Paper OP43). London: Royal College of Psychiatrists.

DAVID SOMERFIELD, *Senior Registrar in Rehabilitation, Assessment and Training, 1 Colston Fort, Montague Place, Kingsdown, Bristol BS6 5UB*