Australian tribute to the late Sir Aubrey Lewis

DEAR SIR,

British members of the College may be interested to know that on 5 November 1981 a memorial plaque in honour of the late Sir Aubrey Lewis was unveiled in the University of Adelaide. Sir Aubrey Lewis graduated from the Medical School of the University in 1923, and his Doctorate was also conferred by this University.

The ceremony was sponsored by the South Australian Branch of the Royal Australian and New Zealand College of Psychiatrists, the University of Adelaide and the Australian Society for Psychiatric Research, and was attended by representatives of the South Australian Association for Mental Health. The Vice-Chancellor, Professor Donald Stranks, accepted the plaque from the South Australian Branch of the RANZCP.

Mr J. Estcourt Hughes, a distinguished Adelaide surgeon, medical historian and contemporary of Sir Aubrey, spoke of his early recollections of him, and Professor G. Allen German, Professor of Psychiatry in the University of Western Australia, who had trained under Sir Aubrey, noted his later achievements and then delivered the academic address of the Australian Society for Psychiatric Research.

Fittingly, the plaque is placed in the foyer of the Florey lecture theatre. Lord Florey was also a distinguished Adelaide graduate and a contemporary of Sir Aubrey. The inscription on the plaque reads:

Sir Aubrey Lewis
LLD, DSc, MD, FRCP, FRCPsych
1900–1975

"A graduate in medicine of this university, Sir Aubrey Lewis was the first professor at the Institute of Psychiatry, University of London (1946–66). He was the leading figure in British Commonwealth Psychiatry in the mid-20th century era, exerting great influence through his scholarship and inspirational qualities."

ROBERT D. GOLDNEY
ISSY PILOWSKY

Royal Australian and New Zealand College of Psychiatrists, South Australia Branch

ISSY PILOWSKY

A new College Group for suicide?

DEAR SIR,

I am wondering whether there is any general support in the College for setting up a group for the study of suicide/suicide prevention/crisis intervention along the lines of the Dependence/Addiction and Biological Psychiatry Groups.

Such a Group might help to improve medical education and training in this field, as well as stimulating research. It might also encourage the Department of Health and the Medical Research Council to give rather more priority to research into suicide and attempted suicide—and to their prevention than is now the case.

R. GARDNER

Addenbrooke's Hospital
Cambridge

British psychiatrists beware!

DEAR SIR,

I write as a member of the College who has chosen permanently to reside and practise psychiatry in Australia (since) 1974), but I have noticed certain subtle changes in attitude towards 'foreign' psychiatrists that are now becoming more evident through recent actions by the local College of Psychiatrists, which I believe should be brought to the notice of UK psychiatrists contemplating a career 'down under'.

Firstly, the local College: the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has recently decreed that, as from July 1982, only its Members will be accredited as supervisors of psychiatric registrars. I understand that this does not prevent non-RANZCP psychiatrists from being the clinical 'chief' in charge of registrars, but one can envisage awkward and possibly embarrassing situations developing in the professional relationship between senior and junior, where the imparting of clinical skills and knowledge during, for example, ward rounds is regarded by the local College as having no apparent validity in the registrar's total training programme.

Secondly, a 'foreign' psychiatrist who wishes to practise as a private psychiatrist must first obtain Specialist recognition for the purposes of the Health Insurance Act (1973). Each State has a Specialist Recognition Advisory Committee which processes applications from doctors for recognition as a Specialist for the purpose of payment of medical benefits to patients under the health insurance arrangements currently operating in this country. To aid this Committee in each State, a Federal Committee—The National Specialist Qualification Advisory Committee—publishes annually a list of medical qualifications which are acceptable higher qualifications for Specialist recognition. Many of these qualifications are subject to certain provisos, and the current entry for the MRCPsych reads: 'Acceptable if obtained before 1 January 1982 and subject to approval of training'. The State Specialist Recognition Advisory Committees then refer an applicants' credentials and details of training, etc., to the RANZCP for their opinion/advice concerning 'approval of training'. It can be seen that, in this fashion, the local College can 'control' the entry of 'foreign' psychiatrists into private practice; indeed, they could be instrumental in diverting such psychiatric manpower into less attractive areas of practice (e.g. Govern-

ment posts in, say, the poorly manned States such as the Northern Territory). Finally, the RANZCP has all but closed the door on MRCPsych holders with regard to any dispensation for entrance to Membership: from 1 January this year, a psychiatrist with MRCPsych will have to submit a number (5 or 10) of consultant-standard case histories (including a child psychiatry case, and a psychotherapy case seen continuously for a year at least), and take the final clinical examinations and final viva (which may not be a formality). Exemption from the final written papers is still offered, but I do not know for how much longer.

So all psychiatrists contemplating emigration to take up 'attractive' senior clinical positions in Australia: beware! It is very difficult to become a psychiatric registrar again when holding a position of considerable responsibility. Yet, the subtle 'alienation' alluded to in the preceding paragraphs tends towards a growing necessity to become a Member of the local College.

Is it not possible for two Colleges of Psychiatrists to get together and agree upon a reciprocity arrangement? It is my humble opinion that the psychiatrists produced by the training centres in both countries and successfully obtaining Membership of their respective Colleges, are very much peas from the same pod, and no real qualitative distinction can be made.

REGINALD V. PARTON

Royal Derwent Hospital
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Trainees' needs

DEAR SIR,

I attended a study day for trainees in psychiatry on 31 March, organized by junior staff representatives on the CTC of the RCPsych and held at King's College Hospital. Amongst other topics, problems in training were discussed. A special interest group formed to discuss such problems and made criticisms and suggestions which were later discussed at a plenary session of all trainees. I am writing to report the gist of this meeting.

It was felt by many trainees that their interests were not well served by the current system of training. Many expressed their concern at the apparent lack of interest shown in training by consultant staff. It was suggested that this might be due to lack of formal instruction in teaching methods and possibly lack of financial incentive to develop better teaching skills.

Suggestions made by trainees to these particular criticisms include:

1. An RCPsych investigation of RCGP training methods including—
   (i) Trainer's courses,
   (ii) Recognition of and suitable rewards for teaching trainees, and
   (iii) Seeking statutory requirements of training to help obtain necessary resources from Government.
2. Appointment of Regional Advisers in Psychiatry responsible to the College and to trainees for the implementation of Accreditation Team recommendations.
3. Investigation of the novel suggestion that a Board of Counsellors to psychiatric trainees be set up. Individual Counsellors providing advice to a number of trainees on such questions as personal analysis and other potentially major adjuncts to psychiatric training, outside the potential bias of the trainees' own hospital.

I understand that similar criticisms on training were made at the recent conference in Cambridge. Should not the College therefore make a priority of investigating the above suggestions in order to capitalize on the mood of reform and make the best possible use of the recent upsurge of interest from juniors in careers in psychiatry?

STEPHEN BURTON

King's College Hospital
London SE5

DEAR SIR,

As a trainee, I would like to record some of the impressions with which I was left after the Cambridge Conference on Education and Training in Psychiatry. The setting was perfect, the organization was impeccable but the proceedings were, at their best, dreary; at their worst, irrelevant.

The main problem seemed to be one of size. Big was not beautiful. Fourteen working party reports, previously prepared, were discussed in working groups of fifty people, followed by a full plenary session with over two hundred delegates, including thirty-five professors and four knights of the realm. The eminence of this gathering did not, of course, encourage the development of a dialogue. Each speaker in turn gave his opinion in isolation, rarely referring to points or questions which had gone before. The effect was like a badly tuned radio which keeps switching randomly between stations, all of which are broadcasting chat-shows. Because of this style, which was partly due to the constraints of the chamber, partly to the size of the gathering, there was no consensus to be had on any of the major issues. It would seem that the final report must inevitably, therefore, be rather arbitrary.

Essentially I was disappointed, but not really surprised, that the conference was unable to come to grips with what I, and many other trainees, see as the immediate and practical problems of psychiatric training. It could not have been that the eminent delegates were out of touch with these problems, since many are actively engaged in tackling some of them. They were more concerned with general principles and with grand schemes. Much of it was crystal ball gazing of a high order and, I suppose, some of it will turn out to be correct. However, much of what was already written in the reports was invalidated by the recent appearance of the Short report. So much for prediction. Some of the topics chosen for the