

Psychiatric Training two or three years ago, and also by the AOTP and the College Council. Eventually it was decided not to accredit individual senior registrars at the end of their training, despite the fact that most other JHTCs were already doing so, and this decision seems unlikely to be reversed in the near future. Opinion within the committee was fairly evenly divided. Representatives of the specialties, particularly child psychiatry and psychotherapy, tended to be in favour because they saw accreditation as a means of raising standards and promoting their own autonomy. The majority of general psychiatrists, on the other hand, took the opposite view, suspecting that accreditation would make training unnecessarily stereotyped and discourage research. They were also impressed by the magnitude of the administrative burden on the committee itself. Similar differences of opinion seem to have developed in the other JHTCs. Amongst the physicians, for example, most of the specialists (cardiologists, endocrinologists, neurologists etc.) were strongly in favour of accreditation, and general physicians and processors of medicine against. Indeed, both the Medical Research Council and the Committee of Vice-Chancellors and Principals have made formal complaints—or perhaps I should say have given formal expression to their anxieties—about the ill effects of accreditation on clinical research. The crucial difference between physicians and psychiatrists, of course, is that general psychiatrists are still in a majority, whereas general physicians are now heavily outnumbered. It may also be the case that at times basic clinical training in departments of medicine suffered because of an undue emphasis on research in a way that never had a chance to happen in psychiatry, and that this imbalance needed to be corrected.

Inspection

The third means of improving senior registrar training and the overall professional competence of psychiatrists generally is to inspect training posts, and for the last five years the Joint Committee on Higher Psychiatric Training

and its five subcommittees have devoted their energies, and the time of their members, to this end. Every senior registrar and honorary senior registrar post in the country has been inspected at least once during this period, and some two or even three times. It is an expensive and time-consuming business for all concerned, and senior registrars themselves are probably in a better position to judge how much good has been achieved than anyone else. Most members of the Joint Committee's inspection teams believe that their visits have been useful in a variety of ways: by making consultants, and senior registrars themselves, think constructively, sometimes for the first time, about the quality of the latter's training and how it might be improved; by spreading good ideas from one centre to another; sometimes by insisting that radical changes be made under threat of withdrawal of education approval; and occasionally by the actual withdrawal of approval.

I believe that this process of regular inspection of training posts by representatives of an authoritative national body, coupled with the existing mechanism of consultant appointment committees, is the best way of improving training and ensuring that the average standard of psychiatric practice is as high as possible. Other more elaborate systems might achieve more, but only, I think, at a much higher cost.

It may well be, of course, that in a year or two's time the General Medical Council will act on the advice of Todd and Merrison and introduce a specialist register akin to the existing Medical Register. If it did so it would almost certainly seek the assistance of the JHTCs, and under those circumstances I imagine the Joint Committee on Higher Psychiatric Training would agree without hesitation to accredit, and do its best to operate the system as flexibly as possible. But there is a world of difference between doing something pointless and unnecessary because one is obliged to and doing it on one's own initiative. It is also by no means a foregone conclusion that the GMC will decide to introduce specialist registration in view of the diplomatic and financial as well as the professional considerations involved.

Forthcoming Events

The fifth annual **S. H. Foulkes Lecture of the Group Analytic Society** (London), 'Beyond the Unconscious: Group Analysis Applied', given by Mrs M. L. J. Abercrombie of the Clinical Medical School, Cambridge, will be held at the Royal College of Physicians, 11 St Andrew's Place, London NW1 on 18 May 1981 at 8.30 pm. Information: Group Analytic Society, 1 Bickenhall Mansions, London W1H 3LF.

On 15 May 1981 the **Institute of Family Therapy** is holding a workshop on 'Dying, Death and Mourning in Families'. Information: Course Secretary, Institute of Family Therapy, 5 Tavistock Place, London WC1.

The **5th World Congress of Sexology** will take place in Jerusalem from 21 to 26 June 1981. Information: The Secretariat, 5th World Congress of Sexology, PO Box 29784, Tel Aviv, Israel.

The **11th International Congress for Suicide Prevention and Crisis Intervention** will be held in Paris from 5 to 8 July 1981. Information: Dr J. P. Soubrier, Congress I.A.S.P. 1981, 25 rue de la Faisanderie, 75116 Paris, France.

A one-day **MIND conference on 'Crisis Intervention Services'** will be held on 12 May 1981 at Thomas Coram Centre, London WC1. Information: Conference Secretary, 22 Harley Street, London W1N 2ED.