

cult patients. The DHSS was not laying down a blueprint for every region. They could adopt their own approach. However, all of them must have regional secure units as one part of a range of care.

#### Stillborn babies

On 17 January 1985 Mr John Patten (DHSS) in reply to a question said that recent instructions to registrars of births and deaths require them to ask parents whether they have chosen a name for their baby and whether they wish the name to be recorded in the stillbirth register.

#### Intoxicating Substances (Supply) Bill

On 18 January 1985 Mr Neville Trotter (Tynemouth) moved the Second Reading of his Private Member's Bill. The Bill would treat as a crime the supply for gain of glue or other substances to young sniffers. It would provide for prison sentences of up to six months and/or fines of up to £2,000. Cases could be brought in magistrates' courts. He hoped that a clear statement of the offence in the Act would serve as an effective deterrent. The Bill was debated and supported by Govern-

ment and Opposition spokesmen. It was committed to a Standing Committee.

#### Abortions

On 1 February the Minister for Health answered a number of questions on abortion statistics. Details are contained in Issue No. 1334, *House of Commons Weekly Hansard* (columns 366 to 370). In 1983 there were 127,375 abortions on one of the six statutory grounds. Of these, 538 were carried out because of a risk to the life of the woman and sometimes other grounds; 108,806 were carried out solely on the grounds of risk of injury to the physical or mental health of the woman; 16,007 were carried out because of risk of injury to the physical or mental health of existing children and sometimes other grounds (other than risk to the life of the woman); and 2,019 were carried out on the grounds of a substantial risk of the child being born abnormal together, sometimes, with a risk of injury to the physical or mental health of the woman. Five cases were on the grounds of emergency need. For other data *Hansard* should be consulted. Other answers on this subject were also given on the 31 January 1985.

ROBERT BLUGLASS

## *A Reply to Collegiate Trainees' Committee's Open Letter\**

DEAR DR HOLLYMAN

The likelihood of the Short Report recommendations soon being implemented across all Districts and Regions in all specialties seems remote. There is an awareness in manpower circles and the wider political arena that solutions to the career structure problems will need to be found in more detailed study of both training and service needs. Different solutions will be needed in different places in different specialties. On the current basis of a steady increase of about thirty-five new consultant posts in Mental Illness (Adult) a year, it would take about thirty years to double the existing consultant establishment. Many things will change during this time.

In spite of 'efforts to reduce junior posts without consultant expansion', there is very little evidence of any success in this exercise. In the past twelve years the numbers of consultants in psychiatry have increased by a total of 60 per cent (at an annual rate higher than that of other medical specialties). Some 200-300 new consultant posts are being established each year across all specialties, but only a handful of junior posts across the specialty spectrum have been closed. These have been in those specialties which are much more overendowed in the junior grades than psychiatry, which may throw some light on why there has been so little 'protest' in the College.

The College Manpower Committee is in the process of revising the College's norms which were set in the mid-seventies. There are many reasons why the recommendations about the number of consultants per 100,000 of population served

are likely to be in an upward direction, e.g. increased community-based work, increasing numbers of elderly in the population, the 1983 Mental Health Act and its demand on consultant time. There is also the possibility that some consultants will work in the future with smaller teams (multi-disciplinary) than hitherto. The College will press for a further increase in the number of consultant posts and in the number of senior registrar posts. Without this expansion there will be a danger of producing too many well trained registrars who will be unable to obtain senior registrar posts.

There are some members of the College who do not see the prospect of work without the support of trainees as 'an unpalatable reality'. Given an adequate number of consultants in post, so that the population to be served by consultants without junior staff (perhaps with clinical assistants or associate specialists attached to them) was not excessive, there are those who might welcome an opportunity to work without a responsibility for training and the necessity of covering junior staff. In some areas it has been difficult to recruit good trainees. A few College members are already contributing to the introduction of 'this model of service', i.e. consultant provided without trainees. In the N.E. Region there is a proposal for such a service based at Hartlepool which will be staffed predominantly by senior lecturer/consultants without trainees. This experiment will obviously be closely monitored by the College.

Yours sincerely

THOMAS BEWLEY  
President

\*The Collegiate Trainees' Committee's open letter to the President was published in February (*Bulletin*, February 1985, 9, 34).