

to be included in the shortlisting procedure. Incidents when this does not occur should be reported to the College.

- (d) *Quality and quantity of training*: Issues relating to those who are trained in private hospitals, those who had undertaken a considerable amount of research work during their training and those who are applying for academic posts were raised. There was discussion concerning the degree of flexibility which a College assessor might apply.
- (e) *Part-time training*: Exact calculations of equivalent time is unnecessary.
- (f) *Quality of references*: It is clear that the depth and clarity of references vary considerably.

The future

Has the College got it right?

The College is at an early stage in gaining experience with meetings of this sort. While the feedback from the first two has been very positive, there are doubtless alterations which can be usefully made to the programme and the inclusion of more experimental and participative aspects will be considered in future.

Psychiatric Bulletin (1991), 15, 650

Postgraduate and continuing medical education in England and Wales [EL(90)79]

Further to my note in the *Psychiatric Bulletin* (January 1991, 15, 59) concerning Circular EL(90)79 from the National Health Service Management Executive on Postgraduate and Continuing Medical Education, a further circular appeared in April. This was attached to a revised version of the original document and incorporated a number of minor amendments. It was reiterated that one of the aims of the new policy is to improve the management of postgraduate and continuing medical education.

To assist in the implementation of the new policy, it was announced in the House of Lords in January 1991 that there would be additional funding of £5.8 million available from April. £5.3 million of this was distributed through Regions immediately and added to the Postgraduate Dean's budget, being allocated in proportion to the number of medical staff in each Region. Postgraduate Deans were asked to give particular attention to the provision of staff (both medical and administrative) to support the new arrangements at Regional and District levels. They were also to take into account the provision of funding for any future agreements on the remuneration of clinical and general practice tutors.

Appendix 1

Programme

Introduction and comment on current problems, by the Chairman (*Dr Ann Gath, Registrar, Royal College of Psychiatrists*)

The College has been invited to nominate an assessor . . . (*Mrs Jane Hinton, Deputy Education Officer*)

Liaison with the regional adviser (*Dr R. L. Symonds, Regional Adviser, South East Thames*)

Doing the job – acting for the College (*Dr R. Williams, Consultant Child Psychiatrist, Bristol*)

“Choosing the best consultants . . . the questions you dare not ask” (*Dr A Davison, Chief Executive, North East Essex Health Authority*)

Reciprocity (*Professor A. Sims, President, Royal College of Psychiatrists*)

Old age psychiatry: don't panic, sense is in sight (*Dr D. Jolley, Consultant Psychogeriatrician, Manchester*)

Particular problems with consultant posts in forensic psychiatry (*Professor R. S. Bluglass, Professor of Forensic Psychiatry, Birmingham*)

Academic appointments, what are the obligations of honorary appointments within the NHS and universities? (*Professor J. Cox, Department of Psychiatry, University of Keele*)

The importance of the feedback questionnaire (*Dr Fiona Caldicott, Dean, Royal College of Psychiatrists*)

Counselling unsuccessful candidates (*Dr Ann Gath*)

The remaining £0.5 million is to be allocated to fund specific initiatives and bids are now being sought (July 1991).

Additional funding has also been announced for medical audit (£48.8 million) in EL(91)32.

It has been stated that all doctors in training will continue to have national pay and terms of service and that the contracts for registrars and senior registrars will continue to be held and administered by the Regional Health Authority.

The Royal Colleges will continue to be responsible for the approval of training schemes, and the College is currently continuing to express concern about the devolution of trainees' salaries to District level, which may enable managers to interfere with rotational training schemes.

It is clear that Regional Health Authorities are implementing the new policy very variably and it would be most helpful if Members and Fellows could keep the Education Department informed of matters of concern.

July 1991

Dr FIONA CALDICOTT
Dean