COMMENTS ON THE REPORT OF THE TRETHOWAN COMMITTEE ON THE ROLE OF PSYCHOLOGISTS IN THE HEALTH SERVICE

The rapid development of the psychological services in the NHS has raised a number of problems concerning the function of psychologists, their role in the therapeutic teams and the organization of psychological services. The Report of the Trethowan Committee has made an important contribution to the clarification of the problems and indicated possible solutions.

The College accepts the Report in general, but has certain reservations. In particular it accepts that:

The main field of work of clinical psychologists will for a long time be in mental illness, mental handicap and child health. Extension to other branches of medicine and to general practice—especially the latter—will raise problems.

Within the team, clinical decisions will generally be based upon agreement among the members, but within the NHS the ultimate clinical and legal responsibility is vested in the medically qualified consultant who heads the team, or the principal in general practice.

The psychologist is a professional member of the therapeutic team in his own right. Like other professional members, he has his expertise and on this basis makes decisions on clinical matters. The extent of these decisions will be based on individual experience and training.

Because the number of clinical psychologists in the NHS is small, it is necessary that they should be organized under an Area Principal Psychologist (aided by clerical assistance for this purpose), who will not have professional authority over them.

We wish to criticize certain of the points made by the Committee:

The estimates of manpower requirements are largely guesswork. The increase in the number of clinical psychologists in the NHS is likely to be small in the near future, and the opportunity should be taken to obtain evidence on which to base an estimate of the numbers required. This is important for the planning of training facilities.

There is no mention of the value of clinical psychologists in Forensic Psychiatry.

The important role of clinical psychologists in teaching psychiatrists is clearly described, but the proper training of clinical psychologists in psychiatry and neurology is ignored.

The Report places great emphasis on the importance of allowing adequate time to clinical psychologists for administrative and managerial duties, teaching, further professional training—even for non-training grades—and research. In the NHS, professional duties (i.e. satisfying the needs of the patients) must come first: it is not acceptable that clinical psychologists should have a privileged position compared with other professional groups in the NHS.

Personal contact with patients is of prime importance in the mental health services. It is therefore not acceptable that any of the work of clinical psychologists should be carried out by 'technicians'.

JOINT COMMITTEE ON HIGHER PSYCHIATRIC TRAINING

The enrolment of trainees is proceeding well, and about half of the trainees known to be in higher training in the United Kingdom and the Republic of Ireland have submitted forms. These are being studied by the Specialist Advisory Sub-Committees, and trainees who have enrolled can expect a further communication in due course.

The Committee expects in time to receive enrolment forms from those senior registrars and honorary senior registrars who have still to reply. The Committee is also interested to receive information from trainees in the registrar grade who have taken the M.R.C.Psych. examination or who have fulfilled the entry requirements for it, and from medical assistants and clinical assistants who regard themselves as in higher training. At present the JCHPT can only approve posts and programmes at senior registrar or equivalent grade, but information about doctors in other grades who may be aspiring to consultant appointments is clearly of assistance in estimating total training needs in the specialty.

The Joint Committee is now reviewing its guidelines for higher training and will issue more detailed advice during this year. A number of training programmes have been visited and approved, and the Specialist Advisory Sub-Committees are planning further visits to cover all training posts in the course of the next three years.

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Holders of senior registrar posts which have yet to be visited can be assured that any future decision taken by the Joint Committee will not adversely affect recognition of training they have so far received. An adverse decision, if taken, would affect only the future filling of a post.

New senior registrar posts cannot be established without the prior approval of the Joint Committee, so that a trainee accepting a newly created post can be certain that the training programme has been approved by the Committee.

The Joint Committee is currently exploring the training provisions for future general psychiatrists 'with a special interest' in another specialty, as the initial enrolment exercise clearly reveals that a large number of trainees wish to remain in general psychiatry but also wish to take a special interest in a particular aspect of the subject or to prepare for a joint appointment in two specialties.

Further consideration has also been given to the problems of doctors with domestic commitments who are only able to train on a part-time basis.

The position of trainees wishing to work in a whole-time research appointment is also under consideration, and proposals have been sent to the College and to the Association of University Teachers of Psychiatry which would allow a doctor in whole-time research to have a longer period of time recognized provided that there has been a minimum of three years training of a clinical nature or in a post with a substantial clinical component.

Another matter which has been discussed by the JCHPT recently is the question of specialist certification for practice in the European Economic Community. The Joint Committee has recommended to the General Medical Council that EEC specialist registration should be granted to a doctor who holds a higher qualification in psychiatry and who has a total of not less than four years' experience. Doctors wishing to practise in other countries within the EEC should apply in the first instance to the GMC, who may be able to give an immediate answer. Where any doubt exists, the GMC will refer the case to the Joint Committee, but may occasionally suggest to an inquirer that he should contact the Joint Committee directly.

The Committee has appointed a new Administrative Secretary, Miss Rosalind Long, who is available to receive inquiries at the College.

HENRY WALTON, *Chairman*

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