people in employment. It was agreed that there was room for the development of new ideas in this region. The third group were identified as those who were in a mental hospital because there was no alternative accommodation for them, for example, the patient with multiple handicaps.

It was agreed that this was an area that required a great deal of research to define needs and develop new approaches to care and treatment. The recognition that there was room for the development of different types of patient care was welcomed by the DHSS. An assessment of needs was vital, and it was noted that child psychiatry was often able to define the areas where the risks were high.

Summary, by Professor Trethowan.

There had been a very definite move forward at the Conference that day. The areas in which agreement had been reached were very considerable, although some still remained to be resolved.

Manpower problems remained, and the falling recruitment had to be checked. The number of applications for consultant posts was also falling, and the number of posts which remained unfilled was increasing, and this was combined with an overall fall in quality. Enthusiasm and good teaching were essential at undergraduate level. Improved training schemes must be provided—time off for special training alone was not enough. The deployment of resources also affected other workers in the service. The role of clinical psychologists in the health service was under review and it was hoped that some useful ideas would emerge from the study.

Psychogeriatrics were outside the remit of this Conference, but there would be a special meeting in November 1973 to discuss this most important aspect of the mental health service.

Community psychiatric services would develop gradually and would therefore allow for experiment. The DHSS should mount special investigations on the lines of the Worcester project. The discussion of the development of the community psychiatric services had not been very fruitful but had shown the need for further discussion and definition of roles and responsibilities, and had stressed how much depended on the future of general practitioner services.

The problem of chronicity and what to do for the patients already in long-term care was very serious, and the ability of modern psychiatry in any form to deal with personality disorders was questionable. Professor Wing's paper provided an extremely valuable guide to areas of need. Decentralization of services might be desirable, but it would aggravate the manpower shortage.

In conclusion Professor Trethowan expressed the College's gratitude to Sir George Godber and to the Department of Health and Social Security for providing the opportunity for this series of discussions, and in reply Sir George thanked the College and all the participants for their contributions.

THE ACCREDITATION EXERCISE

A briefing meeting for Regional Visitors in the College's Accreditation Exercise was held on Wednesday 5 September 1973, with the President, Prof. Sir Martin Roth, in the Chair.

In his introductory remarks, the President described the Accreditation Exercise as the largest national undertaking of the College so far. As far as he knew, nothing comparable had been attempted by any other College; it therefore provided an opportunity for showing what the Royal College of Psychiatrists could do and for setting a standard for the quality of future College activities. It had two closely related objectives: to try to raise standards of psychiatry all round, and to improve educational facilities. The present time was very opportune. Recruitment to psychiatry had been declining for some time, and many of the socially conscious young doctors who had previously been drawn into psychiatry were now choosing to enter general practice instead. It was therefore for the College to demonstrate that in psychiatry there were opportunities for work in the community that even the best of general practice could not offer.

Sir Martin emphasized that the Accreditation visits were not to be undertaken from an Olympian height. There would be opportunities for accreditors and accredited to learn a great deal from each other, thus disseminating what was best in psychiatry in the widest possible manner. The exercise would also encourage the sharing of facilities between the more affluent centres and those which were less well endowed, with benefit to both.

The Dean, Prof. K. Rawnsley, spoke on the objects of the Accreditation Exercise. It was, perhaps, even more important to the College than the Membership Examination, because it could actively, energetically and powerfully influence the training of

https://doi.org/10.1192/S0007125074299823 Published online by Cambridge University Press

psychiatrists in the future. Although accreditation was bound to be seen as an inspectorial activity, this was not its most important function; it should be a constructive exercise spreading information, giving advice, and collecting data from all over the country.

Professor Rawnsley then outlined the early history of the Accreditation scheme, starting with the circulation by the then R.M.P.A. of a questionnaire to all hospitals which would provide general professional training for the Membership Examination. Although the limitations of a self-administered questionnaire were recognized, nevertheless, on the basis of the replies received the Association drew up a preliminary list of accredited hospitals, and this was circulated in May 1973. It provided for general classification under two headings:

1. Hospitals recognized for a 'full course' of training towards the M.R.C. Psych.
2. Hospitals recognized 'with some limitations in the range of facilities available'.

One of the tasks of the present meeting was to try to devise a better basis for categorization to cover the steeper gradations between hospitals which would become apparent as visits were made. One thing was very important: the need to standardize the whole procedure as far as possible.

Prof. D. Pond said that a general picture of the appropriate organization had emerged from the pilot visits made to four hospitals. Much preliminary staff work had been done by the College secretariat, but the Convener of the Regional Panel was the liaison between the College and the hospital to be visited, and a good deal of organization was necessary for efficient planning. The object of the exercise was not only to categorize the training programme but to provide opportunities for free and lengthy discussion between the visiting team and all those at the hospital who were involved in training, including the trainees themselves. The latter should be seen as a group by the visiting team and should also be given opportunities for private discussion. Plenty of time should also be allowed for the team to meet privately before the visit, to compare notes in the course of it, and to write their report at the end. Experience had shown that it was important to convey the essential message of the report informally to the Clinical Tutor and the trainees at once, so that it could be discussed. The official findings would be transmitted formally to the hospital later by the Court of Electors.

Most of the visits had taken two days, and although this time might be cut a little with experience he did not think they could take much less. Personal interviews were important and could not be rushed. It was important also to be constructive; the aim of the visitors should be to leave a situation better than they found it.

He had found the visits a stimulating and valuable experience. All the hospitals had given unstintingly of their time and had been cordial and welcoming.

Dr. D. H. Clark referred the meeting to a paper which had been circulated, setting out possible amendments to the categories of accreditation. The proposed new categories were as follows:

A. Hospital programme offers comprehensive and high quality training in the main areas of psychiatry.
B. Experience is of high quality and suitable for training, but only in certain specialized fields (for example, adolescent psychiatry).
C. The quality of the training offered, irrespective of whether it is comprehensive or specialized, is deficient in certain respects, so that the programme is unsuitable for full training.
D. The hospital programme is not acceptable for a training post.

The Court of Electors were hoping for guidance on whether, and if so how, these categories needed to be changed.

It had become clear from the pilot visits that there were two parameters—quality and quantity. Some places did not claim to give a complete training and therefore they could not be accredited under A as offering a full comprehensive training; on the other hand, there were places which had full facilities but organized them badly. Some system to take account of both of these was needed. It was obvious that there was an extremely wide variety of training; there were places which should be doing a great deal better, and in others people were struggling against terrible odds but doing a good job in spite of them. He agreed with the President that this task of helping to improve the quality of the training given to entrants to the profession of psychiatry was the most important thing the College had done.

As for the future, each Region was charged with visiting another Region, and during the coming months the central organization would be arranging these visits. It was hoped to get at least one visit completed before Christmas.

Dr. C. P. B. Brook and Dr. M. W. Annear gave some practical advice on the conduct of visits, the former from his experiences in the R.M.P.A. Manpower and Education Project, the latter as a participant in the pilot scheme.

https://doi.org/10.1192/S0007125074299823 Published online by Cambridge University Press

The meeting was then opened to discussion, and in the course of this the following points arose:

1. *Criteria:* There was a widespread desire that the Court of Electors should issue a set of standards for guidance and should draw up a specimen report. It was pointed out, however, that it would be difficult to meet these wishes at this early stage in the exercise. At present visitors must be flexible in their outlook and must recognize that the guidelines would become more apparent as time went on.

2. *Categories:* There was general agreement that the categories of accreditation needed revision. Suggested changes were: (i) There should be a special category for hospitals which provided short-term courses in psychiatry for general practitioners. (ii) Category B should be clarified; for example, it was not intended to include training programmes for posts in the sub-specialties. (iii) Category C should make clear in what respects the training was unsuitable; for instance, was it suitable for only part of the course, for a certain period, or not at all? (iv) Category D should not necessarily imply that the hospital was bad; geographical difficulties might adversely affect the facilities available. (v) The special needs of trainees from overseas should be taken into account.

3. *Appeal against College Decision:* A proposal was made for the introduction of a system of appeal by the hospital within a specific period of, say, 12 months, during which time improvements should be made and further information provided before a further visit by the College. This would safeguard the trainees and give the hospital an opportunity to make improvements without being officially downgraded.

4. *Integration of Trainees in Visiting Programme:* It was generally felt that more trainees should be involved in the visiting scheme and that senior trainees should be included in the Visiting Panel, although it was noted that only Members (or Fellows) of the College could participate in the programme.

Representatives of the Association of Psychiatrists in Training who were present welcomed the exercise and promised their full support.

5. *Inter-Regional Visiting Procedure:* It was suggested that, in order to promote more interchange of views, Regional Visiting should be flexible and Panel members should have opportunities of visiting all parts of the country and not only a specific adjacent Region.

6. *Further College Visits:* It was felt that any further visits to individual hospitals should be left to the discretion of the Convenor. Visits every three years would, however, be automatic.

Summing up and closing the meeting, the DEAN said he thought it would probably be necessary to hold a further meeting in about a year's time to assess achievements to date and decide whether any changes in procedure were desirable.

CLINICAL TUTORS CONFERENCE 1973

The third Clinical Tutors Conference took place at the Pollock Halls of Residence, University of Edinburgh, from 5-7 April, 1973, with Prof. Henry Walton and Dr. W. D. Boyd as very welcoming hosts. About 70 tutors took part.

The form of the Conference was that of short papers by a number of invited speakers, followed after each session by ample opportunity for informal discussion, including small group meetings and reporting back. The papers were aimed at introducing such discussion and thus do not lend themselves to full reporting as did those prepared for the 2nd Clinical Tutors Conference in the autumn of 1971. On the other hand there was much more opportunity for those attending to play an active part.

Programme

Thursday evening	Training schemes for Psychiatrists. Speakers: Dr. F. Letemendia. Prof. H. Walton.
Friday morning	Teaching Methods, including Visual Aids. Speakers: Dr. A. Zealley. Dr. P. Kennedy. Miss N. Spektorov.
Friday afternoon	The Teaching of Psychotherapy. Speakers: Dr. J. D. Sutherland. Dr. M. Pines.
Saturday morning	The Teaching of Sub-Specialties for Trainees in General Psychiatry. Speakers: Dr. P. Barker. Dr. J. Corbett.

Industrial action by hospital ancillary staff frustrated the original plan for the function at the Royal Edinburgh Hospital, but the dinner held on 6 April in the University Staff Club provided a happy if rather crowded alternative, at which Professor Rawnsley's speech was greatly appreciated.

There was unanimous support for planning a further Conference in the early autumn of 1974, when the hosts will be the University of Bristol.

https://doi.org/10.1192/S0007125074299823 Published online by Cambridge University Press