The following are the recommendations of the College:

1. Because trainees in psychiatry still do not enjoy the same educational opportunities as those in general medicine and surgery, it is considered that there should be no general shift of registrar or senior registrar posts from teaching to 'non-teaching' hospitals. Therefore, the formula calculated below aims at maintaining this relative status quo: the ratios given should not be applied rigidly but revised in terms of the general principle which seeks at least to maintain educational opportunities in psychiatry. The present allocation of training posts would appear to be:*

(a) *for teaching hospitals*

Approximately 1·15 registrar and 0·7 senior registrar for each equivalent of a full-time NHS consultant and for each university-appointed honorary consultant (to be counted full-time if at least six weekly honorary clinical sessions are contributed. This is thought appropriate in the case of full-time university employees whose remaining sessions are likely to be devoted largely to the organization of teaching).

(b) *for 'non-teaching' hospitals*

Approximately 0·6 registrar and 0·15 senior registrar for each equivalent of a full-time consultant. The application of these formulae will permit redistribution of junior posts to occur in hospitals (both teaching and non-teaching) where there are inequalities.

2. Academic departments and teaching hospitals that establish rotation programmes with non-teaching hospitals or psychiatric units should be entitled to additional registrar and senior registrar posts, so long as eighteen months out of the two years for the registrars, and three out of the four years for the senior registrars, are spent at 'the periphery'. It will be necessary to set a ceiling on these additional posts according to locally available teaching resources. This proposal is aimed at blurring the distinction between teaching and 'non-teaching' hospitals and thus permit wider training opportunities.

3. In the event of the above formula leading temporarily to a number of posts falling short of the present total, the discrepancy should be made good by minor adjustments so as not to lose any psychiatric posts.

Conclusions

The above recommendations have the advantage that some allowance is made for the requirements of training junior psychiatrists, and that encouragement is given to the establishment of links between teaching hospitals and the periphery. The principal aim of the CMC is also met by providing a formula for ensuring an equitable distribution of junior posts in psychiatry in various regions.

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FRAMEWORK FOR GOVERNMENT RESEARCH AND DEVELOPMENT

(*Cmnd. 5046*)

A previous memorandum from the College on the Green Paper 'A Framework for Government Research and Development' (Rothschild), while recognizing the need for more applied research into areas of high social priority, expressed misgivings about the proposals by which this was to be achieved. In particular, it was held that the customer/contractor principle, in the form proposed, seemed likely to lead to an overemphasis on short-term research, limit the research workers' independence, imperil a highly effective national research institution (the MRC) and diminish opportunities for careers in medical research. It was also feared that psychiatric research would be adversely affected, and funds diminished, especially if a narrow definition of applied research were accepted.

The Government White Paper, however, now endorses Rothschild's main proposals. The contractor/customer notion is accepted and will be implemented by transferring 25 per cent of the MRC's annual funds to the DHSS, which becomes (in association with SHHD) the principal customer. The College accepts these changes and welcomes the benefits they might bring, but it still has the duty to

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keep the general lines of development throughout psychiatric research under review, to assist in the formulation of research priorities, and to support and encourage the application of high scientific standards. The following points are put forward as a basis for discussion between the College and the Department.

In view of the fact that much of the best applied scientific work in the field of psychiatry has so far been carried out under the auspices of the MRC, the College welcomes the evident intention in the White Paper to support the MRC as the main contractor for Government work and to give the MRC ample scope for initiating new contracts. In the view of the College no sharp dividing line can be drawn between basic and applied work, and it should be explicitly recognized that much strategic work can legitimately be carried out on long-term contract.

Nothing should be done to undermine the present ability of the MRC to offer a career to promising scientists; indeed it is hoped that the result of implementing the proposals in the White Paper would be that more, and not fewer, such long-term posts would become available.

The great advantage of the MRC in being able to carry out scientific work independently, so long as its present scientific standards are maintained, should be recognized and supported.

It would seem to be a matter of some urgency that psychiatric advice should be available to the Chief Scientist, perhaps through the appointment of a psychiatrist to his part-time scientific staff.

The College will be in a good position to assist in the further development of psychiatric research, both through the endowment of Research Fellowships and by acting as a research contractor. Proposals along these lines are now under active consideration.

The College would wish to see the establishment of training posts for research workers, by attachment to MRC establishments and University departments, and is itself considering schemes whereby research experience can be acquired by promising young clinicians. Support from the DHSS in these ventures will be welcomed.

The College would welcome the opportunity to establish machinery whereby there could be a continuing exchange of views and ideas with the Chief Scientist concerning the current and future state of psychiatric research.

PARLIAMENTARY NEWS

September–December 1972

N.H.S. reorganization

The National Health Service (Reorganization) Bill was introduced and given a first reading in the House of Lords on 15 November.

In the same House, on 16 November, particulars were given of how the new structure will affect Greater London. Retaining the old names for the Metropolitan Regions (in the new proposals they are provisionally numbered 5 to 8), the main changes are that the whole of the London Boroughs of Hammersmith and Kensington and Chelsea and of the City of Westminster will be in the N.W. Region; Camden will be in the N.E. Region, as well as the whole of Enfield and Haringey; and the whole of Lambeth will be in the S.E. Region. Some of the London Boroughs will form Health Areas by themselves, others will be grouped in twos or threes.

The Coldharbour Hospital Fire

On 13 December Sir Keith Joseph made a statement on the report of the Committee of Inquiry into this disaster. It appeared that two male night nurses absented themselves from the ward 'for a much longer period than is acceptable', and also that some of the materials of the partitions and furnishings were less fire-resistant than earlier specifications had required. The Director of Public Prosecutions had ruled against any criminal proceedings.

Hospital detention of mentally ill offenders

The number of patients committed under Section 65 with a restriction order has remained steady at about 250 a year since 1967. These figures include those patients admitted to the Special Hospitals, although the questioner (Mr. Loveridge), was more concerned with conventional hospitals. In another question he asked about known violent offenders sent to conventional mental hospitals, but was told that the information was not available.

Mental subnormality

There were questions and an Adjournment Debate on the staff dispute at Rampton Hospital, where the argument was about the merits of a complete shift system as against alternate long-day duties. The staff had held out for the latter system, and the Department had to a large extent been obliged to give way.

It was announced that in the new Bill provision

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