ture, the teaching of psychiatric practice and research. The dissertation will be expected to show that the candidate has learned relevant research techniques, their practical application, and the critical evaluation of results.

Note 2

There may be instances where research is carried out jointly, either by two or more candidates or by a candidate and his supervisor(s) or co-worker(s). Each such case will be considered individually by the Court of Electors, and if accepted the candidate will be required to write up the dissertation independently, stating clearly his contribution to the joint work, and the statement shall be confirmed by the supervisor(s).

Note 3

Published papers or papers submitted for publication to scientific journals are not acceptable.

THE MEMBERSHIP EXAMINATION—APRIL/MAY 1974

Pass List

The following have passed. There were 193 candidates.

0861 Hassan Babiker Abdel Hafeiz
1488 Rodney Crompton Adams
1739 Latif Ibrahim Agladios
1016 Latif Jamal Al-Hasani
1021 Gilbert Andrews
1347 Ang Ah Ling
1746 Michael Stuart Armstrong
1471 John McKinlay Ashby
1619 Velagapudi Bapuji Rao
1741 John Alexander Owen Besson
1032 Satinath Bhattacharya
1748 Julian Bird
0872 John Richard Bird
1749 Rachel Francis Bradley
1750 Douglas Cameron
1742 Illana Cariapa
1358 Leslie Ting Yeung Chen
1359 Louis Yang Ching Cheng
0878 Cecilia Clementel
0879 Nigel George Cockman
0397 Penelope Ann Cook
1632 Charles Richard Cullen
1751 Brian David Cutler
0882 William Armstrong Dalgleish
1364 Diana Margaret Dickens
1090 William Dorrell
0885 Omer El Farouk Ahmed El Rufaie
1640 Patrick Michael Theodore Fernando
1753 Donald Peter Forster
0607 Hilary Mary Forsyth
0891 Percy Neville Gajaweera
1116 Thirunavukarasu Ganesvaran
1122 Jogeschandra Ghoshal
1756 Anthony Eric Hardman
0984 Christopher John Stanley Holland
0896 Susan Holliday
0656 Ghulam-Sarwar Ibrahimi
0492 Muhammad Wali Imam
1381 Ian Vaughan Jackson
0950 Grace Kathleen Roslyn Jamieson
0664 Muzafar Mukhtar Jilani
0857 Hugh Morrison Jolly
1757 David Vernon Jones
0901 Jacqueline Ann Jones
1476 John Oliver Jones
1759 Kamaluddin Khan
0903 David Robert Kinnaird
0407 Warren John Kinston
0368 Maria Zofia Krawiecka
1760 John Hubert Lacey
1761 Catherine Ishbel Mackenzie Lee
1762 Paul Lothian Lewis
1394 Stuart Lieberman
1743 John Bruce Loudon
1763 David Robinson Craig McVitie
1402 Osama Mohamed Mahgoub
0371 David Joseph Marshall
0410 Keith Raymond Mayne
0372 Barrie Miller
1736 Derek Bernard Minton
1765 Christina Mollart
0411 Brenda Moore
1407 Elizabeth Sarah Morgan
1766 Patricia Anne Moulsdale
1412 Margaret Philomena Neill
1479 John Andrew Newton
1680 John Hotham Newton
0911 Eliezer Larbi Akoto Odei
1737 Fred Oliver
1206 El Zein Abbas Omara
1417 Oludotum Biobaku Orija
1768 Michael William Orr
1687 David Pariente
1212 Rafic Peermahomed
1423 Ijaz Ahmad Qureshi
1482 Morag Lilian Rennie
0918 Diana Margaret Riley

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1700 Philip Sidney Ring
1230 Howard Frederick Roberts
1744 Barbara Ann Robertshaw
0011 Arthur John Robinson
0998 Terence John Robinson
0919 Jeffrey Francis Rogers
1702 Roger Malcolm Rosser
1484 Ian Andrew James Ross-Smith
1770 Jon David Sainken
1239 Hadi Salimi-Eshkevari
1545 Michael Sadek Samuel
1435 Frank Joseph Yogaratnam Sebastianpillai
1292 Channapatna Shamasundar
0306 Saadi Fathi Shami
0308 Samudra Kumar Sharma
1547 Paul John Sheehan
1000 Walid Othman Shekim
1773 Evelyn Carol Sheldrick
1438 Marilyn Ann Ahrapnel
0785 Ram Kumar Shrivastava
1774 Timothy Emil Sicks
1548 Amar Krishna Sinha
0420 Zöe Taschereau Slattery
1775 John Ambler Snowdon
0925 Robert James Gibson Soper
1486 Elemer Szabadi
1337 Teoh Chin Leong
1448 David Tsang-Wing Tsai
1777 Richard John Turner
1003 Tamirisa Venkateswarlu
1782 Lawrence Jeffrey Whalley
1738 Christopher Robert Whyte
1780 Stephen Robert Wilson
1456 Rosemary Jane Wool
1565 Elizabeth Joyce Wylie
0838 Abul Kashem Mohammed Qamaruz Zaman

The Preliminary Test, March 1974

The following candidates passed the Preliminary Test. There were 201 candidates:

1611 Ahmed, A.
1617 Anderson, R. M. L.
1297 Attaullah, K.
1619 Bapuji Rao, V.
1622 Bishop, B. P.
1352 Bolton, J. S.
0874 Boulnois, J.
1623 Bradley, E. F.
1576 Caldicott, F.
1459 Calvert, C. A. D.
1624 Carden, M.
1628 Checkley, S. A.
1358 Chen, L. T. Y.
1631 Coleman, J. M.
1460 Colgan, A. F.
1632 Cullen, C. R.
1633 Cumming, C. G.
1578 Davies, N. S.
1634 Davies, S. R.
1637 Duke, M. G.
1638 Elliott, E. J.
1639 Fagin, L. H.
1640 Fernando, P. M. T.
1579 Garcia-Estrada, A.
1641 Gayner, M. B.
1643 Gledhill, M. T.
1644 Gnanasingham, G. S.
1594 Goh, C. W.
1646 Gryspeerdt, M. J.
1648 Hallström, C. O. S.
1649 Harris, D. J.
1650 Hasan, A.
1652 Hughes, R. K. G.
1595 Hughson, A. V. M.
1653 Hyde, K. R.
1596 Jerram, T. C.
1657 Jones, S. B.
1659 Kilgour, H. K.
1582 Krishnamurti, D.
1661 Kunwar, D. R.
1584 Lam, P. T. C.
1662 Lambourn, J.
1665 Lodge, G. J.
1666 Lomax, S. R.
1597 McDonald, S. E.
1598 McInroy, D. C.
1732 McKee, R. J.
1600 Martin, I. A.
1669 Mathew, R. J.
1670 Maule, R. E.
1672 Merry, R. T. G.
1585 Michael, Y. I.
1673 Michalakeas, A.
1601 Miguda, N.
1405 Mills, N. P. F.
1676 Morse, L. A.
1679 Nayani, G. R.
1680 Newton, J. H.
1416 O'Beirne, P.

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1734 O'Brien, S. B.
1684 Osborn, M. F.
1586 Palejwala, M. A.
1685 Parhad, H. M.
1686 Parhad, S. E. S.
1687 Pariente, D.
1602 Park, S. J.
1689 Pastor, T.
1690 Potter, R. G.
1691 Powell, A. S.
1335 Raine, W. J. B.
1588 Rajapaksa, T. J.
1698 Reynolds, C. M.
1430 Riazuddin
1699 Rigby, B. P.
1700 Ring, P. S.
1701 Robinson, M. L.
1603 Rockstro, R. F.
1702 Rosser, R. M.
1604 Sabaratnam, S. K. R. N.
1336 Saini, N. K.
1703 Sakthivel, L. M.
1589 Salter, E. J.
1709 Shah, M. R.
1606 Smith, A. H. W.
1711 South, V. M.
1607 Sud, P. D.
1717 Teggin, A. F.
1445 Terry, D. A.
1724 Wade, A.
1725 Webb, E.
1453 Wijesinghe, G. C. P.
1726 Williams, A. J.
1727 Williams, R. W.
0375 Younus, M.

A Sample Preliminary Test Multiple Choice Question Paper

(1) Limbic structures include:
(a) Insula
(b) Fornix
(c) Anterior commissure
(d) Cingulum
(e) Hippocampus
(f) Amygdala

(2) Characteristic chromosomal abnormalities are present in the following:
(a) All types of Mongolism (Down's syndrome)
(b) Klinefelter's disease
(b) Epiloia (tuberous sclerosis)
(d) Microcephaly
(e) Laurence-Moon-Biedl syndrome
(f) *Cri du chat* syndrome

(3) The following may be due to disorder of the extrapyramidal system:
(a) Clasp-knife rigidity
(b) Tremor of the lips
(c) Spasmodic torticollis
(d) Akathisia
(e) Festinant gait
(f) Rotatory nystagmus

(4) Defence reaction arousal in animals may be produced by stimulating the following:
(a) Dorsomedial thalamic nucleus
(b) Mammillary bodies
(c) Posterior pituitary
(d) Amygdala
(e) Dentate nucleus
(f) Hypothalamus

(5) Senile plaques:
(a) Are commonly found in the outer layer of the frontal cortex
(b) Do not occur in those of middle age
(c) Are found in the senium in brains which are otherwise normal
(d) Stain positively for amyloid
(e) Are often found in Down's syndrome

(6) Semantic differentials:
(a) Are frequently used to measure the evaluative aspects of attitudes
(b) Are properly described as 'forced-choice' techniques
(c) Are free from the tendency to evoke social desirability responses in the respondents
(d) Are useful in identifying schizophrenic thought disorder
(e) Characteristically involve the use of unipolar adjectival pairs
(f) Are often used to measure the meanings which people attach to concepts

(7) The following statements are true of prospective but untrue of retrospective studies:
(a) Patients can be randomly assigned to treatment categories or groups

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(b) Evaluative measures can be modified on the basis of feed-back results
(c) Information from clinical files can be used in the analysis of results
(d) An interview with the patient's relatives is a necessary procedure
(e) All the relevant information can be obtained from existing records

(8) The effectiveness of a given treatment cannot be tested without using:
(a) An untreated control
(b) Double-blind procedure
(c) A valid measure of change
(d) Patient self-reports
(e) Physiological measures

(9) The Standard Deviation is a statistical measure of:
(a) Frequency
(b) Variability
(c) Range
(d) Individual differences
(e) The significance of departure from the mean

(10) The following are recognized side-effects of chlorpromazine:
(a) Hypothermia
(b) Retinitis pigmentosa
(c) Akinetic mutism
(d) Haemolytic jaundice
(e) Galactorrhoea
(f) Teratogenicity

(11) Primary demyelination occurs in the following disorders:
(a) Lead encephalopathy
(b) Amaurotic family idiocy (Tay-Sachs' disease)
(c) Schilder's disease
(d) Syringomyelia
(e) General paralysis
(f) Alzheimer's disease

(12) Cognitive dissonance:
(a) Is a concept from social psychology
(b) Is found in schizophrenia
(c) Is a cause of internal discomfort
(d) Makes for self-deception
(e) Was first described by McDougall

(13) There are more severely subnormal persons than can be accounted for by chance expectancy at the lower end of the intelligence scale. The reasons for this include:
(a) Mutation
(b) Broken homes
(c) Inadequate education
(d) The fact that less intelligent people have larger families
(e) Chromosomal abnormalities
(f) Alcoholism in one or other parent

(14) REM sleep time is decreased by:
(a) Barbiturates
(b) Lysergic acid diethylamide
(c) Heroin
(d) Chlorpromazine
(e) Nitrazepam

(15) An abnormal brain respiratory rate is found in:
(a) Senile dementia
(b) Surgical anaesthesia
(c) Schizophrenia
(d) Insulin hypoglycaemia
(e) Depressive stupor
(f) A grand mal seizure

(16) Mental mechanisms which play an essential part in the production of hysterical conversion symptoms include:
(a) Projection
(b) Denial
(c) Reaction formation
(d) Introjection
(e) Ambivalence
(f) Sublimation

(17) Imprinting:
(a) Involves retention of past learning
(b) Is a form of social attachment
(c) Is a concept first formulated by Gregory Bateson
(d) Has been studied mainly in mammals
(e) Can be diverted into abnormal channels

(18) The following are associated with the name of Jung:
(a) Omnipotence of thought
(b) The Mandala
(c) Infantile sexuality
(d) Individual psychology
(e) Racial unconscious
(f) Extraversion and neuroticism

(19) Free association:
(a) Is a method whereby repressed material may be recovered under hypnosis
(b) Is a technique which encourages the expression of ideas and emotions

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(c) Usually reveals the subject's defence mechanisms
(d) Is an essential factor of milieu therapy
(e) Requires the administration of intravenous methylamphetamine-barbiturate mixture

(20) The following are associated with the name of Melanie Klein:
(a) Electra complex
(b) Anaclitic depression
(c) The 'Double-Bind'
(d) Manic defence
(e) Paranoid position
(f) Autochthonous ideas

(21) The following are characteristic of Wernicke's encephalopathy:
(a) Demyelination of the corpus callosum
(b) Capillary proliferation in the mammillary bodies
(c) Chromatolysis of Betz cells
(d) Haemorrhages around the third ventricle
(e) Degeneration of the inferior olivary nuclei
(f) Cerebellar atrophy

(22) Thiamine deficiency may be suspected when:
(a) Ketonuria is present
(b) Transketolase activity is low
(c) Fasting plasma pyruvate is high
(d) Glucose tolerance is impaired
(e) Plasma lactate dehydrogenase levels are high
(f) The patient has been taking monoamine oxidase inhibitors for some considerable time

(23) The following structures are part of the neocortex:
(a) Broca's area
(b) Hippocampus
(c) Operculum
(d) Superior temporal gyrus
(e) Cingulum

(24) The action potential of a nerve fibre is due to:
(a) Movement of sodium ions inwards
(b) Movement of phosphate ions outwards
(c) Movement of chloride ions outwards
(d) Movement of potassium ions inwards
(e) Voltage reversal across the nerve membrane

(25) The following drugs are excreted more rapidly in urine of low pH:
(a) Amphetamine
(b) Pethidine
(c) Phenobarbitone
(d) Imipramine
(e) Salicylic acid

(26) Noradrenaline and 5-hydroxytryptamine:
(a) Are limited in their site of action to the diencephalon
(b) Probably play a part in the control of REM and other stages of sleep
(c) Are produced by the action of monoamine oxidase
(d) Are chemically related to known hallucinogenic compounds
(e) Are probably neurotransmitters

(27) The reticular activating system:
(a) Is excited by somatic afferents
(b) Activates all areas of the cerebral cortex
(c) Is inhibited by auditory afferents
(d) Produces behavioural arousal
(e) Causes an increase in EEG slow wave activity

(28) The following errors of metabolism may affect mental function:
(a) Excessive uptake of copper
(b) Agammaglobulinaemia
(c) Hartnup disease
(d) Absence of enzyme cystathionine synthetase
(e) Cystinuria

(29) The term 'Transference' means:
(a) An interference in treatment caused by a patient's feelings
(b) Repetition of earlier relationships projected on to the person of the therapist
(c) A special form of relationship between therapist and patient which may be used by the therapist to carry treatment forward
(d) The reaction of a patient to the therapist's counter-transference
(e) Communication between the patient's 'unconscious' and that of the therapist

(30) Dopamine is:
(a) A precursor of noradrenaline
(b) Decreased in amount in the substantia nigra of those with Parkinsonism
(c) Useful in the treatment of extra-pyramidal disorders
(d) Formed by the hydroxylation of tyramine
(e) A putative transmitter substance in the brain

(31) Recognized side-effects of tricyclic antidepressive drugs include:
(a) Cataract
(b) Hypertension
(c) Ileus
(d) Prostatitis
(e) Cardiomyopathy
(f) Hypothyroidism

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(32) Combined administration of tranylcypromine with the following substances may have untoward clinical results:
(a) Nicotinic acid
(b) Ephedrine
(c) Methyldopa
(d) L-tryptophan
(e) Atropine
(f) Morphine

(33) Standard intelligence tests:
(a) May be modified to suit the special needs of a patient
(b) Are of no value in those over 65 years of age
(c) Yield normally distributed scores in the general population
(d) Were first developed to measure the abilities of North American schoolchildren
(e) Very useful in distinguishing arteriopathic from other forms of dementia

(34) The following are recognized as having hallucinogenic effects:
(a) Atropine
(b) Tetrahydrocannabinol (THC)
(c) Heroin
(d) Psilocybin
(e) Methaqualone
(f) Cocaine

(35) The EEG pattern:
(a) Changes according to the level of conscious awareness
(b) Shows naked-eye changes in response to alterations of mood
(c) When normal excludes cerebral disease
(d) In temporal lobe epilepsy is characterized by 3 per second spike and wave activity
(e) Is a sensitive indicator of encephalopathy in liver disease

(36) The following are involved in the control of eye movement:
(a) Inferior colliculus
(b) Medial longitudinal bundle
(c) Broca's area
(d) Medial forebrain bundle
(e) External geniculate ganglion
(f) Corpus striatum

(37) The theory of behaviour therapy employs the following concepts:
(a) Stimulus generalization
(b) Reinforcement
(c) Imprinting
(d) Autosuggestion
(e) Extinction

(38) Operant conditioning is:
(a) Useful in training mentally handicapped children
(b) The same as classical conditioning
(c) The basis of teaching machines
(d) Extinguished more rapidly when build up under partial reinforcement
(e) Of value in the treatment of addictions
(f) Based on techniques derived from hypnosis

(39) The following statements relating to the psychoanalytic theory of development are correct:
(a) Personality development is complete within the first five years of life
(b) Organ inferiority contributes to character formation
(c) It is possible for a child to have kind parents and a harsh supergo
(d) The role of constitutional factors is of minimum importance
(e) The Oedipus complex ushers in the 'anal' phase of development

(40) From the viewpoint of psychoanalysis:
(a) If children are given early enough sex education neurosis may be prevented
(b) Most adult neurotic problems can be traced to sexual seduction in childhood
(c) The mother-child relationship during the first year of life is an important factor in determining healthy psychological development
(d) The main concern of a child during his second year of life is with his faeces
(e) Negativism is an early feature of adolescence

(41) Factor analysis:
(a) Has been used in attempts to arrive at a classification of psychiatric illness
(b) When carried out on the correlations between symptoms is the same as numerical taxonomy
(c) Is an appropriate method of comparing the effectiveness of two treatments
(d) Was first devised by H. J. Eysenck
(e) Necessarily involves factors or dimensions that are independent (at 90°) of each other

(42) In normal distribution:
(a) The mean and mode fall at the same point
(b) The standard deviation is equal to the value of the mean

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(c) Several sources of variation may be represented simultaneously
(d) The two 'tails' are equal and symmetrical
(e) About two-thirds of the cases fall within one standard deviation on either side of the mean

(43) The following are associated with disorder of the parietal lobe:
(a) Gerstmann's syndrome
(b) Astereognosis
(c) Expressive dysphasia
(d) Tactile inattention
(e) Dressing apraxia
(f) Word blindness

(44) For a set of metrical observations:
(a) The Mean is a representative parameter in the sense that every reading contributes to it in an equivalent way
(b) When the readings are arranged in rank order from least to greatest, the number of readings below the median is the same as the number above it
(c) Extreme readings (far from the centre of the distribution) exert more influence on the value of the median than on the value of the mean
(d) The median and the 50th percentile are alternative descriptions of the same parameter
(e) If the distribution is a symmetrical one, the median and the mean invariably coincide in value

(45) According to Eysenck and his colleagues:
(a) Extraversion-introversion and neuroticism are independent in the general population
(b) CNS-stimulant drugs have introverting effects on a great variety of experimental tests
(c) The extraversion-introversion dimension is related to the functioning of the autonomic nervous system
(d) Both dimensions of extraversion-introversion and neuroticism are continuously distributed in the population
(e) Extraversion-introversion is unrelated to conditionability

(46) The following statements about modes of inheritance are correct:
(a) In recessive inheritance where a couple are known to be carriers the risk is 1 in 4 that any future child will be affected
(b) If a woman is heterozygous for an X-linked gene there is a 1 in 2 chance that her daughter will be a carrier
(c) A female has two Y chromosomes and a male one X and one Y chromosome
(d) If an individual inherits from each parent the same allelic form of a particular gene he is said to be heterozygous for that gene locus
(e) Dominant inheritance is due to genes whose effects manifest themselves in the heterozygote
(f) Patients with dominant conditions of late onset will usually have one affected parent

(47) The following statements about mode of inheritance are correct:
(a) A similar prevalence of illness in the sibs and children of probands supports an autosomal dominant rather than a recessive mode of inheritance
(b) X-linked inheritance is ruled out if affected fathers have affected daughters
(c) Polygenic inheritance is likely in common disorders in which genetic factors play a part
(d) A woman with Huntington s chorea is more likely to transmit her condition to her sons than to her daughters
(e) A rare disorder inherited as a recessive would lead you to expect an increased rate of cousin marriage in the parents of probands

(48) In Schizophrenia:
(a) The chance of a sibling becoming schizophrenic is nearer 50 per cent than 10 per cent
(b) Where the biological children of a schizophrenic parent are brought up by non-schizophrenic parents, they become schizophrenic no more often than other adopted children
(c) First degree relatives of patients suffer from personality disorder more often than members of the general population
(d) Recent twin studies report lower monozygotic concordance rates than earlier twin studies
(e) The finding that the disorder has a much higher prevalence in lower socio-economic classes argues strongly in favour of a genetic predisposition

(49) The following disorders are transmitted by a single recessive gene:
(a) Wilson s disease
(b) Schizophrenia
(c) Tuberous sclerosis
(d) Phenylketonuria
(e) Down's syndrome
(f) Pick's presenile dementia

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(50) The EEG pattern:
(a) Shows an increase in theta activity in hypnotized subjects
(b) Does not change as a function of maturation after the age of 10 years
(c) May show increased dysrhythmia in those taking benzodiazepines
(d) Characteristically shows high voltage activity in those with Huntington s chorea
(e) Shows maximal alpha activity over the occipital region

(51) Examination of the buccal smear for sex chromatin (Barr bodies) is of direct diagnostic value in the following disorders:
(a) XYY syndrome
(b) Klinefelter's syndrome
(c) Turner s syndrome
(d) The Triple-X syndrome
(e) Mosaicism involving a karyotype with multiple X-chromosomes

(52) Men with the XYY syndrome:
(a) Tend to be abnormally tall
(b) Are often severely subnormal
(c) Have children who are chromosomally abnormal
(d) Are predisposed towards committing sexual offences
(e) Show a wide variety of minor congenital stigmata

(53) The term 'Behaviour Therapy' includes:
(a) Reducing anxiety by motivating patients to adjust to their sexual problems
(b) Treating alcoholics with disulfiram (Antabuse)
(c) The systematic control of rewards and punishments in order to modify abnormal behaviour
(d) Helping a patient to gain insight into the basic nature of his neurosis
(e) The use of vaginal dilators in order to overcome dyspareunia

(54) To test the hypothesis that two samples are drawn from the same population an investigator can use:
(a) A one-way analysis of variance
(b) An unstated factor analysis
(c) A Chi-squared (χ^2) test for independence
(d) The product-moment correlation
(e) An analysis of co-variance

(55) Prolonged administration of lithium carbonate may produce:
(a) Weight gain
(b) Craving for carbohydrates
(c) Diarrhoea
(d) Hyperthyroidism
(e) Thirst
(f) Osteoporosis

(56) According to psychoanalytic theory fixation at the anal phase of psychosexual development is to be related in adult life to the following:
(a) Punctuality
(b) Parsimony
(c) Generosity
(d) Sadomasochistic tendencies
(e) Homosexuality
(f) Attention-seeking

(57) The following statements are correct:
(a) The relative contribution of genes to measured intelligence falls between 50 and 65 per cent
(b) In white males over the age of 25 years occupational level is more related to IQ than to training or education
(c) The occupational level of real fathers is more clearly related to the IQ of their offspring than that of foster-fathers
(d) The offspring of cousin marriages show depression in their IQs as compared with their parents, in contrast to children born of non-cousin marriages drawn from the same social class
(e) Those of dull intelligence (i.e. around IQ 80) have a lower birth rate than those of superior intelligence (i.e. around IQ 130)

(58) Drug combinations which may prove detrimental rather than beneficial include:
(a) Phenelzine and pethidine
(b) Coumarol anti-coagulants and barbiturates
(c) Benztropine and L-dopa
(d) Guanethidine and nortriptyline
(e) Trifluperidol and diazepam

(59) The term 'Over-inclusion' describes:
(a) A failure to eliminate inefficient and inappropriate responses
(b) The fusion of several latent elements in a dream into a single manifest element
(c) The gradual development of inhibitory tendencies to stimuli which resemble the original conditioning stimulus
(d) A process whereby psychological conflicts may be transformed into physical symptoms
(e) A mechanism underlying the occurrence of flight of ideas in manic states

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(60) The Law of Initial Value refers to:
(a) The relationship between stimuli and sensations
(b) The interrelation of incidence, emission and diminution of energy
(c) A negative correlation between basal autonomic functioning and reactivity
(d) The principle which states that when two items are associated it is more difficult to form an association between either these and a third item
(e) Factors which may determine response to the administration of a drug having a stimulant activity upon the central nervous system

COMMENTS ON THE PRELIMINARY STATEMENT OF THE SUB-COMMITTEE OF THE STANDING MENTAL HEALTH ADVISORY COMMITTEE ON THE ROLE OF PSYCHOLOGISTS IN THE HEALTH SERVICE

In general we welcome this document, which we think has a good perspective and clarifies many important points. We do, however, consider that it is unclear on some practical points, and these are set out below.

1. Although we welcome the proposal that the psychologist at the head of an Area Department will have major responsibility for overall co-ordination and development of services (page 7, paragraph 13), we agree emphatically with the advice in the second sentence in which it is envisaged 'that he will retain a commitment to professional practice'. We think it very undesirable for the most senior clinical psychologists to become pure administrators and to work at locations distant from clinical practice. So that this may not happen the Health Department should ensure that administrative assistance is available to them at each Area Health Department.

2. Concerning the question of clinical responsibility, it is not fully realized that this resides only in a minority of clinicians within a hospital. The majority of medically qualified doctors—not only junior staff but also many of those with full consultant status, such as radiologists, pathologists and anaesthetists—do not have ultimate clinical responsibility for patients. Within the psychological service clinical responsibility would not be acceptable unless there had been adequate clinical experience as well as recognized postgraduate training qualifications.

3. Within the hospital, i.e. for in-patients and day patients, clinical responsibility will always be that of the multi-disciplinary team, which is headed by a medically qualified doctor of consultant rank. We would expect that clinical psychologists concerned with in-patients would work within such multi-disciplinary teams. It is recognized that relationships within the team may vary widely and that first responsibility for individual patients may often be carried by non-medical members of the team.

4. As for out-patients, but still within the National Health Service, clinical responsibility will be that of a 'consultant' who has had appropriate postgraduate training and adequate clinical experience. If this 'consultant' is a clinical psychologist we would expect adequate medical cover for his patients, and this might be provided by the services of the general practitioner.

5. While we welcome the proposal that clinical psychologists should all have opportunities for undertaking research and that there should in addition be full-time research posts within the National Health Service (paragraph 28), and while we also welcome the proposals that facilities should be available for further training, we wish to point out that the needs of clinical psychologists are no different from those of psychiatrists—or indeed many other branches of the medical profession—in these respects, and it is our view that such facilities should be developed in the context of the overall needs of the National Health Service for all concerned.

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