

tice library, it is available from the Queen's Nursing Institute.

R. V. H. JONES

**PSYCHIATRIC ILLNESS.
3RD EDITION**

Harold Merskey

Ballière Tindall
London (1980)

434 pages. Price £7.50

An important textbook of psychiatry, such as this, has to be used bearing in mind the aims of its authors. Unlike most textbooks on this subject it starts with clinical situations, or with symptoms, and discusses diagnosis and management after defining the problem. It suggests treatment through understanding the complaint, the patient, and, equally important, the practitioner.

The effect on the doctor of psychiatric illness in patients is considered in

all aspects of diagnosis and treatment. In consequence, the text offers a refreshing approach for those who wish to stimulate and improve their practice of psychiatry in family medicine. It serves too as an interesting reference book on a wide selection of specific areas in psychological medicine.

No book can be all things to all men. The principal weakness of this book lies in the attempt by the author to include a conventional textbook approach to the subject. For example, a casual glance in the index at depression will leave the reader with a considerable number of page references. Unless the ethos of the book is appreciated, following up these references will give a disjointed view of the subject, which might well be misunderstood in consequence.

The authors' intention of teaching psychiatry in the context of patients that doctors meet in clinical practice obviously makes the book useful to those in vocational training (trainees or trainers) and to doctors whose tech-

niques of self-audit are open to improvement.

The book is not suitable as the only textbook of psychiatry on a doctor's bookshelf. In places it is unreasonably opinionated and there are omissions of fact and detail. Certain subjects are treated with seemingly biased emphasis.

The new section on children and adolescents is rather superficial and has not been presented in quite the same perspective as the original text, and the chapter on old age needs considerable expansion.

This is the third edition of a book which was originally written in 1965 by Professor Merskey with the late Dr Lawton Tonge, who died in 1976. Some of the theories of psychiatry which are given continued credence suggest that the revision could be more thorough. The pronoun 'we', apart from being sadly inappropriate, should be eliminated to improve the readability of the text.

CLIVE FROGGATT

REPORTS

The Regulations for vocational training

THE passage earlier this year of the final legal stages of the National Health Service (Vocational Training) Regulations has set the scene for a unique occasion: the implementation next February of a statute remarkable both for its special provisions and for the very wide scope of its application. For the first time in the history of general practice in the United Kingdom, entry to our branch of the profession is to be regulated by reference to special postgraduate educational criteria, and all doctors applying to become principals in NHS general medical practice, whether single-handed or in partnership, will first have to show either that they have undertaken the requisite preparation or that they are exempt from the provisions of the Regulations.

To take the exemptions first. Doctors who are already principals on the appointed day—16 February 1981—will remain exempt should they subsequently resign and then wish to return. A doctor previously on the medical list of a family practitioner committee (or of its predecessor, the executive council) will also have protected status, but only up to 15 February 1990. If return to general medical practice as a principal is further postponed, then the requirements of the Regulations will have to be satisfied. Doctors in the Armed Services

engaged in duties comparable to general medical practice will also be exempt.

The Regulations will not apply in the case of those wanting to give only restricted services, such as contraception and maternity. However, if a doctor wishes to give unrestricted services (albeit to a limited list, for example as part of a student health service) then he will have to comply with the Regulations.

The Regulations stipulate or 'prescribe' the medical experience to be acquired before an application for principalship may be considered by the Medical Practices Committee. Because the Regulations are being implemented in two stages, the definition of prescribed experience depends on whether one is considering the period up to August 1982 or afterwards. Between 16 February 1981 and 15 August 1982 prescribed experience will consist merely of 12 months as a full-time trainee general practitioner (or two years if the training is undertaken half time). From 16 August 1982 onwards prescribed experience will be taken to mean three years' training: one year at least must be spent as a trainee general practitioner; another year at least must be spent in no fewer than two hospital appointments occupied for at least six months each in specialties drawn from a restricted list (accident and emergency medicine, or general surgery; general medicine; geriatric medicine;

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obstetrics and/or gynaecology; paediatrics; psychiatry); any remaining period (up to a year) may be spent in one or more of a wider range of hospital or community medicine appointments. Provided that hospital experience is in two of the listed specialties, it can be confined to those two specialties.

To count towards prescribed experience all these hospital and community medicine appointments must be held subsequent to registration with the General Medical Council. Furthermore, the posts themselves must be educationally approved, which means that (for England and Wales) they must first have been approved by the Royal College or Faculty concerned with the specialty in question, and then selected by a regional postgraduate medical education committee as suitable for general practice training. (In Scotland and Northern Ireland the approval mechanism is only slightly different.) Experience acquired on a part-time basis will count provided it is not less than half time: the duration of training must be extended proportionately, but overall the experience must be acquired within not more than seven years immediately preceding the application for the certificate. This will allow for breaks in training, which may be particularly appreciated by women doctors.

At the end of each appointment the doctor should obtain from his/her trainer or consultant a signed statement of satisfactory completion and send it, endorsed by the regional adviser, to the Joint Committee on Postgraduate Training for General Practice (JCPTGP) in support of his application for a certificate of prescribed experience. Once this certificate is issued it does not have to be used straight away: it can be retained by the doctor and used at any time in the future when applying to the Medical Practices Committee.

Other sorts of medical experience which do not fulfil the above criteria (for example, some posts overseas; appointments on a less than half-time basis; non-training assistantships in general practice) may never-

theless be deemed 'equivalent' to prescribed experience, and full details should be sent to the JCPTGP which will consider all such applications and, if satisfied, issue the appropriate certificate. (A certificate of equivalent experience will confer precisely the same status on its holder as a certificate of prescribed experience.) Application forms are available from the Joint Committee's office at 14 Princes Gate, London SW7 1PU.

If the JCPTGP declines to issue a certificate it will state its reasons, and this should prove helpful to applicants in planning their further training. On the other hand, disappointed applicants have the right to appeal to the Secretary of State against the JCPTGP's refusal to issue a certificate.

Doctors with any queries about their status under the Regulations, or who want advice on how best to complete their training to meet the requirements, should contact their regional adviser in the first instance. In addition, information is always available from the Joint Committee's office. It is important to bear in mind the implications of the phasing of the Regulations: anyone who has completed the general practice component before 16 August 1982 will have satisfied the requirement for prescribed experience and may apply for the certificate irrespective of whether or not training in hospital has been undertaken. However, application for this must be made before 16 November 1982.

Despite the complex nature of the Regulations it is expected that the great majority of future entrants in general practice will have fulfilled the criteria for prescribed experience, which after all is similar to the three-year vocational training at present undertaken voluntarily by hundreds of young doctors, whether in co-ordinated schemes or as self-constructed programmes. The true significance of this measure is that it provides the country and the profession, no less than the trainees themselves, with an assurance about standards of present-day training, and thus about the quality of general practice in the future.

J. S. NORELL

Executive Officer, JCPTGP

Joint curriculum planning in Plymouth

PLYMOUTH VOCATIONAL TRAINING SCHEME

THIS report outlines the evolution of a joint curriculum for training general practitioners between the Department of Geriatric Medicine in the Plymouth Group of hospitals and the Vocational Training Scheme for General Practice in Plymouth, Devon.

As a result of negotiations in the spring of 1979 between the vocational training scheme and the Department of Geriatric Medicine in Plymouth to establish training posts of four months' duration, concern was

expressed by the geriatric department that this term of attachment might not be adequate to fulfil the training needs of each doctor. However, happily for the vocational training scheme and for the future of general practice in the South West of England, the geriatricians decided to accept the constraints placed upon their teaching resources by the time limitation, provided that the trainers within the scheme realized they also had a part to play in teaching.