Physician (Dr John Bendall) is in post, as is a Lecturer/Senior Registrar in Psychiatry (Dr John Wattis). Dr Robert Jones, currently working in Manchester, has been appointed Senior Lecturer/Consultant Psychiatrist from January 1980.

Trainee staff on the psychiatric wing of the Department come from the Nottingham Psychiatric Training Scheme organized by the Department of Psychiatry, as well as from the local Vocational Training Scheme in General Practice. There is a similar arrangement on the medical side. The Lectureship and Senior Lectureship on the psychiatric side may well be the first full-time academic posts in old age psychiatry in this country.

All Nottingham medical students spend a month, fulltime, in the Department, during which time they have a programme of teaching in all aspects of the care of the elderly, as well as 'apprenticeship' to the work of the Department.

### Stress and the Overseas Student

A conference on the above theme was held on 1 December last in Edinburgh under the auspices of the Edinburgh Transcultural Psychiatry Society. The conference theme attracted about 50 participants, generally representative of organizations concerned with Overseas Student

Welfare, together with representatives from the British Council.

Speakers drew attention to the distinctive pressures of overseas students, such as the problems of learning the verbal and non-verbal communications characteristic of the local society, the economic and political factors which may have initiated the study sojourn in the UK and also the specific problems sometimes caused by British peculiarities. A further feature was the apparent fact that the Easter term is the time during which psychiatric morbidity is most likely to occur in first year overseas students.

## The Laughlin Prize

The joint winners of the Laughlin Prize for the November 1979 Membership Examination were Dr Helen R. Bond and Dr Robert P. Hobson.

## March of the Women

In the first five years of the College's existence 349 women passed the Membership Examination. In the year from 1 October 1977 to 30 September 1978, 36 per cent of all those appointed to posts as consultant psychiatrists were women. Looking at the total in the NHS, one in four of all psychiatric hospital staff are women, and one in six consultants. This is a greater proportion than in any other specialty.

# Under Discussion

### **Attention Overseas Students**

The future of the 'Conjoint' DPM is under discussion. The Examining Board in England (run jointly by the Royal Colleges of Physicians and Surgeons) is considering the future of this and other examinations in the light of new arrangements at the Examination Hall. If it becomes necessary to discontinue this examination within the next three years, with or without an obvious successor in the universities or elsewhere, ample notice will be given. Our College does not propose to take over the DPM, although some people have suggested that if the College were to consider holding a second examination it should be of a different character, taken possibly after six or twelve months and therefore quite distinct from the Membership exam. Such a test might be specially adapted to the needs of general practitioners with some professional interest in hospital psychiatry. It is possible it might be of interest to those overseas doctors who wish to spend only a short period in psychiatric training. The MRCPsych examination will remain the major examination in this country for all psychiatrists wishing to proceed to higher training in the senior Registrar grade. Meanwhile, some open discussion of needs and aims is welcome.

### Cuts in Mental Health

In the excitement over the threatened closure of some hospital services, the cuts in community services to psychiatric patients have been overlooked. The Social and Community Psychiatry Section of the College has issued a special note pointing out that NHS policy over the past twenty years has been to run down the large psychiatric hospitals and develop community care instead. The latter has been funded partly by Area Health Authorities and partly by local authority Social Services, and the funding is now threatened. The Section calls for extreme vigilance. Cuts in all services must be monitored, not just in hospitals. There can be no going back to a re-expansion of the hospitals to compensate for cuts in community staffing or hostel places, and the psychiatric patient may lose again.