## The College

## Regional Advisers and Guidelines on their Functions

The Court of Electors has recently approved the appointment of new Regional Advisers and their deputies. These are listed below. In order that College members may be

acquainted with the duties of the Regional Advisers, guidelines are appended.

Region	Division	Adviser	Deputy Adviser
NORTHERN	North East	Dr D. L. F. Dunleavy	Dr K. Davison
YORKSHIRE	North East	Dr J. Roberts	Dr S. Mahapatra
MERSEY	North West	Dr M. D. Enoch	Dr M. W. Forth
NORTH WESTERN	North West	Prof D. Goldberg	Dr. S. Levine
TRENT	Midlands	Prof S. Brandon	Prof C. P. Seager
WEST MIDLANDS	Midlands	Sir William Trethowan*	Dr J. Harrington*
OXFORD	Chiltern and Thames Valley	Dr E. B. O. Smith	Dr S. Abell
N. W. THAMES	Chiltern and Thames Valley	Dr K. L. Granville-Grossman	Dr J. Steinert
EAST ANGLIA	East Anglian	Sir Martin Roth	Dr J. Dowson
N. E. THAMES	East Anglian	Dr S. I. Cohen	Dr A. Mezey
SOUTH WESTERN	South Western	Prof Gethin Morgan	Dr J. B. Gordon Russel
VESSEX	South Western	Dr P. N. Nott	Dr C. Davies
S. E. THAMES	Southern	Prof R. Cawley	Dr T. H. Bewley
S. W. THAMES	Southern	Dr J. S. Stead	Dr M. Ekdawi
WALES ·	Welsh	Dr J. M. Cuthill	Dr J. Hughes
COTLAND:	Scottish		
NORTH EAST		Dr D. Le Poidevin	Dr H. S. Ross
EAST		Dr A. H. Reid	Dr A. McQuaid
SOUTH EAST		Dr R. Kennedy	Dr W. Fraser
WEST		Dr J. Clark	Dr A. F. Cooper
RELAND:	Irish		-
NORTHERN		Dr W. MacCallum	Prof G. Fenton
EIRE		Prof R. Daly	Prof M. Webb
HM FORCES	Navy	Dr E. B. O. Smith	
	Army	Prof J. Watson	
	RAF	Prof W. Linford Rees	

Dr John Harrington will succeed Sir William Trethowan on his retirement later this year and a new Deputy Regional Adviser will be appointed.

## Guidelines for Regional Advisers

- The College appoints a Regional Adviser to each of the English Regional Health Authorities, and in Wales and in Northern Ireland. In Scotland there are four Regional Advisers who relate to the four Regional Postgraduate Committees. There is also a College Adviser in the Republic of Ireland and to each of the three Armed Services.
- 2. The Regional Adviser is appointed by the Court of Electors after consultation with the retiring Adviser, the Regional Postgraduate Dean, the Chairman of the College Division, and the local Professor(s) of
- Psychiatry. (A different procedure is followed for the Services' Advisers.)
- The appointment is for a period of five years in the first instance, but a further five-year term may exceptionally be allowed. Deputy Regional Advisers are appointed by the Court of Electors after consultation with the Adviser and the Chairman of the College Division.
- The Regional Adviser is the representative of the College on all matters relating to postgraduate education in psychiatry and is normally a member of the Regional Postgraduate Committee. He is expected to

keep in close touch with the Regional Postgraduate Dean. Most Regional Postgraduate Committees have a sub-committee for psychiatry and the Regional Adviser is normally a member or may be Chairman of this committee. He will, therefore, be involved in the supervision of senior registrars, the provision of postgraduate courses, and in giving advice to recruits to psychiatry and on any educational problem encountered by a psychiatrist in training.

- 4. The Regional Adviser will normally be involved in the Recognition of psychiatric tutors and may wish to hold regular meetings of psychiatric tutors, specialty tutors, and course organizers in his Region. He will also be aware of rotational training schemes in the Region and can assist in the development of such rotations.
- The Regional Adviser will be involved in College Approval visits and in Inspection visits made by the Joint Committee on Higher Psychiatric Training.
- Regional Advisers are expected to keep in close touch with the work of the College Division and be members of the Executive Committee of the Division.
- 7. In addition to these educational functions, Regional Advisers in England and Wales will be consulted by the Regional Health Authorities over the job descriptions of new and replacement consultant posts. In order to assist Regional Advisers, the College Sections have produced (or are producing) guidelines for job descriptions in the psychiatric specialties and some Sections have nominated representatives in the Regions who may be

- consulted about job descriptions by the Regional Adviser. Section representatives will not, however, be expected to give direct advice to Health Authorities.
- 8. Regional Advisers may be consulted by Regional Health Authorities on other aspects of the provision of psychiatric services and should be able to indicate College policy. He should also inform the College of major local developments and problems. It is important, however, that this function of the Regional Adviser does not conflict with the role of the College Division and its office bearers and of the medical advisory structure which exists within Regional and District Health Authorities.
- Regional Advisers should report briefly each year to the Court of Electors on their activities and developments in their Region. Minutes of the Meeting of Regional Advisers would be sent to the Court of Electors.
- 10. In order to avoid confusion it should be noted that the College Regional Adviser does not fulfil the function of Adviser in the Region on Merit Awards, for which an entirely different system of appointment exists.
- 11. Regional Advisers have Deputies who will act on their behalf in their absence. Deputies should not, however, be regarded as alternative sources of advice to Regional Health Authorities without the Regional Adviser's knowledge.
- Regional Advisers are also responsible for nominating a College representative to serve on appointment committees for senior registrars in England and Wales.

## Southern Division Trainees' Day

ALYSON HALL, JULIE HOLLYMAN and CHRIS THOMPSON, Southern Division Representatives of the Collegiate Trainees

Committee

The third Trainees' Day of the Southern Division took place on 31 March 1982 and was held for the first time in the S.E. Region, at King's College Hospital. We chose topics which are often neglected in peripheral hospitals, but were disappointed to find that trainees from these hospitals were under-represented.

The day was divided into three sections. In the morning five speakers, including two trainees, gave talks on aspects of liaison psychiatry under the chairmanship of Professor R. Cawley. Chris Bass discussed his work on psychogenic chest pain and was followed by Paul Robinson who described psychotherapy groups for post-infarction patients. Rachel Rosser talked about groups for psychogenic breathlessness. Professor Crisp then gave a talk on bereavement, and finally, Heinz Wolff described some psychodynamic aspects of liaison psychiatry.

The afternoon opened with the participants dividing into three groups to discuss training links with medicine, with

psychoanalysis, and general training problems. The liaison group demonstrated an overriding feeling of anger at the appalling training which was available in this specialty, even in the major teaching centres. Many felt that where there was experience there was inadequate supervision. Although 'overdoses' should not be entirely removed from the trainees' experience, most felt that presently they constitute far too much of it.

The general training group felt that too many consultants were not equipped as teachers. They also felt that clinical tutors ought to be elected by the trainees, rather than appointed by the consultants. The majority thought the College ought to be stricter in its criteria for granting Approval. It was recognized that the Approval Exercise had so far been successful, but that it is now necessary to go further. Senior registrars felt they suffered from isolation from other trainees and most would have liked a personal tutor, especially from the point of view of career guidance.