

Letter to the President from the Chief Medical Officer, Department of Health

Thank you for your letter of 30 October in which you raise two possible problems that are causing concern to your College Examination Sub Committee.

I apologise for the delay in replying to your letter, but I am now in a position to deal with the questions you have raised.

With regard to the possibility of Health Authorities charging the College for use of clinical facilities which the College needs to conduct examinations, I would consider it reasonable to expect Units to waive charging for the use of an examination centre. The Steering Group on Undergraduate Medical and Dental Education recommended, with the endorsement of the Secretaries of State for Health, and Education, that the NHS and Universities should be discouraged from charging one another.

It would be hoped that NHS units would adopt a similar stance with regard to charging for facilities made available to further postgraduate medical education. It is worth emphasising that units, and the service, benefit ultimately from medical education undertaken by their staff.

The question of study leave and the employing authority being reluctant to allow time for your Members and Fellows to conduct examinations is covered by the rules governing study leave as laid down in paragraphs 250 to 252 of the Terms and Conditions of Service. This makes it clear that examining falls within the study leave entitlement of the practitioner, and that an employing authority is able to grant additional periods of study leave in circumstances where there would be a benefit to the long term needs of training and professional development of the practitioner.

In addition each consultant can agree with their local general manager to have their examining responsibilities recognised as part of their NHS work under their contract of employment. All hospital consultants would now have job plans agreed with their general manager as set out in HC(90)16.

I hope that through the mechanisms outlined above, it will be possible for these potential problems to be successfully avoided.

Dr KENNETH C. CALMAN

Obituary

Editor: Henry R. Rollin

GEORGE KERR, formerly Consultant Psychiatrist and Medical Administrator, Dovenby Hall Hospital, Cockermouth, Cumbria and Director of the National Development Team for Mentally Handicapped People

George Kerr died aged 56 on 3 August 1991 from multiple sclerosis, the illness which dogged his professional career and forced his early retirement in 1986. A founder member of the College, he was elected to the Fellowship in 1980.

George entered the field of mental handicap at a time of great change. He was a passionate believer in modern philosophies and a champion of normalis-

ation, care in the community and teamwork – goals which he worked tirelessly to achieve in his clinical posts and in his work at the Department of Health and Social Security. Caring and sensitive and with a quiet energy, he had little difficulty in carrying staff with him. Under his guidance, Earls House Hospital became a model service and in Cumbria, well before it became national policy, he pioneered the resettlement of residents from Dovenby Hall Hospital into integrated community care programmes based on small homes and community teams. The Aldingham Project, as this was known, was runner up in the *Health and Social Services Journal* Joint Care Award for 1981–82.