professional achievement in their speciality of which members of a Royal College can be proud.

In 1989 the Royal College of General Practitioners (RCGP) introduced Fellowship by Assessment which is a patient-centred assessment, based on a visit to the workplace of the applicant. The RCGP (1995) has published a list of essential criteria, each of which must be achieved, and each one of which is patient based. The assessment visit is undertaken by three established Fellows, increasingly themselves Fellows by Assessment, and doctors achieving this standard have reported gaining very considerable personal and professional satisfaction from doing it (Price, 1995).

This certainly prevents the Fellowship becoming a "self-perpetuating oligarchy which will tend to exclude those who have a low profile on the national regional scene but may still be doing good work". The RCGP system is open to every member of five years' standing and is based entirely on good work in the locality. Regional and national service is irrelevant. It is currently available as an alternative route to the RCGP Fellowship and Dr Moliver and other readers may find it of interest.

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Non-conversion of Section 5(2)

Sir: The Commission's report (Mental Health Act Commission, 1987) expressed concern about the use of Section 5(2) as an independent power of short-term detention for 72 hours rather than as a measure to provide authority to detain while an assessment for compulsory admission may be made. Incorrect use of Section 5(2) may result in the hospital being sued for damages, for false imprisonment and for negligence. Three published studies (Mason & Turner, 1994; Joyce *et al*, 1991; Pourgourides *et al*, 1992) raised questions about the appropriate use of Section 5(2).

In an extensive review of a much larger sample size, all applications of Section 5(2) of the Mental Health Act 1983 in North Cheshire between 1985–1995 were reviewed to examine general trends in its use and outcome. Between 1985–1995, there were 20601 admissions to Winwick Hospital, which serves the whole of North Cheshire, including 898 Section 5(2) applications. The conversion rate of Section 5(2) to other sections of MHA in this review was 57%, similar to that reported by Mason & Turner, 55% (1994); Pourgourides *et al*, 52% (1992); and Joyce *et al*, 48% (1991).

In 20% of cases, an application for Section 2 was made at the same time as Section 5(2). Indications for Section 5/2 included aggressive behaviour (16%), deliberate self-harm and suicidal threats (34%), and acute psychosis (44%). The low conversion rate was probably due to the fact that most patients were involved in acute transient behavioural disturbance. Low conversion rate of Section 5(2) to other sections of MHA should not be taken as an indicator of the incorrect use of the order.

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The Geoffrey Knight Unit has survived

Sir: This Unit has provided a significantly decreased level of service during the past year. I can now inform readers that we remain available for referrals, and the Unit has now moved from the Brook General Hospital to the Maudsley Hospital, London.

The first problem was that the Greenwich NHS Trust unilaterally reduced our beds from eight to four. This saved money and, with some other savings, it was possible to buy an MR scanner. Unfortunately, this was second-hand and never functioned before it became obsolete. Then, at the end of 1994, we were told that radio-yttrium, which we used to produce the lesion for our stereotactic subcaudate tractotomy operation (Bridges *et al*, 1994), could no longer be supplied because we were the only users. There was a delay for modifications and we are now using radio-frequency to produce the lesion. While psychosurgery was halted, we continued to admit patients for trials of high dose and combined antidepressants (Bridges *et al*, 1995) which, our clinical experience has shown, has reduced the need for psychosurgery in recent years.

The situation at present is that out-patients are seen at the Maudsley Hospital, we have in-patients at the Bethlem Royal Hospital and beds are available to us on the neurosurgery wards at King's College Hospital.

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Supervision registers: operational problems

Sir: Mandatory 'supervision registers for mentally-ill people' were controversially implemented in 1994 to 'facilitate the effective prioritization of care' (NHS Management Executive, 1994). The operation of this procedure was evaluated for all relevant NHS 'provider units' in East Anglia between June and November 1995. Data were obtained on randomly-chosen census days (one for each unit).

One hundred and forty patients were registered from a total population of 2.7 million and there was considerable variation between provider units in the number of registered patients/100000 of population (i.e. between 0.4–12.4). Sixty men and 19 women were considered to present a serious risk of violence to others.

Nine of the 11 Trusts had each developed a specific proforma to be used as the written record of the 'supervision register'. However, for most of them, headings for various items of information 'required' by the NHS Management Executive had been omitted. A distribution of copies was not specified for five proformas, while in no case was the keyworker identified as requiring a routine copy. The responsibility for completing the proforma was specified in only two units and, for 9 registers, there was no mechanism for recording and communicating updated information. Each of the 'supervision registers' had a parallel computerised recording system, but, for some systems, not all the written information was routinely transferred to the computerised record.

Supervision registers were often found to contain out-of-date information and there were discrepancies between written and computerised data. Information that was a 'required consent' was often missing and some key workers were unaware that certain patients were registered.

Although the initial aim of the procedure was to prioritise care, 'supervision registers' also have the potential to identify, monitor, and assist in the planning for the needs of those patients who require the most intervention and care. This survey demonstrates that further attention needs to be given to clarifying patient selection and implementing adequate administrative procedures.

NHS MANAGEMENT EXECUTIVE (1994) *Introduction of Supervision Registers for Mentally-Ill People from 1 April 1994*. HSG (94)5. Leeds: NHSME.

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Clinical involvement by medical secretaries and receptionists: a questionnaire survey

Sir: Medical secretaries and reception staff working in psychiatry are expected to deal with difficult and distressed patients and carers. The manner in which they do this gives an important first impression of the clinical service. In order to assess the clinical involvement of secretarial and reception staff within a mental health trust a questionnaire was sent to the relevant employees.

Thirty completed forms were returned out of 50 sent. The respondents were an experienced group (median time spent in psychiatry was 5 years, range 2–28) of 21 secretaries and 9 receptionists. All respondents had been asked for clinical advice by patients or carers which they felt unqualified to give. Many had offered to give a patient or carer informal support (18 face-to-face and 25 by telephone). Most respondents had received suicide threats (26 to their face and 17 on the telephone). Approximately half had been threatened themselves (14 in person and 17 on the telephone).

Only six of the 30 respondents had received any training in dealing with distressed or aggressive patients or carers, but 28 thought that such training would be helpful. Most staff who worked office hours had the opportunity to discuss their concerns about patients with clinical staff (15/20) but only four out of the 10 who often worked out-of-hours.

These results demonstrate high levels of clinical involvement by secretarial and reception staff and have indicated problem areas (working out-of-hours, on reception and in the drug/alcohol unit). A training and supervision need, quite separate from any issues of remuneration in recognition of such involvement, has been identified and is now being addressed. I would expect similar findings in other mental health units.

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