Psychiatric Bulletin (1993), **17**, 47–52

Correspondence

Trainee participation on College committees

DEAR SIRS

The Collegiate Trainees Committee is a special Committee of Council and has members from each of the Regions, and includes the Dean and Sub-Deans.

The CTC has statutory representation on Council and its standing Committees, including the Education Committee, and the trainees from the CTC are co-opted onto the Executive Committees of the ten Regional Divisions and the seven Specialist Sections within the College. They are also expected to act as the College's trainee representative for educational matters in their area.

The principal purpose of the Collegiate Trainees Committee is to provide a strong association between psychiatrists in training and the College. The College has a proud record in involving its trainees in its activities and in the present climate, when trainees in many specialties are critical of Collegiate bodies for their failure to ensure that training meets the perceived needs of the trainees and of the Health Service, it is gratifying that trainees in psychiatry, by and large, do not share these concerns.

It is particularly disappointing, therefore, that in some places either consultant psychiatrists or managers are refusing to support the attendance of an individual trainee at relevant CTC and other Committee Meetings.

The problem in association with managers has been taken up with the Department of Health, representatives of which have informed the College that our Committee structure related to educational activities is supported by them.

I am hoping through your correspondence columns to convey to those consultants who have not been willing to release trainees to participate in this College activity, that they might review their position.

There is no doubt that participation in the CTC, speaking as one of its representatives, facilitates important management training, through experiences gained in Committee work and in how decision making occurs at a variety of levels within the College.

Participation in the working parties which the CTC sets up intermittently enables trainees to collaborate on research projects. Recently the CTC has produced reports on management training for trainees and the training of junior doctors with respect to violent incidents. Both of these are being widely cited and are of use to trainers and trainees alike.

The CTC provides an opportunity for trainees to contribute to the work and activity of the College, ensuring their active contribution to our training processes. This enables the trainees to contribute to the improvement of training in psychiatry and, therefore, to the standards of practice of our discipline.

It is particularly important at this time of great change in the NHS, and in the provision of services in the Republic of Ireland, that trainees are not excluded from the College's attempts to ensure that our patients' care is enhanced through our activities.

Dr FIONA CALDICOTT
Dean

Managers Tribunal

DEAR SIRS

Shortly after an application to a properly constituted Mental Health Act Review Tribunal (MHART) was rejected a patient under our care was discharged from Section 3 by a so-called "managers tribunal". The patient was considered to represent such a serious suicide risk (he subsequently tried to electrocute himself and was prevented by nursing staff) that the nurse in charge applied Section 5(4) and we applied Section 5(2) and made a recommendation for a further Section 3 which was duly completed.

Despite questions as to the legality of the second Section 3 a further second opinion was obtained for ECT and the patient was eventually discharged in the usual way.

This experience has not clarified the status of managers tribunals which appear to parallel those of the Mental Health Act Commission without any of their safeguards. In this case the managers tribunal lacked a member with a background in clinical mental health and there were no established rules as to the conduct of the proceedings, or duty to take in to account specific circumstances (our patient was homeless) or to consult with the involved social worker.

It seems both illogical and unethical that the functions of the MHARTs are being usurped by members of the district health authority and unacceptable that consultants and others are put in the position of having to re-detain patients who have been released when there has been no material change in either the circumstances or the patient's mental state. There is also the vexed question of the legal position of a consultant who failed to re-detain a patient who went on to successfully commit suicide (as would most likely have occurred in our patient).

In view of these experiences, we would urge the College to debate these issues and to seek clarification of the role of managers tribunals *vis-à-vis* the MHARTs in the discharge of detained patients.

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See also letter from Anne Farmer and Mark Winston; *Psychiatric Bulletin*, 1992, **16**, 567–568—eds.

Current operation of Mental Health Review Tribunals

DEAR SIRS

We have been commissioned by the Department of Health to carry out a one year study of current practices regarding the operation of Mental Health Review Tribunals, with a particular emphasis on patterns of delay. Over the next few months we will be contacting a random sample of general and forensic psychiatrists to ask for their views. However, we would be most grateful to hear from any member of the College who has views on this subject, and in particular for decreasing the length of time it takes to obtain a tribunal hearing. These views will influence both the nature of our study, and its conclusions. All views will, however, be received in strict confidence.

Finally, the study is only concerning the current situation in England.

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Interpretation of the Mental Health Act

DEAR SIRS

There has been much correspondence recently concerning the interpretation of the Mental Health Act. It seems that even with guidelines there are still situations where interpretation of the Act is difficult.

A number of scenarios appear to cause particular problems, some involving differences of opinion between psychiatrists and social workers; for instance, a conflict between psychiatrists wishing to recommend a Section 3 Treatment Order for a patients whom they know well while the social worker may wish to use a Section 2 Assessment Order as being 'the least restrictive alternative'.

I would suggest that detailed case vignettes are devised and that the Mental Health Act Commission produce recommended guidelines as to how the Act should be interpreted in these cases. This should help the situation that can occur when there is an honest disagreement between disciplines as to correct management.

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Prospective refusals of health authorities to fund psychiatric admissions

DEAR SIRS

Many colleagues may have received a clinical description of a patient of a health authority in south eastern England accompanied by a letter from that health authority refusing to fund any admission to a psychiatric bed without prior consultation with the patient's consultant. This is being circulated as a strictly confidential document. There are two aspects of this exercise that have caused me concern.

The first concern I have is entirely selfish but it should not be expected of me as a duty psychiatrist to bear in mind a list of the names of patients of other health authorities who should not be admitted to hospital on the basis of my judgement alone.

The second concern is an inevitable consequence of this exercise. For it to be effective it has been necessary to circulate the name and clinical description of the patient to every district health authority with a request that the information be circulated to all appropriate psychiatric units. In order for this to be then implementable the information must go either to the treasurer of all units or to every doctor who may be on-call to grant or refuse admission to a unit. I think such an exercise can hardly be described as strictly confidential.

I can well appreciate that health authorities need to try and keep some control over their liabilities but I really do think that this requires a rather wider debate before further exercises of this kind take place.

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Self-audit: benefits in training and clinical practice

DEAR SIRS

The monitoring and evaluation processes of audit were applied to the activities of a registrar during a

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