

increasingly recognised. New legislation has encouraged patient involvement in both a planning and development capacity.¹ The issues are more complex when it comes to the extent to which young service users should be involved.

We involved a young person in the interview process for a doctor in our child and adolescent mental health service. The patient was a 15-year-old girl in active treatment. She agreed to be a part of the interview panel following detailed discussions with her and her parents. She was informed about the interview process, and the nature and purpose of the interview were discussed in detail. The parameters and the level of her involvement were clarified, for example that such appointments consider the competencies of the candidate and their suitability based on their technical knowledge and skills, and therefore she would not have any decision-making power or vote. This discussion was conducted a few days before the interview and then repeated just before the start of the interviews with the candidates. Practicalities such as the date, time and venue of the appointment committee as well as parking and the reimbursement of expenses incurred were also discussed.

The patient was asked to prepare some questions, of which the panel chose one deemed most relevant and suitable to ask the candidates. She was told to ask the same question to each of the candidates, to listen to their replies carefully, make her own notes and rate the answers on a Likert scale of 1–10. Other members of the panel also rated the candidates

similarly on the patient's question. The service user was also encouraged to give an overall rating to the candidates based on the whole interview.

At the end of the interview, the patient shared with us her thoughts about each doctor, how well they answered, their clarity and compassion, and how they made her feel as an individual. She was allowed to say who she would choose to be appointed, if she could decide. The panel then discussed all the candidates on merits and criteria as set out in the job description and arrived at the decision. It turned out to be the same person the young service user had chosen.

The patient gave a detailed feedback on the whole process after being able to reflect on it. She said she initially found it anxiety-provoking because it was outside the normal range of experiences for her age; however, with support she gradually gained confidence. Having a say in selecting the doctor who may be treating her gave her more confidence in the doctor. Moreover, she felt that it would be easier for her to be able to develop a relationship with doctors in future as she had more understanding of their role and training backgrounds. This experience also gave her insights into how various experts are selected and increased her confidence in the system. Afterwards, she felt more involved with the healthcare system, felt that young people are being listened to and also felt a sense of responsibility towards the National Health Service.

The interview panel unanimously felt that it was a good experience to have the service user's perspective. They found the

user's question to be very useful and it was interesting to note that scores by the panel on that question correlated with the overall scores obtained by each of the candidates. Observing the direct interaction of the interviewee with the patient gave us an insight into how they would relate to their service users. Even though the young person was not able to comment on the technical aspects of the interview, she was able to give her view of the candidate who she would find the easiest to engage with.

Declaration of interest

R.K. was the Clinical Director of the child and adolescent mental health service within the Trust when the service user was enlisted in the interview process. A.B. was the ST4 trainee under R.K. and observer at the time of the interviews. He is supported by an Academic Clinical Fellowship by the National Institute of Health Research.

1 Tait L, Lester H. Encouraging user involvement in mental health services. *Advan Psychiatr Treat* 2005; **11**: 168–75.

***Anupam Bhardwaj** Academic Clinical Fellow and ST6 in Child Psychiatry, Developmental Psychiatry Section, University of Cambridge, and Cambridge & Peterborough Foundation Trust, Douglas House, 18b Trumpington Road, Cambridge CB2 8AH, email: ab706@cam.ac.uk, **Raj Kathane** Consultant Child, Adolescent and Family Psychiatrist, Bedfordshire and Luton NHS Mental Health and Social Care Partnership Trust, Mid-Bedfordshire Family Consultation Clinic, Bedford

doi: 10.1192/pb.33.11.439b

the college

Annual elections — President

Notice to Members and Fellows

Fellows and Members are reminded of their rights under the Bye-Laws and Regulations.

Bye-Laws Section XI

1. The President shall be elected annually in accordance with the procedure described by the Regulations.

Regulation XI. Election of the President

1. The procedure for electing the President shall be as follows.

- (1) As soon as may be practicable after the first day of June in any year, the Central Executive Committee shall hold a nomination meeting and shall at such meeting nominate not less than one candidate and not more than three candidates.
- (2) Between the first day of June in any year and the date which is four clear weeks after the nomination meeting of the Central Executive Committee, written nominations accompanied in each case by the nominee's written consent to stand for election may be lodged with the Registrar, provided that each such nomination is supported in writing by not less than twelve Members of the College who are not members of the Central Executive Committee.

- (3) An election by ballot shall be held in accordance with the provisions of the Regulations.

The nominating meeting of the Central Executive Committee will be held on 11 December 2009, and the last date for receiving nominations under Regulation XI (2) above will therefore be 8 January 2010.

Professor Dinesh Bhugra is in his second year of office as President and is therefore eligible for re-election.

Nomination forms are available from Sue Duncan (email: sduncan@rcpsych.ac.uk).

doi: 10.1192/pb.33.11.440