he would take *prime responsibility*.† He would delegate or refer to other team members, but would retain responsibility for monitoring and co-ordinating the work of the other team members. With his junior medical staff he would have in addition a managerial role.

In the Brunel working paper conception of a 'distinct child guidance' service in (ii), neither the psychiatrist nor any other professional would carry primacy. The general idea would be that of referral of each case to the team as a whole. The final allocation or prime responsibility for each case would thus be seen as having to be negotiated case by case (and this is recognized as an obvious difficulty). No one professional would stand as an obvious Director. No one agency would stand as carrying obvious responsibility for funding and development. The logic would seem to point ultimately to the need for separate 'Child Guidance Authorities' on some scale.

In our view neither model deals adequately with the issues of hierarchy and confidentiality referred to above, but *we find the first model preferable where the consultant psychiatrist has prime responsibility, both because it is more economic, and because accountability is more clearly defined.* We feel that these issues need discussion at national level.

* *Primacy.* Where a number of practitioners from different disciplines or professions work together in any given setting, one (or more) of these disciplines or professions has primacy in the setting concerned if prime responsibility for all new cases automatically rests with one of their number, whatever further referrals they make thereafter. Primacy is always relative to a particular field of work (and perhaps even to a particular setting).

† *Prime Responsibility* in any case implies the right and duty of the person who carries it: (a) to make a personal assessment of the general needs of the case at the time of assumption of prime responsibility; (b) to undertake personally any action needed in consequence or to initiate such action, through subordinate or ancillary staff; (c) to refer as necessary to colleagues and other independent agencies for collaboration in further assessment or action, or for action in parallel; (d) to keep continuous awareness of the progress of the case, and to take further initiative as necessary; (e) to decide when to relinquish extended collaboration with colleagues, or when to terminate all further action on the case (This perhaps applies only when the person concerned is in autonomous practice.)

References

(1) Joint Committee on Higher Psychiatric Training (1976) Requirements for Approval of Training Programme in Child and Adolescent Psychiatry. (CAPS AS/1.)

(2) Court, S. D. M. (1976) The Report of the Committee on Child Welfare Services. HMSO, London.

(3) D.H.S.S. (1978) Health Services Development: Court Report on Child Health Services HC 78(5)/ LAC 78(2).

(4) Memorandum on the Psychiatry of Adolescence (1976) Royal College of Psychiatrists. *News and Notes*, September, pp 6–9.

(5) Royal College of Psychiatrists (1977) The Responsibilities of Consultants in Psychiatry within the N.H.S. *Bulletin of the R. C. Psych.*, Sept., pp 4–7.

(6) Brunel Institute of Organisation and Social Studies (1976) Working Paper H/S1. Future Organization in Child Guidance and Allied Work. Brunel University and Brunel Report of the Medical Directors' Group.

(7) General Medical Council (1977) Professional Conduct and Discipline.

(8) Royal College of Psychiatrists (1977) Confidentiality: Report to Council. *News and Notes*, Jan., pp 4–7.

DEPENDENCE/ADDICTION GROUP

Following an invitation in the January issue of the *Bulletin*, a meeting was held at which it was decided to set up a Group dealing with Dependence/Addiction. The terms of reference of the Group are: (1) to promote communications and knowledge about dependence on alcohol, tobacco, other drugs, and similar related behaviours; (2) to promote training and the provision of services in this field; (3) to act as a source of information within the College to help develop planning and further policies; (4) to provide members for committees and working parties when appropriate. The Chairman is Dr Brian Hore, of the Withington Hospital, Manchester, and the Honorary Secretary is Dr Robin Murray, of Bethlem Royal Hospital.

The first Scientific Meeting of the Group will be held at the Royal Society of Medicine on Thursday, 6 July, at 4 p.m., in conjunction with the College's Annual Meeting. Topics to be covered include Detoxification of the Chronic Drunken Offender; Current Methods of Treatment of Opiate Addicts; and The Anatomy of Alcoholics Anonymous. Professor H. J. Walton will be in the Chair, and the speakers will be Dr Brian Hore, Dr M. Mitcheson and Dr D. Robinson. The final programme will be circulated with the programme of the College Annual Meeting.