

Dear Sir,

The Royal College of Nursing and the British Psychological Society have recently set up a Joint Standing Committee to consider matters of mutual concern. One such matter which the Committee intends to discuss is the extension of the clinical role of the nurse, with particular reference to developments in behaviour therapy and behaviour modification. My purpose in writing is to invite individuals and bodies to make their views on this subject known to the Committee, by writing to Mr. P.D. Mellor, Royal College of Nursing, Henrietta Place, London. W1M OAB.

Yours faithfully,

Frank M. McPherson,
Chairman, Rcn/BPS Joint Standing Committee.
Royal Dundee Liff Hospital.

Dear Sir,

It is unfortunate that the Association has moved from recommendations to a working party to a commitment to an ethical code that is binding on its membership (Chairman's message, *Bulletin*, 1978, 6, 19) without consulting its members directly, especially since it does not have an ethical code. One wonders whether the Executive's policy (*Bulletin*, 1977, 5, 8-12) has not finally led up a blind alley.

The statement to which Dr. Whitehead refers (*Bulletin*, 1976, 4, 49-52) certainly addresses some of the major issues, though some of its recommendations seem not to reach the heart of the matter and others are surely controversial. My own feeling is that the AABT "Ethical issues for human services" (*Bulletin*, 1977, 5, 110-111) provides a much more practical approach. However, as Dr. Whitehead suggests, if registration were to hinge on membership of a registered organisation, the real problem is not the minutiae of the code but how the organisation is to undertake the control of its membership. Admission to membership might have to involve a bit more than being acceptable to CCETSW, the B.Ps.S. or the Royal College of Psychiatrists, and quite an elaborate machinery might be required to investigate complaints against members.

Perhaps the way forward lies in considering how a patient or indeed any member of the public can hold any therapist to account — those describing themselves as psychotherapists being just a special case of the general issue. Admittedly this is a complex question since as a result of the medical profession's insistence on the independence of clinical judgement, the procedures by which medical therapists can be held to account by their patients are complex and expensive. On the whole questions have not been raised about non-medical therapists in the NHS because of a convention about the significance of medical referral. Outside the NHS, members of the public apparently have even less opportunity to seek redress in the case of malpractice. Yet the law, though rather cumbersome in operation, does in fact provide some basis for defence