

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).