The responsibility of the child and adolescent psychiatrist in multidisciplinary teams

The following advice resulted from a meeting between the Medical Protection Society, the Medical Defence Union and the Medical and Defence Union of Scotland and the Royal College of Psychiatrists held at 17 Belgrave Square, London SW1X 8PG on 28 April 1988.

Multidisciplinary teams in child and adolescent psychiatry include social workers and educational psychiatrists, both employed outside the Health Service. Referrals are made to them as well as to the medical members of the team. Many child psychiatric teams take informal referrals from parents, teachers and from other carers.

(1) Managers of district health authorities should ascertain the policy of the child mental health service for which they are responsible. If some referrals are seen and assessed, or accepted for therapy, by non-medical members of the multidisciplinary team, and not necessarily by a child and adolescent psychiatrist, referring agencies should be informed of this policy by managers within the district health authority. Referring agencies should be given the option of saying, in their referral, that they wish this case to be the responsibility of a consultant psychiatrist.

(2) Managers within district health authorities should devise a system of dealing with referrals to multidisciplinary teams such that medical conditions are assessed as appropriate either as the child's general practitioner or by a medically qualified consultant and that no medical illness remains undiagnosed because of a mistaken assumption that the child concerned has been so evaluated.

(3) Health authorities should advise all clinics which include non-medical professionals (psychologists, psychotherapists, social workers, nurses, etc.), that such a system must be implemented. The district health authority should monitor all such systems within its catchment area.

(4) General practitioners, as well as parents, legal guardians and patients themselves according to age and understanding, should be informed if clinical responsibility is undertaken by a non-medical member or members of the child mental health services or by staff not limited to child mental health services (e.g. community psychiatric nurses). This should be recorded in correspondence with the general practitioner and in the hospital case notes.

(5) Consultant child psychiatrists should define those patients for whom they and their trainees accept clinical responsibility. Such clinical responsibility must be terminated only by agreement with the child's general practitioner. This should be distinguished from responsibility for administration, advice, consultation and teaching within the clinical service.

A further meeting between the College and the Defence Unions and the Medical Protection Society should be convened after the DHSS has issued definitive codes of conduct on personal health and personal social services information. This document and the concept of consultant responsibility should further be discussed at that meeting.

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