(b) short term in-patient care if not conducted by the community clinician often ends with discharge by a hospital with an unrealistic community aftercare plan
(c) patient mobility as in the Clunis case may invalidate management plans
(d) staff security in a community setting is more of a problem than in hospital. When violence erupts in a community setting be it in a home or a clinic there tends not to be the backup that hospitals enjoy. I learnt this the hard way – fortunately despite a severe beating no permanent damage was done – unlike a social work colleague who was shot.

The issue must be focused on the minority of severely mentally ill who in addition behave violently. I see management of very severely mentally ill non-violent persons in the community as quite achievable. However, asylums are needed for those posing major threats to others. Let's not confuse the two.

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Requirement of knowledge of local mental health acts in the membership examination

Sir: I would like to congratulate Jeremy Coid on his editorial concerning the Christopher Clunis enquiry (*Psychiatric Bulletin*, 1994, *18*, 449–452). However, almost as an aside, his article does contain one important inaccuracy, which if not corrected could have serious consequences for MRCPsych examination candidates. He says on p.450 "Examination of psychiatrists for membership of the College does not include the Mental Health Act at the present time." This statement is wrong. First, the peoples of the British Isles (the main constituency for the College examination) are served by psychiatrists in four different jurisdictions and there are four mental health acts. The College membership examination part II examines candidates in any of the four acts dependent on the jurisdiction in which the candidate has been working. Candidates can expect to answer questions about the appropriate act for their jurisdiction in either the clinical examination or the oral examination. There is one qualification of this point, and that is that the examiner also has to be familiar with and working in the same jurisdiction as the candidate.

What I believe has misled Dr Coid, and others on occasions, is that the Examination Committee has, for the time being, abandoned any attempt to introduce questions about these four different pieces of legislation into the MCQ, the SAQ, or the essay papers. This is simply due to the difficulty of setting questions which are fair to all candidates and questions which can be marked by all examiners.

There is also a further misunderstanding, from some quarters outside the College, about the responsibility for checking that psychiatrists are familiar with the mental health act they have to operate. This responsibility lies clearly with the Secretary of State for the Mental Health Act (1993), and a health board for the Mental Health (Scotland) Act 1984. It is sometimes wrongly assumed by health authorities in England and Wales, and health boards in Scotland, that doctors who have the MRCPsych qualification are necessarily conversant with the local jurisdiction. It should be obvious that this is not necessarily so; psychiatrists trained in one jurisdiction can, and do, move to another. It follows logically that health authorities and health boards in England, Wales and Scotland, should pursue other methods of scrutiny for this purpose.

I hope this makes a constantly misunderstood situation slightly clearer, and in particular I hope it will prevent any potential candidates for our examination from assuming they do not require knowledge about their local mental health act; they do.

JOHN GUNN, *Deputy Chief Examiner, Royal College of Psychiatrists*

Advice from a paranoid psychiatrist

Sir: As psychiatrists we are becoming increasingly sensitive to the repercussions that may occur should one of our patients seriously injure himself or others. This may be particularly prevalent in forensic psychiatry where the difficulties and dangers associated with forensic patients have the capacity to induce a paranoid and cynical approach in the clinical practitioner. This can lead to a

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